PUBLIC DISCLOSURE COPY

Form 990 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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 09/01 , 2024, and ending 08/31 , 20 25

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

C Name of organization CINCINNATI INSTITUTE OF FINE ARTS

Doing business as ARTSWAVE

Number and street (or P.O. box if mail is not delivered to street address): 20 EAST CENTRAL PARKWAY

Room/suite: 200

City or town, state or province, country, and ZIP or foreign postal code: CINCINNATI, OH 45202

D Employer identification number: 31-0537138

E Telephone number: (513) 871-2787

G Gross receipts $ 45,149,709

F Name and address of principal officer: SAMANTHA CRIBBET
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

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

J Website: ARTSWAVE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1927

M State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: WITH FUNDING, SERVICES, AND ADVOCACY, ARTSWAVE FUELS A MORE VIBRANT ECONOMY AND CONNECTED COMMUNITY THROUGH THE ARTS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	49
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	49
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	32
6	Total number of volunteers (estimate if necessary)	6	879
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	(232,412)
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,886,202	12,082,676
9	Program service revenue (Part VIII, line 2g)	68,554	75,106
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,919,789	1,832,420
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,874,545	13,990,202

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	9,948,858	10,241,114
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,745,852	2,922,280
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 1,759,518		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,095,314	2,415,504
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,790,024	15,578,898
19	Revenue less expenses. Subtract line 18 from line 12	84,521	(1,588,696)

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	137,652,802	145,595,001
21	Total liabilities (Part X, line 26)	59,916,687	63,020,138
22	Net assets or fund balances. Subtract line 21 from line 20	77,736,115	82,574,863

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Samantha Cribbet — Signature of officer — 07/08/2026 Date

SAMANTHA CRIBBET, CHIEF FINANCIAL OFFICER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAULA L HUME	Paula L Hume, CPA	07/08/2026		P00537516

Firm's name: BARNES DENNIG & CO LTD — Firm's EIN: 31-1119890

Firm's address: 150 EAST 4TH ST, CINCINNATI, OH 45202 — Phone no.: (513) 241-8313

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☑ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WITH FUNDING, SERVICES AND ADVOCACY, ARTSWAVE FUELS A MORE VIBRANT ECONOMY AND CONNECTED COMMUNITY THROUGH THE ARTS.

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

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

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

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

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

4a (Code:) (Expenses $ 10,549,687 including grants of $ 10,241,114) (Revenue $)

GRANTMAKING: MANAGEMENT OF ANNUAL COMMUNITY CAMPAIGN FOR THE ARTS TO PROVIDE THE RESOURCES USED TO MAKE DISTRIBUTIONS OF FINANCIAL GRANTS TO ORGANIZATIONS THROUGHOUT THE GREATER CINCINNATI REGION. THESE GRANTS HELP THEM CREATE A VITAL ARTS SCENE AND ALL THE COMMUNITYWIDE BENEFITS THAT COME WITH IT, INCLUDING ECONOMIC VITALITY AND A GREATER SENSE OF CONNECTEDNESS FOR THE PEOPLE OF THE REGION. DISTRIBUTIONS SUPPORT A WIDE VARIETY OF ARTS AND CULTURE GROUPS THAT REFLECT AND BENEFIT THE COMMUNITY IN ALL ITS DIVERSITY.

4b (Code:) (Expenses $ 1,667,392 including grants of $) (Revenue $ 75,106)

MARKETING THE IMPACT OF THE ARTS: ORGANIZATION OF SEVERAL DAYS OF FREE SAMPLINGS OF VISUAL AND PERFORMING ARTS AT MULTIPLE VENUES ACROSS THE REGIONAL COMMUNITY. ORGANIZATION OF COMMUNITY ENGAGEMENT EVENTS THAT CONNECT PEOPLE THROUGH THE ARTS. DEVELOPMENT AND EXECUTION OF MARKETING AND PUBLIC RELATIONS STRATEGY THAT BUILDS BROAD SUPPORT FOR THE ARTS BY FOCUSING ON THE COMMUNITY IMPACT OF ARTS ORGANIZATIONS.

4c (Code:) (Expenses $ 151,936 including grants of $) (Revenue $)

MEASURING IMPACT: COLLECTION OF DATA WHICH MEASURES THE IMPACT OF THE ARTS AS LOCAL ARTS ORGANIZATIONS CREATE ECONOMIC VITALITY, VIBRANT NEIGHBORHOODS AND A MORE CONNECTED COMMUNITY.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 12,369,015

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✔	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	✔	
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		✔
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		✔
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 Rev. Proc. 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		✔
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		✔
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✔
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	✔	
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	✔	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	✔	
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	✔	
c	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		✔
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		✔
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	✔	
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	✔	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	✔	
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		✔
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✔
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✔
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	✔	
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		✔
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✔
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		✔
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✔
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✔
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✔
b	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✔	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✔	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	✔	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✔
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✔
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		✔
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		✔
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		✔
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		✔
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		✔
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		✔
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	✔	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✔
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✔
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		✔
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		✔
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		✔
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✔
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✔
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✔
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	108		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	✔	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b	✔	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		✔
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
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? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	49		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	49		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed KY, OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

SAMANTHA CRIBBET, 20 EAST CENTRAL PARKWAY #200, CINCINNATI, OH 45202, (513) 871-2787

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALECIA KINTNER	50.0									
PRESIDENT & CEO				✔				323,600	0	21,968
(2) KATHRYN KENNEDY	50.0									
CHIEF OPERATING OFFICER				✔				169,439	0	29,348
(3) LISA WOLTER	50.0									
VP, COMM. CAMPAIGN						✔		143,408	0	18,129
(4) SAMANTHA CRIBBET	50.0									
CHIEF FINANCIAL OFFICER				✔				139,042	0	18,160
(5) KATHYRYN DEBROSSE	50.0									
VP OF NEW PRODUCTS & INITIATIVES						✔		139,736	0	12,854
(6) RAYMOND GARGANO	50.0									
VP, COMMUNITY INVESTMENTS						✔		124,062	0	16,690
(7) KAREN ECKER	40.0									
DIRECTOR, GIFT PLANNING						✔		103,197	0	15,200
(8) DEBORAH HAYES	2.0									
VICE CHAIR		✔		✔				0	0	0
(9) KALA GIBSON	2.0									
SECRETARY		✔		✔				0	0	0
(10) LEIGH FOX	2.0									
CHAIR		✔		✔				0	0	0
(11) MATTHEW STAUTBERG	2.0									
TREASURER		✔		✔				0	0	0
(12) AGNES GODWIN HALL	1.0									
TRUSTEE		✔						0	0	0
(13) ALICIA B. TOWNSEND	1.0									
TRUSTEE		✔						0	0	0
(14) ALLISON KROPP	1.0									
TRUSTEE		✔						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANGIE FISCHER	1.0									
TRUSTEE		✔						0	0	0
(16) BRENDON J. CULL	1.0									
TRUSTEE		✔						0	0	0
(17) BRUCE PETRIE	1.0									
TRUSTEE		✔						0	0	0
(18) CADY SHORT-THOMPSON	1.0									
TRUSTEE		✔						0	0	0
(19) CARRI CHANDLER	1.0									
TRUSTEE		✔						0	0	0
(20) CHARLES H. GERHARDT III	1.0									
TRUSTEE		✔						0	0	0
(21) CHIP FINKE	1.0									
TRUSTEE		✔						0	0	0
(22) CRAIG JACKSON	1.0									
TRUSTEE		✔						0	0	0
(23) DANIELLE D. IVORY	1.0									
TRUSTEE		✔						0	0	0
(24) DAVID VOELKER	1.0									
TRUSTEE		✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								1,142,484	0	132,349
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,142,484	0	132,349

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 7

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		✔
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**	✔	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		✔

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATOMIC ROBOT, 5155 FINANCIAL WAY STE 10, MASON, OH 45040	APP DEVELOPMENT	837,788
AGAR LLC, 8 E. 4TH ST. SUITE 200, CINCINNATI, OH 45202	MARKETING AND COMMUNICATIONS	182,960
ARTSOPOLIS LLC, PO BOX 10502, BAINBRIDGE ISLAND, WA 98110	APP HOSTING AND INTEGRATION	105,568
HALE JUSTIS LLC, 20 E. CENTRAL PARKWAY, CINCINNATI, OH 45202	RENTAL PROPERTY	102,245

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	12,082,676				
	g	Noncash contributions included in lines 1a–1f	1g	$ 347,002				
	h	**Total.** Add lines 1a–1f			12,082,676			
Program Service Revenue			Business Code					
	2a	ADMISSIONS	900099		75,106	75,106		
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			75,106			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,216,933		(232,412)	1,449,345
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	31,774,994				
	b	Less: cost or other basis and sales expenses	7b	31,159,507				
	c	Gain or (loss)	7c	615,487	0			
	d	Net gain or (loss)			615,487			615,487
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions			13,990,202	75,106	(232,412)	2,064,832

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,955,899	9,955,899		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	285,215	285,215		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	701,559	345,058	229,830	126,671
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,722,496	583,718	273,226	865,552
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	100,697	31,722	14,730	54,245
9 Other employee benefits	224,918	74,219	39,963	110,736
10 Payroll taxes	172,610	59,298	35,712	77,600
11 Fees for services (nonemployees):				
a Management				
b Legal	25,445	19,165	6,280	
c Accounting	57,087	22,755	31,757	2,575
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	157,500		157,500	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	70,583	19,292	46,939	4,352
12 Advertising and promotion	374,867	229,100	70,401	75,366
13 Office expenses	94,499	33,071	8,731	52,697
14 Information technology	221,191	82,206	45,961	93,024
15 Royalties				
16 Occupancy	155,107	49,769	32,749	72,589
17 Travel	5,537	931	2,874	1,732
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	72,746	10,944	41,433	20,369
20 Interest	90,074		90,074	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	528,198	313,322	214,876	
23 Insurance	31,758		31,758	
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.)				
a ARTS EVENTS AND WORKSHOPS	250,940	200,943	105	49,892
b OTHER	142,606	14,172	36,030	92,404
c EQUIPMENT RENTAL AND MAINTENANCE	96,015	24,676	31,129	40,210
d TELEPHONE AND INTERNET	41,351	13,540	8,307	19,504
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	15,578,898	12,369,015	1,450,365	1,759,518
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,654,470	1	3,327,276
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,985,119	3	3,372,991
	4	Accounts receivable, net		261,339	4	266,289
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		161,716	9	108,898
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,286,657			
	b	Less: accumulated depreciation	10b 943,367	2,123,317	10c	2,343,290
	11	Investments—publicly traded securities		91,269,715	11	98,027,079
	12	Investments—other securities. See Part IV, line 11		31,411,472	12	33,285,179
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,785,654	15	4,863,999
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		137,652,802	16	145,595,001
Liabilities	17	Accounts payable and accrued expenses		183,705	17	152,985
	18	Grants payable			18	
	19	Deferred revenue		25,924	19	21,969
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		47,976,781	21	51,459,067
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,484,180	23	1,277,861
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		10,246,097	25	10,108,256
	26	**Total liabilities.** Add lines 17 through 25		59,916,687	26	63,020,138
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		20,353,401	27	21,549,380
	28	Net assets with donor restrictions		57,382,714	28	61,025,483
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		77,736,115	32	82,574,863
	33	Total liabilities and net assets/fund balances		137,652,802	33	145,595,001

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,990,202
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,578,898
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,588,696)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,736,115
5	Net unrealized gains (losses) on investments	5	6,419,002
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8,442
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,574,863

Part XII Financial Statements and Reporting

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 ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) DEANA TAYLOR BREWER TRUSTEE	1.0	✓						0	0	0
(26) DIANNE ROSENBERG TRUSTEE	1.0	✓						0	0	0
(27) EMERSON MOSER TRUSTEE	1.0	✓						0	0	0
(28) EMILY KOKENGE TRUSTEE	1.0	✓						0	0	0
(29) EMMA OFF TRUSTEE	1.0	✓						0	0	0
(30) EUGENE PARTRIDGE III TRUSTEE	1.0	✓						0	0	0
(31) JAMIE LEONARD TRUSTEE	1.0	✓						0	0	0
(32) JEFF MEEK TRUSTEE	1.0	✓						0	0	0
(33) JENS ROSENKRANTZ TRUSTEE	1.0	✓						0	0	0
(34) JILL T. MCGRUDER TRUSTEE	1.0	✓						0	0	0
(35) JOE MURACA TRUSTEE	1.0	✓						0	0	0
(36) JUSTIN WYBORN TRUSTEE	1.0	✓						0	0	0
(37) KELLY WITTICH TRUSTEE	1.0	✓						0	0	0
(38) MEGAN SHAFFER TRUSTEE	1.0	✓						0	0	0
(39) MEL GRAVELY TRUSTEE	1.0	✓						0	0	0
(40) MICHAEL HALL TRUSTEE	1.0	✓						0	0	0
(41) MICHELLE S. HERSHEY TRUSTEE	1.0	✓						0	0	0
(42) MURRAY SINCLAIRE, JR. TRUSTEE	1.0	✓						0	0	0
(43) PHILIP DUNCAN TRUSTEE	1.0	✓						0	0	0
(44) RAGINALD L. STAPLES, JR. TRUSTEE	1.0	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(45) RAJINDER NARANG TRUSTEE	1.0	✓						0	0	0
(46) RHONDA WHITAKER HURTT TRUSTEE	1.0	✓						0	0	0
(47) RICK MICHELMAN TRUSTEE	1.0	✓						0	0	0
(48) RON BATES TRUSTEE	1.0	✓						0	0	0
(49) SAM ZELLER TRUSTEE	1.0	✓						0	0	0
(50) SONYA TURNER TRUSTEE	1.0	✓						0	0	0
(51) SONYA WALTON TRUSTEE	1.0	✓						0	0	0
(52) STANFORD T. WILLIAMS, JR. TRUSTEE	1.0	✓						0	0	0
(53) THIENTHANH PHAM TRUSTEE	1.0	✓						0	0	0
(54) TODD M. IMMELL TRUSTEE	1.0	✓						0	0	0
(55) TYSONN BETTS TRUSTEE	1.0	✓						0	0	0
(56) VADA HILL TRUSTEE	1.0	✓						0	0	0

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
CINCINNATI INSTITUTE OF FINE ARTS	31-0537138

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,887,654	24,558,026	12,742,057	13,354,886	12,082,676	74,625,299
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	11,887,654	24,558,026	12,742,057	13,354,886	12,082,676	74,625,299
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)						3,210,974
6 **Public support.** Subtract line 5 from line 4						71,414,325

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	11,887,654	24,558,026	12,742,057	13,354,886	12,082,676	74,625,299
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,302,300	1,612,939	1,401,764	1,616,413	1,449,345	7,382,761
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,865	69,902		71,767
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						82,079,827

12 Gross receipts from related activities, etc. (see instructions) **12** 241,529

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** 87.01 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . . **15** 87.59 %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☑

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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****.*	6		
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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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****.*	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI****.*	9b		
c	Did a disqualified person (as defined on 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****.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting 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		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ 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.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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 on 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.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

Section A—Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3.	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3	Subtract line 2 from line 1d.	**3**		
4	Cash deemed held for exempt use. Enter 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**		

Section 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-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4	Amounts paid to acquire exempt-use assets	**4**	
5	Qualified set-aside amounts (prior IRS approval required—*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 the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9	Distributable amount for 2024 from Section C, line 6	**9**	
10	Line 8 amount divided by line 9 amount	**10**	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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 B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

Organization type (check one):

Filers of:	**Section:**
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

☑ 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), 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 totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

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		$ 923,213	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
2		$ 350,000	☑ 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		$ 326,854	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
4		$ 249,918	☑ 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: CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number: 31-0537138

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
		$	

(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
		$	

Name of organization: CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number: 31-0537138

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.

(a) No. from Part I	(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 Part I	(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 Part I	(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 Part I	(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

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under 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 $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange program
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☑

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	71,823,577	66,334,769	63,743,524	73,338,138	61,607,509
b Contributions	215,050	106,739	623,230	1,410,783	(1,028,377)
c Net investment earnings, gains, and losses	8,097,760	9,179,835	4,899,177	(8,158,686)	15,230,707
d Grants or scholarships	175,568	173,744	175,625	170,540	147,046
e Other expenditures for facilities and programs	2,985,527	3,525,084	2,657,946	2,560,379	2,210,766
f Administrative expenses	133,907	98,938	97,591	115,792	113,889
g End of year balance	76,841,385	71,823,577	66,334,769	63,743,524	73,338,138

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 30.00 %
- b Permanent endowment 5.00 %
- c Term endowment 65.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		✔
(ii) Related organizations?	3a(ii)		✔
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,441,647	413,795	1,027,852
d Equipment		458,684	131,656	327,028
e Other		1,386,326	397,916	988,410
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,343,290

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HEDGE AND OTHER LIMITED PARTNERSHIP FUNDS	19,146,921	END OF YEAR MARKET VALUE
(B) PRIVATE EQUITY FUNDS	13,044,671	END OF YEAR MARKET VALUE
(C) PRIVATE DEBT FUND	1,093,587	END OF YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	33,285,179	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	1,231,950
(3) APPROPRIATIONS PAYABLE	8,861,350
(4) FINANCE LEASE LIABILITY	14,956
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	10,108,256

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	20,850,870
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,419,002		
b	Donated services and use of facilities	2b	445,554		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	168,402		
e	Add lines **2a** through **2d**			2e	7,032,958
3	Subtract line **2e** from line **1**			3	13,817,912
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,907		
b	Other (Describe in Part XIII.)	4b	38,383		
c	Add lines **4a** and **4b**			4c	172,290
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	13,990,202

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

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

1	Total expenses and losses per audited financial statements			1	16,012,122
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	445,554		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	121,577		
e	Add lines **2a** through **2d**			2e	567,131
3	Subtract line **2e** from line **1**			3	15,444,991
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	133,907		
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	133,907
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	15,578,898

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount BENEFICIAL INT. VALUE CHARGE — 168,402 **TOTAL** — **168,402**
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	**(a)** Description / **(b)** Amount CHANGE IN CGA — 38,383 **TOTAL** — **38,383**
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	**(a)** Description / **(b)** Amount PROVISION FOR BAD DEBT — 121,577 **TOTAL** — **121,577**
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	**(a)** Description / **(b)** Amount **TOTAL** — **0**

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	FUNDS HELD FOR THE BENEFIT OF OTHERS REPRESENT ENDOWMENT ASSETS HELD BY ARTSWAVE WITHIN THE INVESTMENT POOL ON BEHALF OF LOCAL AREA NOT-FOR-PROFIT ORGANIZATIONS.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE SPENDING RATE DISTRIBUTION FROM UNRESTRICTED ENDOWMENT AND BOARD DESIGNATED FUNDS HELPS SUPPORT ARTSWAVE OPERATING EXPENSES INCLUDING ITS DIRECT FUNDRAISING COSTS, MARKETING THE IMPACT OF THE ARTS AND MEASURING THE IMPACT OF THE ARTS SECTOR ON THE COMMUNITY. THE SPENDING RATE DISTRIBUTION FROM RESTRICTED ENDOWMENT FUNDS IS EXPENDED IN ACCORDANCE WITH THE DONOR'S WISHES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	ARTSWAVE HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN DETERMINED THAT ARTSWAVE IS NOT A PRIVATE FOUNDATION. ARTSWAVE IS SUBJECT TO INCOME TAX THAT IS DERIVED FROM BUSINESS ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSE. ARTSWAVE FILES AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS TO REPORT ITS UNRELATED BUSINESS TAXABLE INCOME. NO AMOUNTS HAVE BEEN ACCRUED FOR UNRELATED BUSINESS INCOME TAX AS THE AMOUNTS ARE NOT MATERIAL.

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		19,116,115
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	0			19,116,115
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			19,116,115

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities . . . . . .

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) CINCINNATI SYMPHONY ORCHESTRA 1241 ELM STREET, CINCINNATI, OH 45202	31-0537080	501C3	2,353,312				SUSTAINING IMPACT GRANT
(2) CINCINNATI MUSEUM ASSOCIATION 953 EDEN PARK DRIVE, CINCINNATI, OH 45202	31-0536653	501C3	1,260,000				SUSTAINING IMPACT GRANT
(3) CINCINNATI PLAYHOUSE IN THE PARK 962 MT. ADAMS CIRCLE, CINCINNATI, OH 45202	31-0624790	501C3	1,055,000				SUSTAINING IMPACT GRANT
(4) CINCINNATI BALLET 1801 GILBERT AVE, CINCINNATI, OH 45202	31-6050354	501C3	837,890				SUSTAINING IMPACT GRANT
(5) CINCINNATI OPERA ASSOCIATION 1243 ELM STREET, CINCINNATI, OH 45202	31-0549044	501C3	689,750				SUSTAINING IMPACT GRANT
(6) TAFT MUSEUM OF ART 316 PIKE STREET, CINCINNATI, OH 45202	20-5148617	501C3	319,564				SUSTAINING IMPACT GRANT
(7) CONTEMPORARY ARTS CENTER 44 E. 6TH STREET, CINCINNATI, OH 45202	31-0590095	501C3	285,600				SUSTAINING IMPACT GRANT
(8) THE CHILDREN'S THEATRE OF CINCINNATI 4015 RED BANK ROAD, CINCINNATI, OH 45227	31-6026285	501C3	267,749				SUSTAINING IMPACT GRANT
(9) ENSEMBLE THEATRE OF CINCINNATI 1127 VINE STREET, CINCINNATI, OH 45202	31-1220252	501C3	222,926				SUSTAINING IMPACT GRANT
(10) CINCINNATI MUSIC FESTIVAL ASSOC. 1241 ELM STREET, CINCINNATI, OH 45202	31-0584309	501C3	217,900				SUSTAINING IMPACT GRANT
(11) CINCINNATI SHAKESPEARE COMPANY 1195 ELM STREET, CINCINNATI, OH 45202	31-1413229	501C3	198,200				SUSTAINING IMPACT GRANT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 87

3 Enter total number of other organizations listed in the line 1 table 4

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	BLACK AND BROWN ARTIST PROJECT GRANT	26	234,000			
2	AFTACON GRANT	3	18,000			
3	(SEE STATEMENT)	33	13,800			
4	(SEE STATEMENT)	3	11,000			
5	(SEE STATEMENT)	6	8,415			
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II **Grants and Other Assistance to Governments and Organizations in the United States** (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ART OPPORTUNITIES INC. 2460 GILBERT AVE, CINCINNATI, OH 45206	31-1665900	501C3	198,000				SUSTAINING IMPACT GRANT
(13) CINCINNATI LANDMARK PRODUCTIONS 4990 GLENWAY AVENUE, CINCINNATI, OH 45238	20-2814659	501C3	101,440				SUSTAINING IMPACT GRANT
(14) CINCINNATI ARTS ASSOCIATION 650 WALNUT STREET, CINCINNATI, OH 45202	31-1310256	501C3	85,000				STRATEGIC PARTNERSHIP GRANT
(15) FITTON CENTER FOR CREATIVE ARTS 101 S. MONUMENT AVENUE, HAMILTON, OH 45011	31-0736673	501C3	84,000				SUSTAINING IMPACT GRANT
(16) THE CARNEGIE VISUAL AND PERFORMING ARTS CENTER 1028 SCOTT ST, COVINGTON, KY 41011	61-0897319	501C3	78,000				SUSTAINING IMPACT GRANT
(17) PRICE HILL WILL 3301 PRICE AVENUE, CINCINNATI, OH 45205	20-1452663	501C3	55,000				SUSTAINING IMPACT GRANT
(18) ELEMENTZ 1640 RACE STREET, CINCINNATI, OH 45202	04-3698700	501C3	55,000				SUSTAINING IMPACT GRANT
(19) CINCINNATI BOYCHOIR INC. 650 WALNUT STREET, CINCINNATI, OH 45202	31-1383061	501C3	53,600				SUSTAINING IMPACT GRANT
(20) VISIONARIES AND VOICES 3841 SPRING GROVE AVENUE, CINCINNATI, OH 45223	30-0178314	501C3	47,100				SUSTAINING IMPACT GRANT
(21) LEARNING THROUGH ART 2055 READING RD STE 240, CINCINNATI, OH 45202	31-1367751	501C3	46,000				SUSTAINING IMPACT GRANT
(22) CINCINNATI CHILDREN'S CHOIR COLLEGE-CONSERVATORY OF MUSIC, 290, CINCINNATI, OH 45221	31-1583251	501C3	46,000				SUSTAINING IMPACT GRANT
(23) NORTHERN KENTUCKY SYMPHONY PO BOX 72810, NEWPORT, KY 41072	31-1190635	501C3	45,050				SUSTAINING IMPACT GRANT
(24) KENNEDY HEIGHTS ART CENTER 6546 MONTGOMERY ROAD, CINCINNATI, OH 45213	45-0477749	501C3	43,800				SUSTAINING IMPACT GRANT
(25) BI-OKOTO DRUM & DANCE THEATRE 5601 MONTGOMERY ROAD, CINCINNATI, OH 45212	31-1440549	501C3	43,125				SUSTAINING IMPACT GRANT
(26) A MINDFUL MOMENT 2454 GILBERT AVE, CINCINNATI, OH 45206	84-2246783	501C3	43,000				STRATEGIC PARTNERSHIP GRANT
(27) KNOW THEATRE OF CINCINNATI 1120 JACKSON STREET, CINCINNATI, OH 45202	31-1666206	501C3	42,182				SUSTAINING IMPACT GRANT
(28) CINCINNATI CHAMBER ORCHESTRA 650 WALNUT STREET, CINCINNATI, OH 45202	31-0865998	501C3	40,783				SUSTAINING IMPACT GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) MUTUAL DANCE THEATRE AND ARTS CENTERS 8222 MONON AVENUE, CINCINNATI, OH 45216	26-0905825	501C3	40,000				SUSTAINING IMPACT GRANT
(30) PYRAMID HILL SCULPTURE PARK AND MUSEUM 1763 HAMILTON-CLEVES ROAD, CINCINNATI, OH 45013	31-1439692	501C3	39,000				SUSTAINING IMPACT GRANT
(31) THE WYOMING FINE ARTS CENTER 322 WYOMING AVENUE, WYOMING, OH 45215	31-1454096	501C3	37,000				SUSTAINING IMPACT GRANT
(32) CLIFTON CULTURAL ARTS CENTER 3412 CLIFTON AVENUE, CINCINNATI, OH 45220	20-2383576	501C3	35,800				SUSTAINING IMPACT GRANT
(33) AGAR LLC 1205 WALNUT STREET, CINCINNATI, OH 45202	80-0300732		34,000				FLOW GRANT
(34) PROFESSIONAL ARTISTIC RESEARCH PROJECTS 1646 HOFFNER STREET, CINCINNATI, OH 45223	47-1305368	501C3	30,000				SUSTAINING IMPACT GRANT
(35) BEHRINGER CRAWFORD MUSEUM 1600 MONTAGUE ROAD, COVINGTON, KY 41011	61-0964379	501C3	29,500				SUSTAINING IMPACT GRANT
(36) YOUNG PROFESSIONALS CHORAL COLLECTIVE 1243 ELM STREET, CINCINNATI, OH 45202	46-5696681	501C3	26,500				PRIDE PROJECT GRANT
(37) OXFORD COMMUNITY ARTS ASSOCIATION PO BOX 172, OXFORD, OH 45056	31-1761141	501C3	23,700				SUSTAINING IMPACT GRANT
(38) ART ACADEMY OF CINCINNATI 1212 JACKSON STREET, CINCINNATI, OH 45202	31-1601569	501C3	23,500				CATALYZING IMPACT GRANT
(39) PONES INC PO BOX 76222, HIGHLAND HEIGHTS, KY 41076	77-0710862	501C3	23,200				SUSTAINING IMPACT GRANT
(40) LINTON INC. 1241 ELM STREET, CINCINNATI, OH 45202	31-1401052	501C3	23,100				SUSTAINING IMPACT GRANT
(41) LIVING ARRANGEMENTS FOR THE DEVELOPMENTALLY DISABLED INC. 3603 VICTORY PARKWAY, CINCINNATI, OH 45229	31-0894923	501C3	20,917				SUSTAINING IMPACT GRANT
(42) HONOLULU MUSEUM OF ART 900 SOUTH BERETANIA ST, HONOLULU, HI 96814	99-0079713	501C3	20,002				HAWAIIAN TELCOM OUT OF REGION GRANT
(43) CINCINNATI BLACK THEATRE COMPANY 2237 LOSANTIVILLE, CINCINNATI, OH 45237	31-1793396	501C3	20,000				CATALYZING IMPACT GRANT
(44) JAZZ ALIVE, INC. 986 LOST CROSSING, CINCINNATI, OH 45231	14-1845680	501C3	20,000				CIRCLE OF AFRICAN AMERICAN LEADERS GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) VOCAL ARTS ENSEMBLE OF CINCINNATI 1241 ELM STREET, CINCINNATI, OH 45202	31-0960571	501C3	19,568				SUSTAINING IMPACT GRANT
(46) THE GREATER CINCINNATI FILM COMMISSION 1106 RACE STREET, CINCINNATI, OH 45202	31-1299931	501C3	19,000				SUNDANCE SELECTION COMMITTEE GRANT
(47) THE ESTRIA FOUNDATION 484 LAKE PARK AVE 667, OAKLAND, CA 94610	27-3639013	501C3	18,000				HAWAIIAN TELCOM OUT OF REGION GRANT
(48) SPRINGFIELD TOWNSHIP ARTS AND ENRICHMENT COUNCIL 9150 WINTON ROAD, CINCINNATI, OH 45231	32-0400928	501C3	17,400				SUSTAINING IMPACT GRANT
(49) NA MAKA O PU'UWAI ALOHA FOUNDATION 94-547 UKEE STREET, WAIPAHU, HI 96797	26-4693027	501C3	17,000				HAWAIIAN TELCOM OUT OF REGION GRANT
(50) HUI NO'EAU VISUAL ARTS CENTER 2841 BALDWIN AVE, MAKAWAO, HI 96768	99-6012378	501C3	17,000				HAWAIIAN TELCOM OUT OF REGION GRANT
(51) CINCINNATI PUBLIC RADIO INC 1223 CENTRAL PARKWAY, CINCINNATI, OH 45214	31-1410636	501C3	16,000				STRATEGIC PARTNERSHIP GRANT
(52) FIRST STUDENT, INC. 191 ROSA PARKS ST, 8TH FLOOR, CINCINNATI, OH 45202	59-2364035		15,656				MORE ARTS/MORE KIDS GRANT
(53) MY NOSE TURNS RED THEATRE COMPANY PO BOX 12253, COVINGTON, KY 41012	31-1203908	501C3	15,000				SUSTAINING IMPACT GRANT
(54) GHOSTLIGHT STAGE COMPANY PO BOX 36350, CINCINNATI, OH 45236	92-2333078	501C3	12,200				PRIDE PROJECT GRANT
(55) QUEEN CITY PERFORMING ARTS ORGANIZATION PO BOX 3061, CINCINNATI, OH 45201	31-1374671	501C3	10,000				SUSTAINING IMPACT GRANT
(56) CORPORATION FOR FINDLAY MARKET 19 WEST ELDER STREET, CINCINNATI, OH 45202	31-1740317	501C3	10,000				CATALYZING IMPACT GRANT
(57) GREATER CINCINNATI TELEVISION 1223 CENTRAL PARKWAY, CINCINNATI, OH 45214	31-0560051	501C3	10,000				CATALYZING IMPACT GRANT
(58) RENEWPORT 212 WEST 8TH ST, NEWPORT, KY 41071	81-2051757	501C3	10,000				NKY PLACEMAKING GRANT
(59) GREATER CINCINNATI/NORTHERN KENTUCKY AFRICAN AMERICAN CHAMBER OF COMMERCE 2303 GILBERT AVENUE, CINCINNATI, OH 45206	27-1219984	510C4	10,000				CATALYZING IMPACT GRANT
(60) COMMONWEALTH ARTISTS STUDENT THEATRE INC. 187 PAVILION PARKWAY, NEWPORT, KY 41071	82-0957190	501C3	10,000				CATALYZING IMPACT GRANT
(61) CHAMBER MUSIC CINCINNATI 1241 ELM ST., CINCINNATI, OH 45202	31-6065499	501C3	10,000				CATALYZING IMPACT GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(62) QUEEN CITY CHAMBER OPERA 603 HAWTHORNE AVE, CINCINNATI, OH 45205	46-2698269	501C3	10,000				SUSTAINING IMPACT GRANT
(63) AMERICAN LEGACY THEATRE 2162 BUDWOOD COURT, CINCINNATI, OH 45230	81-3820270	501C3	10,000				SUSTAINING IMPACT GRANT
(64) QUEER KENTUCKY INC. PO BOX 424, COVINGTON, KY 41012	84-4725183	501C3	10,000				NKY PLACEMAKING GRANT
(65) LINCOLN HEIGHTS OUTREACH INC. 9913 WAYNE AVE, CINCINNATI, OH 45215	46-0674309	501C3	10,000				CATALYZING IMPACT GRANT
(66) ROBERT O'NEAL MULTICULTURAL ARTS CENTER 2424 GRANDVIEW AVENUE, CINCINNATI, OH 45206	84-2428196	501C3	10,000				CIRCLE OF AFRICAN AMERICAN LEADERS GRANT
(67) MUSE CINCINNATI'S WOMEN'S CHOIR PO BOX 23292, CINCINNATI, OH 45202	31-1256669	501C3	10,000				SUSTAINING IMPACT GRANT
(68) THE KENNEDY HEIGHTS COMMUNITY CENTER (KHCC) 6463 KENNEDY AVE, CINCINNATI, OH 45213	31-6060018	501C3	10,000				CIRCLE OF AFRICAN AMERICAN LEADERS GRANT
(69) WEAVERS GUILD OF GREATER CINCINNATI INC 4870 GRAY ROAD, CINCINNATI, OH 45232	31-1429155	501C3	10,000				CATALYZING IMPACT GRANT
(70) WARREN COUNTY ARTS COUNCIL 409 N. BROADWAY ST, LEBANON, OH 45036	57-1144286	501C3	10,000				CATALYZING IMPACT GRANT
(71) AFRICAN PROFESSIONALS NETWORK - APNET 630 NORTHLAND BLVD SUITE D, CINCINNATI, OH 45240	46-1528068	501C3	10,000				CIRCLE OF AFRICAN AMERICAN LEADERS GRANT
(72) CINCINNATI PRIDE, INC. PO BOX 14246, CINCINNATI, OH 45250	46-3681791	501C3	10,000				CATALYZING IMPACT GRANT
(73) NATIONAL COMMISSION FOR BLACK ARTS AND ENTERTAINMENT 3 GLENVIEW PLACE, CINCINNATI, OH 45205	92-1172641	501C3	9,500				CATALYZING IMPACT GRANT
(74) BACK2BACK MINISTRIES, INC 8118 CORPORATE WAY, STE 103, MASON, OH 45040	31-1468516	501C3	9,000				CATALYZING IMPACT GRANT
(75) SPRINGBORO WIND SYMPHONY 278 TAMARACK TRAIL, SPRINGBORO, OH 45066	84-3249536	501C3	8,000				CATALYZING IMPACT GRANT
(76) AMERICAN SIGN MUSEUM 1330 MONMOUTH AVENUE, CINCINNATI, OH 45225	31-1642445	501C3	7,500				PRIDE PROJECT GRANT
(77) GREATER CINCINNATI NATIVE AMERICAN COALITION 1710 BLUE ROCK ST, CINCINNATI, OH 45223	83-3798177	501C3	7,500				CATALYZING IMPACT GRANT
(78) COMMUNITY MATTERS CINCINNATI INC. 2110 ST. MICHAEL STREET, CINCINNATI, OH 45204	47-1191643	501C3	7,500				CATALYZING IMPACT GRANT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(79) SOUTH ARTS INC 1800 PEACHTREE STREET NW 808, ATLANTA, GA 30309	56-1129587	501C3	7,320				KROGER OUT-OF-REGION GRANT
(80) CINCINNATI SONG INITIATIVE 203 E. 8TH STREET, SUITE 3, CINCINNATI, OH 45202	81-0918211	501C3	7,000				CATALYZING IMPACT GRANT
(81) WAVE POOL CORP 2940 COLERAIN AVENUE, CINCINNATI, OH 45225	47-5054823	501C3	7,000				CATALYZING IMPACT GRANT
(82) SOUTHBANK SHAKESPEARE 333 THOMAS MORE PARKWAY, CRESTVIEW HILLS, KY 41017	61-0448560		7,000				NKY PLACEMAKING GRANT
(83) URBAN APPALACHIAN COMMUNITY COALITION 5834 KENNEDY AVE, CINCINNATI, OH 45213	85-1950443	501C3	7,000				NKY PLACEMAKING GRANT
(84) ARTE: ART RECONCILIATION TRUTH & EMPOWERMENT 915 MILLERS RUN COURT, HAMILTON, OH 45011	28-9702685	501C3	7,000				CATALYZING IMPACT GRANT
(85) CENTER FOR GREAT NEIGHBORHOODS OF COVINGTON, INC. 321 W MLK JR BLVD, COVINGTON, KY 41011	61-0733046	501C3	7,000				NKY PLACEMAKING GRANT
(86) CINCINNATI ART CLUB 1021 PARKSIDE PLACE, CINCINNATI, OH 45202	31-0599379	501C3	7,000				CATALYZING IMPACT GRANT
(87) KEMPER SAUCE, LLC 8021 FARM ACRE DR, WEST CHESTER, OH 45069	84-1980597		6,500				AFTACON GRANT
(88) ARTS MIDWEST 3033 EXCELSIOR BLVD STE 380, MINNEAPOLIS, MN 55416	41-1000424	501C3	6,470				KROGER OUT-OF-REGION GRANT
(89) A PICTURES WORTH INC 1603 COOPER ST, CINCINNATI, OH 45233	85-0995365	501C3	6,000				CATALYZING IMPACT GRANT
(90) CUF NEIGHBORHOOD ASSOCIATION 2364 W. MCMICKEN AVE, CINCINNATI, OH 45214	31-0933162	501C3	6,000				CATALYZING IMPACT GRANT
(91) LLOYD LIBRARY & MUSEUM 917 PLUM ST, CINCINNATI, OH 45202	31-0597995	501C3	6,000				CATALYZING IMPACT GRANT

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	ARTSWAVE TRADITIONALLY OFFERS THREE TYPES OF FUNDING FOR ARTS ORGANIZATIONS: SUSTAINING IMPACT, CATALYZING IMPACT GRANTS, AND RESTRICTED GRANTS. SUSTAINING IMPACT GRANTS ARE AVAILABLE TO PROVIDE SUPPORT TO ARTS ORGANIZATIONS IN OUR REGION WHOSE WORK ALIGNS WITH ARTSWAVE'S BLUEPRINT FOR COLLECTIVE ACTION. THESE GRANTS RANGE FROM $3,000 TO OVER $1 MILLION AND ARE RENEWABLE FOR TWO ADDITIONAL YEARS CONTINGENT UPON ARTSWAVE'S SUCCESSFUL FUNDRAISING EFFORTS AND THE ORGANIZATION MEETING THE REQUIREMENTS. FOUR DIFFERENT GRANTMAKING COMMITTEES COMPRISED OF COMMUNITY VOLUNTEERS ARE RESPONSIBLE FOR THE REVIEW OF ANNUAL APPLICATIONS OR INTERIM REPORTS. COMMITTEE MEMBERS MEET ANNUALLY WITH ALL SUSTAINING IMPACT ORGANIZATIONS. A COMMUNITY INVESTMENT COMMITTEE, ALSO COMPRISED OF COMMUNITY VOLUNTEERS, RECEIVES INPUT FROM THE GRANTMAKING COMMITTEES AND MAKES RECOMMENDATIONS FOR SUSTAINING IMPACT GRANTS AMOUNTS. THE BOARD APPROVES THE SUSTAINING IMPACT GRANTS IN JUNE EACH YEAR. THESE GRANTS ARE PAID OUT IN MONTHLY, QUARTERLY OR SEMIANNUAL INSTALLMENTS DEPENDING ON THE SIZE OF THE GRANT. CATALYZING IMPACT GRANTS SUPPORT SPECIAL, ONETIME EVENTS OR PROJECTS THAT COMPLEMENT OR EXPAND UPON THE REGULAR CULTURAL PROGRAMMING OF THE APPLYING ORGANIZATION. ANOTHER COMMITTEE COMPRISED OF COMMUNITY VOLUNTEERS REVIEWS CATALYZING IMPACT GRANT APPLICATIONS. THE COMMITTEE MAKES RECOMMENDATIONS FOR CATALYZING IMPACT GRANT AMOUNTS TO THE EXECUTIVE COMMITTEE FOR APPROVAL PERIODICALLY THROUGHOUT THE YEAR. ARTSWAVE DISTRIBUTES THE AWARD AMOUNT TO RECIPIENTS OF PROJECT GRANTS AFTER THEIR ACCEPTANCE AND SUBMISSION OF THE ORGANIZATION'S TOP THREE OBJECTIVES AND PROPOSED RESULTS. THOSE OBJECTIVES AND RESULTS ARE THEN COMPARED TO THE ACTUAL RESULTS, SUBMITTED AT THE CONCLUSION OF THE PROJECT, WHICH HELP DOCUMENT THE PROJECT'S OUTCOMES. RESTRICTED GRANTS ARE MADE IN ACCORDANCE WITH DONORS' WISHES AND ALIGN WITH COMMUNITY PRIORITIES IN ORDER TO AMPLIFY IMPACT AND CREATE RESULTS BY WORKING IN PARTNERSHIP WITH OTHERS.
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	MUSIC SERIES AT CINCINNATI/NORTHERN KENTUCKY INTERNATIONAL AIRPORT GRANT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	CINCINNATI/NORTHERN KENTUCKY INTERNATIONAL AIRPORT MURAL GRANT
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	CINCINNATI MUSIC FESTIVAL OUTDOOR MUSEUM GRANT

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)–(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1	ALECIA KINTNER PRESIDENT & CEO	(i)	294,600	29,000	0	9,800	12,168	345,568	0
		(ii)	0	0	0	0	0	0	0
2	KATHRYN KENNEDY CHIEF OPERATING OFFICER	(i)	164,439	5,000	0	12,762	16,586	198,787	0
		(ii)	0	0	0	0	0	0	0
3	LISA WOLTER VP, COMM. CAMPAIGN	(i)	140,908	2,500	0	10,227	7,902	161,537	0
		(ii)	0	0	0	0	0	0	0
4	SAMANTHA CRIBBET CHIEF FINANCIAL OFFICER	(i)	134,042	5,000	0	9,966	8,194	157,202	0
		(ii)	0	0	0	0	0	0	0
5	KATHYRYN DEBROSSE VP OF NEW PRODUCTS & INITIATIVES	(i)	137,736	2,000	0	4,887	7,967	152,590	0
		(ii)	0	0	0	0	0	0	0
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	THE ORGANIZATION PAYS FOR DUES FOR THE PRESIDENT & CEO AT THE METROPOLITAN AND QUEEN CITY CLUBS. THE ORGANIZATION UTILIZES THE MEMBERSHIP FOR OFFICIAL FUNCTIONS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number
31-0537138

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	✔	68	347,002	SELLING COST
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (_____)				
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0		
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			✔
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✔	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			✔
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CINCINNATI INSTITUTE OF FINE ARTS

Employer identification number

31-0537138

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE DRAFT FORM 990 IS PROVIDED BY THE CHIEF FINANCIAL OFFICER AND CONTROLLER TO THE PRESIDENT AND CEO FOR REVIEW. THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE AND BOARD IS THEN GIVEN A CHANCE TO REVIEW THE 990 PRIOR TO SUBMITTING IT TO THE IRS.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE REGARDING THE CONFLICTS OF INTEREST ARE MAILED TO ALL BOARD MEMBERS, COMMITTEE MEMBERS AND MANAGEMENT TEAM MEMBERS ANNUALLY IN SEPTEMBER. QUESTIONNAIRES ARE REVIEWED BY THE MANAGEMENT TEAM AND THE GOVERNANCE COMMITTEE SO THERE IS AWARENESS OF POTENTIAL CONFLICTS OF INTERESTED PARTIES.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION COMMITTEE MEETS ANNUALLY TO DETERMINE ANY ADJUSTMENT TO THE PRESIDENT/CEO COMPENSATION. THE COMMITTEE'S ANALYSIS IS BASED ON PERFORMANCE RESULTS, INFLATIONARY ENVIRONMENT, AND THE DIRECTION THE ORGANIZATION IS HEADING. THE CEO SETS COMPENSATION FOR THE MANAGEMENT TEAM WITH THE BOARD CHAIR.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES AVAILABLE ALL DOCUMENTS REQUIRED BY LAW.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	

(a) Description	**(b)** Amount
CHANGE IN BENEFICIAL INTEREST	168,402
PROVISION FOR BAD DEBT	- 121,577
CHANGE IN CGA	- 38,383
TOTAL	**8,442**

Tax Returns from Barnes Dennig

Final Audit Report July 08, 2026

Created:	July 08, 2026
By:	Barnes, Dennig & Co., Ltd.(nick.sutkamp@barnesdennig.com)
Status:	ESigned
Transaction ID:	LWCCY6JV7F4MZ69HREA5UMUGX0
Documents:	CINCINNATI INSTITUTE OF FINE ARTS DBA ARTSWAVE-CINCINNATI-INSTITUTE OF FINE ARTS DBA ARTSWAVE 2024 FORM 990 PUBLIC-DISCLOSURE (1).pdf CINCINNATI INSTITUTE OF FINE ARTS DBA ARTSWAVE-CINCINNATI-INSTITUTE OF FINE ARTS DBA ARTSWAVE 2024 FORM 990T PUBLIC-DISCLOSURE COPY.pdf

"Tax Returns from Barnes Dennig" History

Document emailed to Paula Hume(phume@barnesdennig.com) for signature
7/8/2026 09:31:36 AM Eastern Daylight Time

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7/8/2026 09:35:42 AM Eastern Daylight Time - IP address: 216.196.129.5

Document e-signed by Paula Hume(phume@barnesdennig.com)
Signature Date: 7/8/2026 09:36:33 AM Eastern Daylight Time - IP address: 216.196.129.5

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7/8/2026 09:39:14 AM Eastern Daylight Time - IP address: 216.68.129.98

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Signature Date: 7/8/2026 09:39:37 AM Eastern Daylight Time - IP address: 216.68.129.98

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