Form **990**

Department of the Treasury

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 Open to Public Inspection

Form **990** (2021)

Internal Revenue Service A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022 D Employer identification number C Name of organization B Check if applicable HUNTINGTON MUSEUM OF ART, INC 55-0372921 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 2033 MCCOY ROAD (304)529 - 2701Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code Amended HUNTINGTON, WV 25701 G Gross receipts \$ 5,850,517. Application pending F Name and address of principal officer: H(a) Is this a group return for GEOFFREY FLEMING Yes Χ Nο subordinates' No 2033 MCCOY ROAD, HUNTINGTON, WV 25701 H(b) Are all subordinates included? Yes If "No," attach a list. See instructions Tax-exempt status: 4947(a)(1) or X 501(c)(3) 501(c) ((insert no.) WWW.HMOA.ORG Website: **H(c)** Group exemption number Form of organization: X Corporation Association Other > L Year of formation: 1948 M State of legal domicile: WV Summary Part I 1 Briefly describe the organization's mission or most significant activities: THE HUNTINGTON MUSEUM OF ART SERVES THE PUBLIC AS A MUSEUM AND CULTURAL CENTER AND IN THE COMMUNITY ACTS AS A Governance PRESENCE AND ADVOCATE FOR THE AREAS OF ARTS, EDUCATION, AND NATURE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 38 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 38 5 31 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 51 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Prior Year Contributions and grants (Part VIII, line 1h) 1,651,029 1,684,827. Program service revenue (Part VIII, line 2g) 5,730 45,002 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 859,153 853,564. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,581 46,962. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,534,493. 2,630,355. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) NONE NONE 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 980, 462 974,360. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,265,743 1,096,864. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,246,205 2,071,224. Revenue less expenses. Subtract line 18 from line 12 288,288 559,131. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 26,007,450 23,209,109. Total liabilities (Part X, line 26) 21 270,533. 437,445 22 Net assets or fund balances. Subtract line 21 from line 20, 25,570,005 22,938,576. 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 Signature of officer Date Here Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid self-employed WADE S C NEWELL CPA WADE S C NEWELL P01051041 Preparer Firm's name ► SOMERVILLE & COMPANY, P.L.L.C. 55-0372924 Firm's FIN Use Only Firm's address ▶ 501 5TH AVENUE HUNTINGTON, WV 25701 304-525-0301 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	Λ
	THE HUNTINGTON MUSEUM OF ART SERVES THE PUBLIC AS A MUSEUM AND	
	CULTURAL CENTER AND IN THE GREATER COMMUNITY ACTS AS A PRESENCE AND	
	ADVOCATE FOR THE AREAS OF ARTS, EDUCATION, AND NATURE.	
	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Νo
	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	_
		∐ 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 measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services, as measure accomplishments for each of its three largest program services.	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	mers,
	the total expenses, and revenue, if any, for each program service reported.	
40	(Code:) (Expenses \$\(367,144. \) including grants of \$\(\) (Revenue \$\(\))	
4a	(Code:) (Expenses \$367,144. including grants of \$) (Revenue \$) CURATORIAL PROGRAM IS RESPONSIBLE FOR THE CARE, DISPLAY,	
	AND INTERPRETATION OF THE ART IN THE PERMANENT COLLECTION	
	AND INTERPRETATION OF THE ART IN THE PERMANENT COLLECTION AND THE COORDINATION AND SUPERVISION OF TEMPORARY	
	EXHIBITIONS	
	EXHIBITIONS	
41-	(Code) \(\sum_{Compared to the control of the	
4D	(Code:) (Expenses \$222,211. including grants of \$) (Revenue \$)	
	EXHIBITIONS AND PROGRAMS INCLUDES MUSIC AND THEATER PROGRAMMING,	
	THE GROPIUS MASTER ARTISTS WORKSHOPS, ALL TRAVELING EXHIBITIONS,	
	ALL EXHIBITIONS FROM THE PERMANENT COLLECTION, AND NATURE TRAILS.	
_		
4c	(Code:) (Expenses \$) (Revenue \$)	
	MUSEUM MAKING CONNECTIONS PROGRAM INCLUDES WORKSHOPS, CLASSES AND	
	CAMPS, SCHOOL TOURS, AND OUTREACH PROGRAMS. THE EDUCATIONAL	
	DEPARTMENT IS ALSO RESPONSIBLE FOR THE OPERATION OF THE	
	INTERACTIVE EDUCATION GALLERY AND TRAINING OF THE DOCENTS.	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
_	(Expenses \$ 376,089. including grants of \$) (Revenue \$)	
4.	Total program convice expenses 1, 200, 015	

1,260,915.

4e Total program service expenses ►

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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · u	- 21	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	446		37
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		21
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
22	Did the experiencian variety may then \$\Pi 000 of exerts or other posistance to ay for democitic individuals on		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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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	2/12		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,]		
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4	Enter the number reported in hex 2 of Form 1006. Enter 0 if not emplicable		1 62	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
		10		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
		4a		X
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
		5b		Х
		5с		
		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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.			
а	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		
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		1/12		Х
				^
	Note: If the sum of limes 1a and 2a is greater than 250, you may be required to e-file. See instructions. a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to file 3b, provide an explanation on Schedule 0. a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or the requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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). a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes' to line 5a or 5b, did the organization file Form 8886-17? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes' to line 5a or 5b, did the organization file Form 8886-17? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations solicit any contributions that were not tax deductible as charitable contributions and partly for goods and services provided to the payor? Organization stat may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization notify the donor of the value of the goods or services provided? To Did the organization of the value of the goods or services provided? To Did the organization of the provided			
15		15		Х
		13		Λ
16		16		Х
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17	·			
• •		17		

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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

Sect	ion A. Governing Body and Management	• • •				
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	38			
	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					
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent.	1b	38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with	1		
_	any other officer, director, trustee, or key employee?		-	2	X	
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el					
	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to			406	37	
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-		40-	37	
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ.	
15	Did the process for determining compensation of the following persons include a review ar		-			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			15a	Х	
a	The organization's CEO, Executive Director, or top management official			15b	21	X
b	Other officers or key employees of the organization			130		21
40-	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 with a tayable active during the year?	i ana	ngement	16a		Х
h	with a taxable entity during the year?	to 01	aluato ito			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safe	guard the	16h		
Secti	ion C. Disclosure			16b		
17 10	List the states with which a copy of this Form 990 is required to be filed ► WV, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	000	and 000 T	Γ (000	tion F	01(0)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website X Another's website X Upon request Other (explain on Sc	ply.		(sec	ion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's I	oooks	and record	s ►		

304-529-2701

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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)	box, office or direct	unles	Pos heck ss pe	rson	e than of is both or/trust Highest compensated	an	(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
(1) GEOFFREY FLEMING	35.00									
EXECUTIVE DIRECTOR	NONE			Х				84,723.	NONE	11,672.
(2) DORIS ANDREWS	1.00			21				01,725.	110111	11,072.
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(3) CHRISTINE BORDERS	1.00									
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(4) JIMELLE WALKER BOWEN	1.00									
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(5) MARIA BRONOSKY	1.00									
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(6) LIZA CALDWELL	1.00									
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(7) FRANCES CASE	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(8) DR. PETER CHIRICO	1.00									
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(9) DEBORAH COOLEY	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(10) ISABEL CROSS	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(11) SHANE FINSTER	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(12) ALEX FRANKLIN	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(13) TYSON COMPTON	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(14) JANET SMITH HOLBROOK	1.00									
ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE

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Page	R

	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	continued)
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
		hours per	,				e than o		compensation	compensation from	amount of
		week (list any hours for	1				is both tor/trust		from	related	other compensation
		related							the organization	organizations (W-2/1099-MISC)	from the
		organizations	divio	stitu	Officer	y er	ghe	Former	(W-2/1099-MISC)	(** 2/1000 1/1100)	organization
		below dotted	dual	tion	¬	Key employee	st cc	٦	,		and related
		line)	Individual trustee or director	Institutional trustee		yee	mp				organizations
			tee	ste			ensa				
				Õ			Highest compensated employee				
(15) TAYLOR HOOD	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(16) PAT JANUSZKIEWICZ	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(17) DR. DELORES JOHNSON	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(18) JANET KEATING	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(19) BRANDI JACOBS-JONES	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(20) DAVID PITTENGER	1.00									
	ELECTED TRUSTEE	NONE	Х						NONE	NONE	NONE
(21) JACQUELINE PROCTOR	1.00									
	ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(22) SARA PUCKE	1.00									
	ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(23) BRANDON ROISMAN	1.00									
	ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(24) THOMAS SCARR	1.00									
	ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
(25) GERALD SUTPHIN	1.00									
	ELECTED TRUSTEE	NONE	X						NONE	NONE	NONE
	1b Sub-total							>	84,723.	NONE	11,672.
	c Total from continuation sheets to Part VII, So	-							NONE	NONE	NONE
	d Total (add lines 1b and 1c)							<u> </u>	84,723.	NONE	11,672.
	2 Total number of individuals (including but not l		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of	
	reportable compensation from the organization	1 🕨				NO	NE				
											Yes No
	3 Did the organization list any former offic										
	employee on line 1a? If "Yes," complete Schedu										3
	4 For any individual listed on line 1a, is the s	sum of rep	ortab	le d	com	per	satio	n a	nd other compens	sation from the	
	organization and related organizations gre										
	individual										4
	5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5
	Section B. Independent Contractors	es, compre	ie sci	ieat	iie J	101	Sucri	per	SOII] 5
	Complete this table for your five highest com	nensated i	ndene	ende	ent	con	tracto	rs t	that received more	than \$100 000 o	ıf
	compensation from the organization. Report c										
	year.	•					,			5	

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

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

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (c	ontinued)	
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated	
	hours per	,				e than o		compensation	compensation from	amount of	
	week (list any hours for	1				is both tor/trust		from	related	other compensation	
	related							the organization	organizations (W-2/1099-MISC)	from the	
	organizations	divio	l tit	Officer	y er	ghe	Former	(W-2/1099-MISC)	(W 2/1000 MIGO)	organization	
	below dotted	dual	tion		Key employee	Highest co employee	<u> </u>	,		and related	
	line)	Individual trustee or director	a t		yee	mp				organizations	
		tee	Institutional trustee			compensated ee					
			Ф			ated					
26) DR. STEPHANIE SKOLIK	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
27) ANDREW J STOVITZ	1.00										
ELECTED TRUSTEE	NONE	X						NONE	NONE	NC	ONE
28) EDWARD TUCKER	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
29) DON VAN HORN	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
30) DR. JOHN WEBER	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
31) ANNE YON	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
32) BRAD SMITH	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
33) RYAN SAXE	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
34) LAUREN MCGILL	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
35) PATRICIA PROCTOR	1.00										
PAST PRESIDENT	NONE	Х						NONE	NONE	NC	ONE
36) JAMES W TURNER	1.00										
ELECTED TRUSTEE	NONE	Х						NONE	NONE	NC	ONE
1b Sub-total							>				
c Total from continuation sheets to Part VII, S	Section A						>				
d Total (add lines 1b and 1c)							>				
2 Total number of individuals (including but not	limited to t	hose	liste	d al	bov	e) who	o re	eceived more than	\$100,000 of		
reportable compensation from the organization	n 🕨										
										Yes N	10
3 Did the organization list any former office	cer, directo	or, or	tru	ıste	e,	key e	emp	oloyee, or highes	t compensated		
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ind	lividu	ual						3	
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole c	com	per	nsation	n ai	nd other compens	sation from the		
organization and related organizations gr											
individual										4	
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle J	J for	such	per	son		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

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

Pag	e	8

Section Sec	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	ligl	nest Compensat	ed Employees (continued)
## PRESIDENT 1.00 X X X X X X X X X		Average hours per week (list any	box,	unle	Pos heck ss pe	sition more	e than c is both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of
SECRETARY NONE Yes Schedula Jir ves, "complete Schedula Jir ves," complete Schedula Jir		related organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization		
38). SUBAN SHIELD 1.00 NONE NONE 139). SUBAN SHIELDS 1.00 NONE NONE 1.00 NON	37) JANET BAILEY	1.00									
NONE X X X NONE NONE NONE NONE NONE NONE			X		Х				NONE	NONE	NON
39. SUSAM SHIELDS 1.00 X X X NONE NONE PRESIDENT NONE X X X NONE NONE 10.00 X X X NONE NONE 11.00 X X X NONE NONE 12. Total from continuation sheets to Part VII, Section A 1.00 X X X NONE 13. Sub-total 14. C Total from continuation sheets to Part VII, Section A 1.00 X Total under or individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 13. Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual is related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is repeated organization? If "Yes," complete Schedule J for such person 14. Section B. Independent Contractors 15. 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 16. One person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization or individual for services rendered to the organization. Report compensation from the organization or individual for services rendered to the organization. Report compensation from the organization or individual for services and the person or the calendary year ending with or within the organizations tax year. 16. Description of services 17. Compensation from the organization or individual for services in the person or individual for services and the person or individual for services in the person or individual for services in the person or individual for services or individual for services in the person or individual for services or		+	v		v				NONE	NONE	NON
PRESIDENT NONE X X NONE NOR NONE NO			Α		Λ				NONE	NONE	NON
the Sub-total to Total from continuation sheets to Part VII, Section A		+	X		Х				NONE	NONE	NON
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Form 990 individual but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Form 990 individual but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) (A) (B) (C) Compensation (C) Compensation (C) Compensation (A) Name and business address (C) Compensation											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Form 990 individual but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 Section B. Independent Contractors 1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Form 990 individual but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 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 ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation (C) Compensation Form 990 individual but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE											
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. 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	 c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 3 Did the organization list any former office 	ection A	hose or, or	liste	ed a	:e,	key e	emp	loyee, or highes	t compensated	Yes No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4 For any individual listed on line 1a, is the	sum of rep	oortab	ole d	com	per	nsatio	n ai	nd other compens	sation from the	3 X
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) (B) (C) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization NONE	5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual	4 X
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) (B) (C) Compensation Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ NONE		es," comple	te Sci	hedu	ıle J	J for	such	per	son		5 X
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization NONE Form 990	Complete this table for your five highest com- compensation from the organization. Report of										
more than \$100,000 in compensation from the organization ► NONE		dress								rvices (
more than \$100,000 in compensation from the organization ► NONE											
more than \$100,000 in compensation from the organization ► NONE											
	more than \$100,000 in compensation from th				nite	d to	thos		•	received	
8965BI P123 V21-7.15 6830-00	E1055 2.000	77	01 7	1 -			0 00				Form 990 (2021

55-0372921

Part VIII Statement of Revenue

		Check if Schedule O contains a res	ponse	e or note to any	/ line in this Part V	III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	а					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵ٌڲ	С	Fundraising events	С	22,416.				
ifts ⊩A	d	Related organizations						
٦	е	Government grants (contributions) 10	е	273,475.				
Sin	f	All other contributions, gifts, grants,						
e Éi		and similar amounts not included above . 11	f	1,388,936.				
들된	g	Noncash contributions included in						
d T		lines 1a-1f	g \$					
ಶ ರ	h	Total. Add lines 1a-1f		▶	1,684,827.			
				Business Code				
Se	2a	EDUCATION PROGRAMS		713990	45,002.	45,002.		
e Z	b							
Se	С							
Program Service Revenue	d							
90 R	е		_ L					
<u>~</u>	f	All other program service revenue	. L					
	g	Total. Add lines 2a-2f		<u></u> ▶	45,002.			
	3	Investment income (including dividend	ds, ir	iterest, and				
		other similar amounts)		▶ ↓	217,365.			217,365.
	4	Income from investment of tax-exempt be	ond p	roceeds . 🕨	NONE			
	5	Royalties			NONE			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a 39,2	288.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c 39,2	288.	NONE				
	d	Net rental income or (loss)		▶	39,288.			39,288.
	7a	Gross amount from (i) Securities	s	(ii) Other				
		sales of assets						
		other than inventory 7a 3,741,2	247.					
ne	b	Less: cost or other basis						
evenue		and sales expenses 7b 3,105,0						
α		Gain or (loss)						
ē	d	Net gain or (loss)		•	636,199.			636,199.
Other	8a	Gross income from fundraising						
		events (not including \$22,416.						
		of contributions reported on line	.	50,879.				
			8a oh	25,937.				
	b C	Less: direct expenses	8b ents		24,942.			24,942.
		· /	1110		21,712.			21,512.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
	b	·	9b	NONE				
	C	Net income or (loss) from gaming activiti		▶	NONE			
	10a	Gross sales of inventory, less						
	. Ja	returns and allowances1	0a	71,909.				
	b		0b	89,177.				
	C	Net income or (loss) from sales of inventory			-17,268.			-17,268.
s		· ·		Business Code				
e e	11a							
ane	b							
eve	C							
Miscellaneous Revenue	d	All other revenue						
	е	Total. Add lines 11a-11d		-	NONE			
	12	Total revenue. See instructions			2,630,355.	45,002.		900,526.

55-0372921

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	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	87,083.	43,541.	21,771.	21,771
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE	110 100		
	Other salaries and wages	688,488.	413,199.	76,799.	198,490
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	32,831.	23,361.	1,088.	8,382
9	Other employee benefits	99,732.	51,213.	18,304.	30,215
10	Payroll taxes	66,226.	37,809.	9,548.	18,869
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	587.		587.	
	Accounting	9,250.		9,250.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE		F2 F26	
	Investment management fees	73,736.		73,736.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	116 500	100 027	0 200	6 206
40	(A), amount, list line 11g expenses on Schedule O.)	116,522. 44,854.	100,927.	9,299. 3,638.	6,296 1,019
	Advertising and promotion	83,729.	67,268.	11,104.	5,357
13	Office expenses	NONE	07,200.	11,104.	3,337
14 15	Information technology	NONE			
16	Royalties	240,119.	183,753.	26,167.	30,199
17	Travel	14,316.	10,853.	2,998.	465
	Payments of travel or entertainment expenses	11/3101	1070331	27556.	100
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	NONE			
	Interest	NONE			
21		NONE			
22	Depreciation, depletion, and amortization	336,072.	193,041.	143,031.	
	Insurance	30,895.	16,267.	14,628.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	COLLECTION ITEMS PURCHASE	55,600.	55,600.		
b	CULTIVATION/RECEPTIONS	17,635.	9,144.	7,611.	880
c	EQUIPMENT REPAIRS	37,914.	11,393.	17,748.	8,773
d	MEMBERSHIP DUES	6,873.	1,386.	5,417.	70
е	All other expenses	28,762.	1,963.	5,765.	21,034
	Total functional expenses. Add lines 1 through 24e	2,071,224.	1,260,915.	458,489.	351,820
26	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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,119.	1	951.
	2	Savings and temporary cash investments	908,687.	2	1,187,049.
	3	Pledges and grants receivable, net	36,064.	3	166,250.
	4	Accounts receivable, net	NONE	4	NON
	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	NONE	5	NONE
	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)	NONE	6	NONE
ß	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	53,199.	8	71,397.
As	9	Prepaid expenses and deferred charges	NONE		NONE
		Land, buildings, and equipment: cost or other	110112		110111
	1.00	basis. Complete Part VI of Schedule D 10a 10,800,547.			
	h	Less: accumulated depreciation	4,144,105.	100	4,141,515.
	11	Investments - publicly traded securities SEE SCHEDULE .Q	13,305,236.	11	11,200,754.
	12	· · · ·			
		Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	7,558,040.	15	6,441,193.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,007,450.	16	23,209,109.
	17	Accounts payable and accrued expenses	146,716.	17	148,706.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	80,164.	19	98,247.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	40,765.	23	23,580.
	24	Unsecured notes and loans payable to unrelated third parties	169,800.	24	NONE
	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	NONE	25	NONE
	26	Total liabilities. Add lines 17 through 25	437,445.	26	270,533.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	7,499,289.	27	4,940,337.
Ba	28	Net assets with donor restrictions.	18,070,716.	28	17,998,239.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	10/0/0//10.		11/330/2331
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds			
t A	32	Total net assets or fund balances	25 570 005	31	22 020 576
Se	33		25,570,005.	32	22,938,576.
	၂၁၁	Total liabilities and net assets/fund balances	26,007,450.	33	23,209,109. Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	30,	<u> 355</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	71,	<u> 224</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5	59,	<u> 131</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	5,5	70,	<u>005</u>
5	Net unrealized gains (losses) on investments	5	_	3,2	35,	<u>718</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			45,	<u> 158</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,9	38,	<u> 576</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b		

SCHEDULE A (Form 990)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HUN	ITI	NGTON MUSEUM OF ART						372921
Pa	ťΙ	Reason for Public Cha	rity Status. (All o	organizations must	complet	e this p	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	_			-		
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)						
8		A community trust describe						
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ited to its exempt finent income and uiten after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able incc (a)(2). (C	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its
11	_	An organization organized	•	•	-			
12		An organization organized a	•	•				• •
		one or more publicly suppo	-					
		the box on lines 12a throug					•	=
а		Type I. A supporting orga	•	•	•		• • • • • • • • • • • • • • • • • • • •	
		the supported organization				ajority of	the directors or truste	es of the
L		supporting organization.	•	•		with ito	aupported organization	an(a) by baying
b		Type II. A supporting org	•					
		control or management organization(s). You must		=	liie Saiii	e persor	is that control of man	age the supported
С		Type III functionally integ	•	•	ted in co	nnactio	n with and functional	ly integrated with
٠		its supported organization						iy intogratod with,
d		Type III non-functionally		-				ted organization(s)
.		that is not functionally into						= ::
		requirement (see instruct	-	-	-		•	an anominono
е		Check this box if the orga	•	-				I. Type III
		functionally integrated, or						7 71 -
f	En	ter the number of supported						
g	Pro	ovide the following information	on about the suppo	orted organization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No	,	
(A)								
(B)								
(C)								
(D)								
(E)								
Tota								
1 016	l II						İ	i

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,337,691.	1,548,780.	1,819,953.	1,651,029.	1,684,827.	8,042,280.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	1,337,691.	1,548,780.	1,819,953.	1,651,029.	1,684,827.	8,042,280.
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						
6	shown on line 11, column (f)						1,110,061.
6	Public support. Subtract line 5 from line 4 tion B. Total Support						6,932,219.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_		1,337,691.	1,548,780.	1,819,953.	1,651,029.	1,684,827.	8,042,280.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	232,432.	250,597.	257,172.	261,010.	256,653.	1,257,864.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						9,300,144.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	289,599.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (li		-			14	74.54 %
15	Public support percentage from 2020					15	69.47 %
16a	331/3% support test - 2021. If the org	=					
	box and stop here. The organization quality			-			
b	331/3% support test - 2020. If the org						
	this box and stop here . The organization	-		_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization						-
	Part VI how the organization meets			=	•		pported
	organization						
b	10%-facts-and-circumstances test - 2	_	-				
	15 is 10% or more, and if the organization resets						•
	in Part VI how the organization meets			=	-	-	
40	organization.						
18	Private foundation. If the organization						
	instructions						<u> 🚩 🗀</u>

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.)

				-	-	-	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	•			•		```
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2020 Scheo					16	%
	tion D. Computation of Investment					<u>, </u>	,0
17	Investment income percentage for 2021 (lin			13. column (f))		17	%
18	Investment income percentage from 2020 S						
	331/3% support tests - 2021. If the org					•	
. J u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga		_				
	line 18 is not more than 331/3%, check						. \square
20	Private foundation. If the organization of		•	•			

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
ng <i>by</i>			
	1		
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Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	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		
Secti	on 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		•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– 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	0-		
	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		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	ization	<u> </u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	g organization
	(see instructions).			

Schedule A (Form 990) 2021

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3			
4							
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
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 resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021		
			110 2021				
1	Distributable amount for 2021 from Section C, line 6		110 2021		Amount for 2021		
1 2	Underdistributions, if any, for years prior to 2021		110 2021		Amount for 2021		
			110 2021		Allouin for Edit		
	Underdistributions, if any, for years prior to 2021		110 2021		Allount for 2021		
	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021		110 2021		Allount 161 Zozi		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016		110 2021		Amount 161 ZoZ1		
3	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. Excess distributions carryover, if any, to 2021		110 2021		Allount 161 ZoZ1		
2 3 a	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016		110 2021		Amount to 2021		
3 a b	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016		110 2021		Amount to Edit		
3 a b c	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016		110 2021		Amount to 2021		
3 a b c	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019				Amount to 2021		
3 a b c	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2020				Amount to 2021		
3 a b c d e	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2020 Total of lines 3a through 3e						
3 a b c d e f	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2020 Total of lines 3a through 3e Applied to underdistributions of prior years				Amount to 2021		
3 a b c d e f	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 From 2016 From 2017 From 2018 From 2019 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2021 distributable amount						

Schedule A (Form 990) 2021

5

Section D, line 7:

Part VI. See instructions.

Breakdown of line 7:

Excess from 2017 . . .

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

and 4c.

Applied to underdistributions of prior years

Applied to 2021 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2022. Add lines 3j

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number HUNTINGTON MUSEUM OF ART, INC. 55-0372921 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

Revenue included on Form 990, Part VIII, line 1.

		NGTON MUSEUI				01 01 11		372921	Page 2
	rt III Organizations Maintaining								
3	Using the organization's acquisition,		other recor	ds, check	any of the	e following that	make sign	lificant use	e of its
	collection items (check all that apply):			.					
а	X Public exhibition		d X	7	r exchange	e program			
b	X Scholarly research		e	_ Other					
C	X Preservation for future generati								
4	Provide a description of the organiza	ation's collections	and expla	ain now t	ney furtner	the organization	n's exempt	purpose	in Part
_	XIII.		.	£ - ! - 4 .	!				
5	During the year, did the organization s						_		No
Do	assets to be sold to raise funds rather		ained as pa	irt of the c	organization	is collection?		Yes	X No
Pa	rt IV Escrow and Custodial Arra		o" on For	~ 000 E	ort IV line	O or reported	on omour	t on Forn	_
	Complete if the organizatio 990, Part X, line 21.	n answered re	5 011 701	III 990, F	art iv, iiiie	e 9, or reported	an amour	il on Foili	11
10	Is the organization an agent, trustee	austadian ar a	thar intarm	odion, fo	r contribut	iono or other or	note not		
та							seis noi	Yes	No
h	included on Form 990, Part X? If "Yes," explain the arrangement in P	Part VIII and come	oloto the fo	lowing tob	lo:		L	165 [NO
b	ii res, explain the arrangement in r	art Aili and Comp	dete the lo	iowing tac			Amount		
С	Beginning balance				1c		Amount		
	Additions during the year.								
e	Distributions during the year								
f	Ending balance								
2a						Istodial account I	iahility?	Yes	No
	If "Yes," explain the arrangement in P								⊣ ''`
	rt V Endowment Funds.	art / time of look in	010 11 1110 0	- piariation	1140 50011 P	TOTAGG GITT GITT			
. ~	Complete if the organization	n answered "Ye	es" on For	m 990, F	art IV, line	10.			
		(a) Current year	(b) Prio		(c) Two year		years back	(e) Four yea	ars back
1 2	Beginning of year balance	21,169,380.	17,7	22,709.	17,442,	968. 17,	375,225.	17,073	3,727.
	Contributions	368,680.		96,607.	838,		298,139.		7,968.
	Net investment earnings, gains,								
C	and losses	-2,097,262.	4,3	31,113.	901,	418.	268,029.	1,223	3,286.
Ч	Grants or scholarships								
	Other expenditures for facilities								
·	and programs	1,211,121.	1,00	08,845.	1,396,	749. 1,4	140,154.	1,291	1,536.
f	Administrative expenses	73,736.	,	72,204.	63,	144.	58,271.	51	8,220.
	End of year balance	18,155,941.	21,1	59,380.	17,722,	709. 17,	442,968.	17,37	5,225.
2	Provide the estimated percentage of	the current year	end balanc	e (line 1a.	column (a))	held as:			
	Board designated or quasi-endowmen			· ((4)				
b	Permanent endowment ▶ 95.090	0 %	_						
С	Term endowment ► 3.2500 %								
	The percentages on lines 2a, 2b, and	2c should equal	100%.						
3a	Are there endowment funds not in the	possession of the	ne organiza	tion that	are held an	d administered fo	r the		
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related	organizations liste	d as require	ed on Sch	edule R?			3b	
4	Describe in Part XIII the intended use	s of the organiza	tion's endo	<u>wmen</u> t fur	nds				
Pa	rt VI Land, Buildings, and Equip	ment.			Oort IV / II:-	. 110 Cas F	~ 000 D-	mt V Iliano	10
	Complete if the organization of property	on answered "Y			r other basis	e 11a. See Forr (c) Accumulated		rt X, line 1) Book value	
	2000. Pilot of property		tment)		ther)	depreciation	, (a	, Dook value	
		i i			I		-		

1a Land...... 116,154. 116,154. 6,171,214. 10,071,963. 3,900,749. c Leasehold improvements..... 487,818 d Equipment....... 592,671. 104,853. 19,759 19,759. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 4,141,515. ightharpoons

Schedule D (Form 990) 2021

Schedule D (F	-orm 990) 2021 HUNTINGTON MUS	EUM OF ART, INC	. ·	55-03/2921 Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 9	90. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation:
(1) Financi	al derivatives			
. ,	held equity interests			
	Tiola equity interests 11111111111111111111111111111111111			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			. D. (IV I'm 44 - 0 - 5 0	00 D 1 V I' 1 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year n	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I alt IX	Complete if the organization answered	"Yes" on Form 990). Part IV. line 11d. See Form 9	90. Part X. line 15.
	· · · · · · · · · · · · · · · · · · ·	scription	, ,	(b) Book value
(1)INTER	EST RECEIVABLE			25,714
(2)OTHER				46,296
	TUAL TRUSTS			6,369,183
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		6,441,193
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See F	Form 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			(a) Doon raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total, (Colum	nn (b) must equal Form 990. Part X. col. (B) line 25.)			

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 . JSA 1E1270 1.000

8965BI P123 V21-7.15 6830-00

55-0372921

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	-589,922.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-3,235,718.
3	Subtract line 2e from line 1	3	2,645,796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-15,441.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,630,355.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	2,086,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
С	Other losses	.	
d	Other (Describe in Part XIII.)	.	
е	Add lines 2a through 2d	2e	2 006 665
3	Subtract line 2e from line 1	3	2,086,665.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII line 7b. 4a		
a	invocation expenses not included on Ferri cos, Fait Vin, inc. 75	-	
b C	Other (Describe in Part XIII.)	4c	-15,441.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,071,224.
Part	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform SUPPLEMENTAL PAGE	Part V, nation	line 4; Part X, line
DEE	SOLI BEMENIAD TAGE		

Part XIII Supplemental Information (continued)

NOTE I

SCHEDULE D PART XI AND XII

RECLASSIFICATION OF INVENTORY COST OF GOODS SOLD: \$ (89,177)

RECLASSIFICATION OF INVESTMENT FEES FROM INVESTMENT INCOME: \$ 73,736

TOTAL \$ (15,441)

NOTE II

SCHEDULE D PART III LINE 1A

COLLECTIONS: THE VALUE OF ART AT THE HUNTINGTON MUSEUM OF ART, INC. HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION. THE ART COLLECTION IS INSURED FOR \$24,000,000. THE COST OF OBJECTS PURCHASED IS REPORTED AS COLLECTION ITEMS PURCHASED ON THE STATEMENT OF ACTIVITIES. THE PROCEEDS FROM OBJECTS SOLD ARE REPORTED AS SALE OF COLLECTION ITEMS ON THE STATEMENT OF ACTIVITIES. DURING THE YEARS ENDED JUNE 30, 2022 AND 2021, PURCHASES OF ART OBJECTS AMOUNTED TO \$55,600 AND \$157,428, RESPECTIVELY, AND THE VALUE OF OBJECTS ACQUIRED BY GIFT IS UNKNOWN. RESPECTIVELY, AND THE VALUE OF OBJECTS ACQUIRED BY

Part XIII Supplemental Information (continued)

NOTE III

SCHEDULE D PART III LINE 4

SEE ATTACHED LISTING OF ORGANIZATION'S COLLECTIONS.

NOTE IV

SCHEDULE D PART V LINE 4

ENDOWMENT FUNDS ARE USED FOR THE BENEFIT OF THE MUSEUM TO PROMOTE EXCELLENCE IN EDUCATION AND VISUAL ARTS AND FOR THE OPERATION OF THE PLANT CONSERVATORY.

NOTE V

SCHEDULE D PART X LINE 2

THE MUSEUM FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES, RELATING TO UNRECOGNIZED TAX BENEFITS.

THIS STANDARD REQUIRES AN ENTITY TO RECOGNIZE A LIABILITY FOR TAX

POSITIONS WHEN THERE IS A 50% OR GREATER LIKELIHOOD THAT THE POSITION

WILL NOT BE SUSTAINED UPON EXAMINATION. THE MUSEUM IS LIABLE FOR TAXES

TO THE EXTENT OF ANY UNRELATED BUSINESS INCOME AS DEFINED BY IRS

REGULATIONS. THE MUSEUM BELIEVES THAT IT HAS NOT ENGAGED IN ANY

UNRELATED BUSINESS INCOME AS DEFINED BY IRS REGULATIONS AND THAT IT IS

MORE LIKELY THAN NOT THAT THIS POSITION WOULD BE SUSTAINED UPON

EXAMINATION. AS SUCH, THERE WERE NO LIABILITIES RECORDED FOR UNCERTAIN

TAX POSITIONS AS OF JUNE 30, 2022 AND 2021.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Inspection Internal Revenue Service Employer identification number HUNTINGTON MUSEUM OF ART, INC. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	rt li	Fundraising Events. Complete than \$15,000 of fundraising events greater than \$5,000 of the state	ent contributions and			
			(a) Event #1 ART AUCTION (event type)	(b) Event #2 MUSEUM BALL (event type)	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	34,462	. 22,416.	16,417.	73,295.
Ř	2	Less: Contributions Gross income (line 1 minus		22,416.		22,416.
		line 2)	34,462		16,417.	50,879.
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs.				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	15,136	5,443.	5,358.	25,937.
	10 11	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in col	umn (d)		25,937. 24,942.
	rt l		anization answered			
Revenue		ψ10,000 011 0111 000 <u>LL</u> , 111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	Yes	% Yes% No	Yes% No	,
	7	Direct expense summary. Add lin	es 2 through 5 in col	umn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	e 1, column (d)	>	
9 8	ı	Enter the state(s) in which the org Is the organization licensed to con If "No," explain:	duct gaming activities		es?	Yes No
10a		Were any of the organization's gamin If "Yes," explain:	g licenses revoked, sus	spended, or terminated du	uring the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2021 HUNTINGTON MUSEUM OF ART, INC.	55-0372921	Page 3
11 12	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entiformed to administer charitable gaming?	ty Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	ks and	
	Name ▶		
	Address ▶		
	Does the organization have a contract with a third party from whom the organization receives revenue?	Yes Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to	
	retain the state gaming license?		No
	Enter the amount of distributions required under state law to be distributed to other exempt orgor spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).		

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

HUN	TINGTON MUSEUM OF ART, IN	NC.			55-	0372921			
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported contribution Form 990, Part VIII, lir	on _	Method of oncash cont			
1	Art - Works of art	Х	68	NO	ONE				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
-	goods								
6	Cars and other vehicles.								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
••	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
13	contribution - Historic								
	structures								
14	Qualified conservation								
14	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 ►()								
	Other ►()				_				
29	Number of Forms 8283 received	, ,	,						
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29	<u>' </u>	1	V	
	-							Yes	No
30a	During the year, did the organizat		• • • • •	•		•			
	28, that it must hold for at least the	-					00.		
_	to be used for exempt purposes for		olding period?				30a		X
	If "Yes," describe the arrangement i								
31	Does the organization have a				-				
	contributions?						31	Х	
32a	Does the organization hire or use	-	=						
	contributions?						32a		X
b	If "Yes," describe in Part II.			_					
33	If the organization didn't report an describe in Part II	amount in o	column (c) for a type of pro	perty for which colun	nn (a) is	checked,			

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

Schedule M (Form 990) 2021

Part II

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

SCHEDULE M LINE 33

A ZERO AMOUNT WAS REPORTED ON FORM 990, PART VIII, STATEMENT OF REVENUE,
LINE 1G, BECAUSE THE MUSEUM DID NOT CAPTIALIZE ITS COLLECTIONS, AS
ALLOWED UNDER SFAS 116 (ASC 958-360-25).

8965BI P123

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

55-0372921

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number

FORM 990 PART VI QUESTION 11B

HUNTINGTON MUSEUM OF ART, INC

ORGANIZATION'S PROCESS USED TO REVIEW FORM 990:

THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS THE FORM 990 AND THE FINANCE COMMITTEE THEN RECOMMENDS, AT A REGULAR FULL BOARD MEETING, THAT THE 990 BE ADOPTED AND FILED. COPIES OF THE 990 ARE AVAILABLE FOR ALL BOARD MEMBERS.

FORM 990 PART VI QUESTION 12C

CONFLICT OF INTEREST COMPLIANCE:

CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY.

FORM 990 PART VI QUESTION 15A

COMPENSATION PROCESS FOR EXECUTIVE DIRECTOR:

EXECUTIVE DIRECTOR COMPENSATION IS REVIEWED ANNUALLY AND IS BASED ON PERFORMANCE AND NORMAL FACTORS.

FORM 990 PART VI QUESTION 18

DISCLOSURE REQUIREMENTS:

FORM 990 IS AVAILABLE THROUGH GUIDESTAR.COM. MEMBERS CAN REQUEST INFORMATION THAT DOES NOT INCLUDE CONFIDENTIAL CONTRIBUTIONS OR THE COST OF ART.

Name of the organization		Employer identi	fication number
HUNTINGTON MUSEUM OF ART, INC.		55-0372	921
FORM 990, PART III, LINE 4D - OTHER PROGRAM SER			
DESCRIPTION	==== GRANTS	EXPENSES	REVENUE
DESCRIPTION	GRANIS	FVLFNOED	KEVENUE
MEMBER SERVICES PROVIDES PUBLIC AWARENES			
OF ALL MUSEUM ACTIVITIES THROUGH PRINT A			
MEDIA OUTLETS, THE MUSEUM WEBSITE, AND			
PUBLICATIONS OF THE MEMBERS MAGAZINE.		131,605.	
LIBRARY PROGRAM PROVIDES COLLECTIONS			
RESEARCH AND PUBLIC RESEARCH SERVICES.		31,018.	
CONSERVATORY PROGRAM OPERATES THE EDWARD			
CONSERVATORY AND MANAGES THE SUBTROPICAL		212 466	
TROPICAL PLANT COLLECTIONS AND GREENHOUS		213,466.	
TOTALS		376,089.	
1011110		3,0,003.	

Name of the organization

HUNTINGTON MUSEUM OF ART, INC.

Employer identification number

55-0372921

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

INVESTMENTS 11,200,754. FMV

TOTALS 11,200,754.

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2021Jurisdiction:FederalName:HUNTINGTON MUSEUNo of Attachments:1

Return No: E8965BI1

PDF Attachment Description	PDF File Name	File Size
Form 990 Schedule D Part III Line 4	E8965BI1 FE Form 990 Schedule D Part III Line 4.pdf	50,182

Collection Department	# of objects
American	7,704
Armament, armament accessory, basketry, book, canes, cartoon, ceramic,	
coins, collage, costume, doll/toy, drawing, furniture, glass, jewelry, leather,	
metal, mixed media, painting, photography, popular culture, print,	
sculpture, silver, textile, video, wood.	
European	1,430
Armament, armament accessory, canes, ceramic, costume, doll, drawing,	
furniture, glass, icon, jewelry, metal musical, painting, paper, print,	
sculpture, silver, textile, wood.	
Near Eastern	567
Amulet, armament, armament accessory, manuscript, ceramic, coins,	
costume, furniture, glass, icon, jewelry, lacquer, metal, painting, print,	
scientific instrument, sculpture, silver, textile.	
	715
Armament, armament accessory, basketry, ceramic, construction, costume, doll, furniture, glass gem, lacquer, metal painting, print, sculpture, silver,	
textile, toy, wood.	
Americas: North American; North American/Inuit; Central American;	635
South American; Native American	033
Armament, basketry, ceramic, costume, drawing, furniture, glass, jewelry,	
metal, painting, paper, print, sculpture, silver, textile.	
African	110
Armament, glass, jewelry, metal, sculpture	
Haitian Collection	234
Painting; sculpture; works on paper	
Other Collections	5,596
Archaeological (5,365), Oceanic (8), Undesignated (223)	

TOTAL: 16,991

Note:

This list of object numbers was calculated from object records entered into HMA's collections database software. Changes from previous year reflect new acquisitions, deaccessions, and redesignations.

Gifts to the collection for FY2022: 68