

## Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

31-0914613

### SOUTHERN OHIO MUSEUM CORPORATION

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>5,046,535</u>
<b>Revenue</b>		
Contributions	<u>632,037</u>	
Program service revenue	<u>63,113</u>	
Investment income	<u>153,990</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>11,920</u>	
Direct expenses	<u>4,999</u>	
Net income	<u>6,921</u>	
Other income	<u>9,267</u>	
<b>Total revenue</b>		<u>865,328</u>
<b>Expenses</b>		
Program services	<u>870,951</u>	
Management and general	<u>57,308</u>	
Fundraising	<u>532</u>	
<b>Total expenses</b>		<u>928,791</u>
<b>Excess / (deficit)</b>		<u>-63,463</u>
Changes		<u>242,223</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>5,225,295</u>

Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>865,328</u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>928,791</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>5,843,660</u>	<u>6,379,055</u>	
Liabilities	<u>797,125</u>	<u>1,153,760</u>	
Net assets	<u>5,046,535</u>	<u>5,225,295</u>	<u>178,760</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/17/25  
Failure to file penalty \_\_\_\_\_

**Reynolds & Company**  
**PO Box 1364**  
**Portsmouth, OH 45662-1364**  
**740-353-5134**

August 25, 2025

**CONFIDENTIAL**

SOUTHERN OHIO MUSEUM CORPORATION  
PO BOX 990  
PORTSMOUTH, OH 45662

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Reynolds & Company

## Filing Instructions

### SOUTHERN OHIO MUSEUM CORPORATION

#### Exempt Organization Tax Return

#### Taxable Year Ended June 30, 2025

**Date Due:** November 17, 2025

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/25 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Reynolds & Company  
PO Box 1364  
Portsmouth, OH 45662-1364

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 2025

**2024**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**SOUTHERN OHIO MUSEUM CORPORATION**

EIN or SSN

**31-0914613**

Name and title of officer or person subject to tax **MARK CHEPP**

**EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <b>865,328</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **REYNOLDS & COMPANY** to enter my PIN **14613** as my signature  
ERO firm name **14613** Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date **08/25/25**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**31425928098**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **WILLIAM H. TACKETT, CPA**

Date **08/25/25**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHERN OHIO MUSEUM CORPORATION</b>		<b>D</b> Employer identification number <b>31-0914613</b>
	Doing business as		<b>E</b> Telephone number <b>740-354-5629</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>PO BOX 990</b>		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code <b>PORTSMOUTH OH 45662</b>		<b>G</b> Gross receipts \$ <b>883,806</b>
<b>F</b> Name and address of principal officer: <b>MARK CHEPP 825 GALLIA STREET PORTSMOUTH OH 45662</b>			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.SOMACC.COM</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1977</b>
<b>M</b> State of legal domicile: <b>OH</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HOUSING A MUSEUM AND CULTURAL CENTER WITH CHANGING EXHIBITS, PERMANENT EXHIBITS, PERFORMING ARTS AND EDUCATIONAL CLASSES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>1,494,533</b>	Current Year <b>632,037</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>71,707</b>	<b>63,113</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,482</b>	<b>153,990</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,279</b>	<b>16,188</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>1,576,001</b>	<b>865,328</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>334,420</b>	<b>365,812</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>532</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>340,288</b>	<b>562,979</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>674,708</b>	<b>928,791</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>901,293</b>	<b>-63,463</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>5,843,660</b>	End of Year <b>6,379,055</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>797,125</b>	<b>1,153,760</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,046,535</b>	<b>5,225,295</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARK CHEPP</b>	Date		
	Type or print name and title <b>EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Preparer's name <b>WILLIAM H. TACKETT, CPA</b>	Preparer's signature <b>WILLIAM H. TACKETT, CPA</b>	Date <b>08/25/25</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01206273</b>
	Firm's name <b>REYNOLDS &amp; COMPANY</b>	Firm's EIN <b>31-0836843</b>	Phone no. <b>740-353-5134</b>	
	Firm's address <b>PO BOX 1364 PORTSMOUTH, OH 45662-1364</b>			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: HOUSING A MUSEUM AND CULTURAL CENTER WITH CHANGING EXHIBITS, PERMANENT EXHIBITS, PERFORMING ARTS AND EDUCATIONAL CLASSES.

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

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

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

4a (Code: ) (Expenses \$ 479,297 including grants of \$ ) (Revenue \$ 1,950 ) HOUSING A MUSEUM WITH BOTH CHANGING AND PERMANENT EXHIBITS.

4b (Code: ) (Expenses \$ 140,914 including grants of \$ ) (Revenue \$ 61,163 ) CIRQUE D'ART - CHILDREN AND YOUTH PERFORMING ARTS WORKSHOPS AND PRESENTATIONS.

4c (Code: ) (Expenses \$ 250,740 including grants of \$ ) (Revenue \$ ) KRICKER PERFORMING ARTS - PRESENTATION OF ARTISTIC PROGRAMS AND LECTURES.

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

4e Total program service expenses 870,951

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V</b>		<b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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	<b>2a</b>	7		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (5), 1b (5), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

PEGI WILKES
PORTSMOUTH

825 GALLIA STREET

OH 45662

740-354-5629

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLOTTE GORDON	40.00									
ARTISTIC DIRECTOR	0.00	X					60,500	0	0	
(2) MARK CHEPP	40.00									
EXECUTIVE DIRECTOR	0.00	X					60,500	0	0	
(3) PEGI WILKES	40.00									
CIRQUE DIRECTOR	0.00	X					48,700	0	0	
(4) KELLY BABCOCK	0.00									
TRUSTEE	0.00	X					0	0	0	
(5) JAMIE BENEDICT	0.00									
TRUSTEE	0.00	X					0	0	0	
(6) JOSHUA HOWARD	0.00									
VICE-PRESIDENT/SEC	0.00	X		X			0	0	0	
(7) ASA JEWETT	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(8) C. CLAYTON JOHNSON	0.00									
CHAIRMAN EMERITUS	0.00	X					0	0	0	
(9) TIA KING	0.00									
TRUSTEE	0.00	X					0	0	0	
(10) SARA MAUK	0.00									
TRUSTEE	0.00	X					0	0	0	
(11) TERRY OCKERMAN	0.00									
TRUSTEE	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>BARD SUVERKROP</b>	0.00									
TRUSTEE	0.00	X					0	0	0	
(13) <b>WILLIAM TACKETT</b>	0.00									
TREASURER	0.00	X		X			0	0	0	
(14) <b>PAUL YOST</b>	0.00									
TRUSTEE	0.00	X					0	0	0	
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>							<b>169,700</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>169,700</b>			

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 **0**

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

**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 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	10,335				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	108,387				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	513,315				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f		632,037				
	<b>Program Service Revenue</b>	<b>2a</b> TUITION	Business Code	38,617	38,617		
<b>b</b> ADMISSIONS			24,496	24,496			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			63,113				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		153,990			153,990
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	<b>8a</b>	11,920					
	<b>b</b> Less: direct expenses	<b>8b</b>	4,999				
<b>c</b> Net income or (loss) from fundraising events		6,921			6,921		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>	22,002					
	<b>b</b> Less: cost of goods sold	<b>10b</b>	13,479				
<b>c</b> Net income or (loss) from sales of inventory		8,523			8,523		
<b>Miscellaneous Revenue</b>	<b>11a</b> MISC REVENUE	Business Code	744	744			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		744				
	<b>12 Total revenue.</b> See instructions		865,328	63,857	0	169,434	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	169,700	169,700		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	168,548	168,548		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	27,564	27,564		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,501	12,501		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	17,336	17,336		
12 Advertising and promotion	4,091	4,091		
13 Office expenses	24,313	24,313		
14 Information technology	8,172	8,172		
15 Royalties				
16 Occupancy	50,341	50,341		
17 Travel	507	507		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	58,610	58,610		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,226	278,386	57,308	532
23 Insurance	34,541	34,541		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>M-EXHIBITS &amp; PERFORMANCES</b>	11,488	11,488		
b <b>C-EXHIBITS &amp; PERFORMANCES</b>	4,853	4,853		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	928,791	870,951	57,308	532
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	123,820	1	197,085
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	25,000
	4	Accounts receivable, net		4	
	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,200	9	5,933
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,829,315		
	10b	Less: accumulated depreciation	2,325,751	10c	2,503,564
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	3,154,757	12	3,483,700
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	163,773
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,843,660	16	6,379,055	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	9,750	17	14,359
	18	Grants payable		18	
	19	Deferred revenue	39,230	19	175,703
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	748,145	23	963,698
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	797,125	26	1,153,760
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>				
	<b>and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	5,046,535	27	5,225,295
	28	Net assets with donor restrictions		28	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/>				
	<b>and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30		
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	<b>Total net assets or fund balances</b>	5,046,535	32	5,225,295	
33	<b>Total liabilities and net assets/fund balances</b>	5,843,660	33	6,379,055	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>865,328</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>928,791</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-63,463</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>5,046,535</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>242,223</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>5,225,295</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2024**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**SOUTHERN OHIO MUSEUM CORPORATION**

Employer identification number

**31-0914613**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	302,530	438,789	252,413	1,353,007	632,037	2,978,776
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	302,530	438,789	252,413	1,353,007	632,037	2,978,776
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> Public support. Subtract line 5 from line 4						2,978,776

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	302,530	438,789	252,413	1,353,007	632,037	2,978,776
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,741	129,752	142,106	141,526	153,990	682,115
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,701	37,154	44,739	44,958	33,922	170,474
<b>11 Total support.</b> Add lines 7 through 10						3,831,365

**12** Gross receipts from related activities, etc. (see instructions) **12** 299,712

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	77.75 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	92.87 %
<b>16a 33 1/3% support test — 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test — 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test — 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

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

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

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

**Part IV Supporting Organizations**

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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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? <i>If "Yes," provide detail in Part VI.</i>		
9c	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? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described on line 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer lines 2a and 2b below.</i>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>
<b>6</b> Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

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

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 170,474**

Name of the organization  <b>SOUTHERN OHIO MUSEUM CORPORATION</b>	Employer identification number  <b>31-0914613</b>
---	---

Organization type (check one):

- |                    |   |  |
|--------------------|---|--|
| <b>Filers of:</b>  | <b>Section:</b>   |  |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |
|                    | <input type="checkbox"/> 527 political organization   |  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |  |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |  |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

SOUTHERN OHIO MUSEUM CORPORATION

Employer identification number

31-0914613

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAROLD MICKLETHWAITE TRUST C/O SACF 303 CHILlicoTHE STREET PORTSMOUTH OH 45662	\$ 30,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCIOTO AREA COMMUNITY FOUNDATION 303 CHILlicoTHE STREET PORTSMOUTH OH 45662	\$ 86,396	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CLYDE & MAYCEL CLARK FOUNDATION PO BOX 1505 701 SIXTH STREET PORTSMOUTH OH 45662	\$ 59,574	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	RICHARD MARTING FOUNDATION PO BOX 1505 701 SIXTH STREET PORTSMOUTH OH 45662	\$ 18,181	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KRICKER PERFORMING ARTS PROGRAM 303 CHILlicoTHE STREET PORTSMOUTH OH 45662	\$ 59,064	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	THE CYRUS P AND ALMA KAHL FOUNDATION C/O JOSHUA HOWARD 701 6TH STREET PO BOX 1505 PORTSMOUTH OH 45662	\$ 132,217	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**SOUTHERN OHIO MUSEUM CORPORATION**

Employer identification number

**31-0914613**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BARD SUVEKROP 2732 HILLVIEW CT PORTSMOUTH OH 45662	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SNYDER ENDOWMENT FUND C/O SACF 303 CHILLICOTHE STREET PORTSMOUTH OH 45662	\$ 16,325	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: SOUTHERN OHIO MUSEUM CORPORATION; Employer identification number: 31-0914613

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

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

Form for Part II with checkboxes for types of easements and a table for details (2a-2d) including total number, acreage, and expenses.

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

Form for Part III with questions (1a, 1b, 2) and dollar amounts for revenue and assets.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ..... %
  - b** Permanent endowment ..... %
  - c** Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                 | No    |
|---|---------------------|-------|
| <b>(i)</b> Unrelated organizations? .....   | <b>3a(i)</b> .....  | ..... |
| <b>(ii)</b> Related organizations? .....  | <b>3a(ii)</b> ..... | ..... |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b> .....     | ..... |

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		<b>629,792</b>		<b>629,792</b>
<b>b</b> Buildings .....		<b>455,691</b>	<b>60,287</b>	<b>395,404</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>3,743,832</b>	<b>2,265,464</b>	<b>1,478,368</b>

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ..... **2,503,564**

**Part VII Investments – Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <b>ENDOWMENT</b>	<b>2,983,295</b>	<b>MARKET</b>
(A) <b>KARP</b>	<b>500,405</b>	<b>MARKET</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))	<b>3,483,700</b>	

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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

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

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

**Part XIII Supplemental Information**

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

**PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION**

**NOTE #1**

COLLECTION ITEMS CONSIST OF ART OBJECTS THAT ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND KEPT UNENCUMBERED, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. COLLECTION ITEMS ACQUIRED EITHER THROUGH PURCHASE OR DONATION ARE NOT CAPITALIZED. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IF PURCHASED WITH ASSETS WITHOUT DONOR RESTRICTIONS AND AS DECREASES IN NET ASSETS WITH DONOR RESTRICTIONS IF PURCHASED WITH DONOR-RESTRICTED ASSETS. CONTRIBUTIONS OF COLLECTION ITEMS ARE NOT RECOGNIZED IN THE STATEMENT OF ACTIVITIES. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED ON THE STATEMENT OF ACTIVITIES BASED ON THE ABSENCE OR EXISTENCE AND NATURE OF DONOR-IMPOSED RESTRICTIONS. IF COLLECTION ITEMS ARE SOLD, THE PROCEEDS FROM THE SALE ARE USED TO PURCHASE ADDITIONAL COLLECTION ITEMS. SUCH PROCEEDS ALSO COULD BE USED FOR THE DIRECT CARE OF EXISTING COLLECTION ITEMS. THE COLLECTION IS CURRENTLY INSURED FOR \$2,500,000.00.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**SOUTHERN OHIO MUSEUM CORPORATION**

Employer identification number

**31-0914613**

**Part I Types of Property**

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

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**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 - SUPPLEMENTAL INFORMATION**

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**SOUTHERN OHIO MUSEUM CORPORATION**

Employer identification number

**31-0914613**

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

**SOUTHERN OHIO MUSEUM**

**SOUTHERN OHIO MUSEUM**

**EXEC DIR**

**ART DIR**

**SPOUSE**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE FORM 990 IS DISTRIBUTED TO AND REVIEWED BY THE BOARD DURING THE MEETING  
IMMEDIATELY PRIOR TO FILING THE RETURN.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**THE POLICY IS REVIEWED ANNUALLY AND INDIVIDUALS ARE REQUIRED TO DISCLOSE ANY  
POSSIBLE CONFLICTS OF INTEREST.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**

**THE SALARY OF THE EXECUTIVE DIRECTOR IS ESTABLISHED**

**BY THE BOARD AFTER CONSIDERATION OF PAST PERFORMANCE, WORK TO BE PERFORMED  
DURING THE UPCOMING YEAR AND COMPARABLE DATA OF MUSEUMS SIMILAR IN SIZE AND  
FUNDING.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS**

**SALARIES OF OTHER KEY EMPLOYEES ARE ESTABLISHED BY THE BOARD AFTER**

**CONSIDERATION OF PAST PERFORMANCE, WORK TO BE PERFORMED DURING THE UPCOMING  
YEAR AND COMPARABLE DATA OF MUSEUMS SIMILAR IN SIZE AND FUNDING.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**DOCUMENTS ARE MADE AVAILABLE UPON REQUEST**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**ERC RECEIVED**

**\$**

**0**

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

**SOUTHERN OHIO MUSEUM CORPORATION**

Employer identification number

**31-0914613**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CIRQUE D' ART LLC 825 GALLIA STREET 26-2867950 PORTSMOUTH OH 45662	PERF ARTS	OH			N/A
(2) SOMACC HOLDINGS, LLC 825 GALLIA STREET 27-0943252 PORTSMOUTH OH 45662	OWNS REAL	OH			N/A
(3)					
(4)					
(5)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

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

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



Form **4562**

Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

**SOUTHERN OHIO MUSEUM CORPORATION**

Identifying number  
**31-0914613**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>244,362</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>85,903</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>5,205</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property		25 yrs.		S/L		
h	Residential rental property		27.5 yrs.	MM	S/L		
			27.5 yrs.	MM	S/L		
i	Nonresidential real property	<b>09/24/24</b>	<b>26,000</b>	39 yrs.	MM	S/L	<b>528</b>
		<b>10/16/24</b>	<b>12,545</b>	<b>39.0</b>	MM	S/L	<b>228</b>

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>336,226</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

31-0914613

## Federal Asset Report

FYE: 6/30/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>7-year GDS Property:</b>											
99	Display Cases	4/01/25	239,481			X	0	7	MQ200DB	0	239,481
100	Display Cases	4/08/25	4,881			X	0	7	MQ200DB	0	4,881
			<u>244,362</u>				<u>0</u>			<u>0</u>	<u>244,362</u>
<b>Non-Residential Real Property:</b>											
97	1st Floor Remodel	9/24/24	26,000				26,000	39	MM S/L	0	528
98	Flooring	10/16/24	12,545				12,545	39	MM S/L	0	228
			<u>38,545</u>				<u>38,545</u>			<u>0</u>	<u>756</u>
<b>Prior MACRS:</b>											
76	EXTERIOR RENEWAL - CIRQUE	8/15/14	12,540				12,540	39	MM S/L	3,175	322
89	MUSEUM TRACK LIGHTING	9/01/22	18,871			X	0	5	HY 200DB	18,871	0
92	Improvements	1/04/24	83,500				83,500	39	MM S/L	981	2,141
93	Improvements	1/30/24	18,960				18,960	39	MM S/L	223	486
94	Improvements	2/09/24	62,000				62,000	39	MM S/L	596	1,590
95	Improvements	4/01/24	18,650				18,650	39	MM S/L	100	478
96	Improvements	5/28/24	7,333				7,333	39	MM S/L	24	188
			<u>221,854</u>				<u>202,983</u>			<u>23,970</u>	<u>5,205</u>
<b>Other Depreciation:</b>											
1	CONSTRUCTED DISPLAY CASES	7/31/79	7,045				7,045	10	MO S/L	7,045	0
2	LEASEHOLD IMPROVEMENTS	9/01/79	340,259				340,259	50	MO S/L	305,100	6,805
3	ALL WEATHER CARPET	1/01/80	202				202	10	MO S/L	202	0
4	CART & COAT RACK - GALLERY	1/01/80	98				98	10	MO S/L	98	0
5	EXHIBIT CASES	3/19/80	316				316	10	MO S/L	316	0
6	FIRE DOOR	4/01/80	1,284				1,284	50	MO S/L	1,137	26
7	BUILDING PLAQUES	4/11/80	295				295	10	MO S/L	295	0
8	SILK SCREEN EQUIPMENT	4/23/80	221				221	10	MO S/L	221	0
9	4 ACRYLIC BOXES	11/15/80	481				481	10	MO S/L	481	0
10	1 ACRYLIC BOX	3/22/81	105				105	10	MO S/L	105	0
11	10 TABLES & 50 CHAIRS	5/12/81	200				200	10	MO S/L	200	0
12	PATRON'S PLAQUE	6/15/81	445				445	10	MO S/L	445	0
13	LADDER FOR LIGHTS - THEATRE	6/15/81	196				196	10	MO S/L	196	0
14	GRAND PIANO	10/31/81	9,700				9,700	20	MO S/L	9,700	0
15	PIANO CASTERS	12/15/81	288				288	20	MO S/L	288	0
16	PUPPET STAGE	3/01/82	618				618	10	MO S/L	618	0
17	CURTAIN - THEATRE	5/15/82	237				237	10	MO S/L	237	0
18	2 RED FILE CABINETS	6/04/82	87				87	10	MO S/L	87	0
19	CHILDREN'S GALLERY	9/01/83	635				635	10	MO S/L	635	0
20	CONSTRUCTED DOLL CASE	3/01/84	1,621				1,621	20	MO S/L	1,621	0
21	BELL & HOWELL PROJECTOR	9/14/84	930				930	10	MO S/L	930	0
22	ZENITH COLOR TV	9/30/84	366				366	10	MO S/L	366	0
23	CARPETING ETC - THEATRE	8/01/86	2,571				2,571	10	MO S/L	2,571	0
24	SWANTEC ELECTRONIC	7/10/87	400				400	5	MO S/L	400	0
25	PORTERS SURPLUS SALES	8/10/87	175				175	5	MO S/L	175	0
26	IMPROVEMENTS - CLASSROOM	4/01/88	17,861				17,861	20	MO S/L	17,861	0
27	NEW BOILER	11/01/92	58,500				58,500	50	MO S/L	43,680	1,170
28	FURNITURE	4/01/93	130				130	10	MO S/L	130	0
29	CARPET	10/18/94	756				756	10	MO S/L	756	0
31	FAX MACHINE	10/09/96	467				467	5	MO S/L	467	0
32	2 CHAIRS - RECEPTION	4/01/97	149				149	10	MO S/L	149	0
35	RECEPTIONIST CHAIR	8/24/99	130				130	10	MO S/L	130	0
36	BLINDS - OFFICE	9/08/99	326				326	10	MO S/L	326	0
37	CHAIRS & BLINDS - BOARDROOM	11/23/99	3,965				3,965	10	MO S/L	3,965	0
39	COPIER	4/12/00	1,247				1,247	5	MO S/L	1,247	0
40	1998-CAPITAL CAMPAIGN IMPROVEM	2/01/01	373,497				373,497	20	MO S/L	373,497	0
41	SIGNS	4/11/01	3,632				3,632	15	MO S/L	3,632	0
42	DISPLAY BOARD	10/30/01	133				133	5	MO S/L	133	0
43	BRONZE LETTERS - GALLERIES	11/13/01	1,690				1,690	7	MO S/L	1,690	0
44	BRONZE LETTERS - MCKINLEY	11/13/01	1,218				1,218	7	MO S/L	1,218	0
45	MCKINLEY HOSPITALITY CENTER	5/08/02	20,732				20,732	39	MO S/L	11,761	532
46	HEATED HOLDING CABINET - MCKINI	5/08/02	1,607				1,607	7	MO S/L	1,607	0
47	TS-23 REFRIGERATOR - MCKINLEY	5/08/02	1,839				1,839	7	MO S/L	1,839	0

31-0914613

## Federal Asset Report

FYE: 6/30/2025

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
48	TS-23 FREEZER - MCKINLEY	5/08/02	2,253			2,253	7 MO S/L	2,253	0
49	HUMIDISTAT	11/03/03	3,495			3,495	15 MO S/L	3,495	0
50	WERTZ GALLERY - NATIVE AMERICA	12/21/04	111,703			111,703	39 MO S/L	55,971	2,864
51	PORTABLE DISWASHER	7/11/06	500			500	5 MO S/L	500	0
52	WINDOWS	7/18/07	2,400			2,400	39 MO S/L	1,044	61
53	LAND	8/23/07	35,000			35,000	0 -- Land	0	0
54	BUILDING	8/23/07	1,962,000			1,962,000	39 MO S/L	848,942	50,308
55	CARPET--2ND FLOOR	6/26/08	7,020			7,020	10 MO S/L	7,020	0
56	PIANO	10/21/08	592			592	10 MO S/L	592	0
57	LAND-CIRQUE	9/15/09	14,000			14,000	0 -- Land	0	0
58	BUILDING-CIRQUE	9/15/09	128,754			128,754	39 MO S/L	48,970	3,302
59	2ND FLOOR WINDOWS - FRONT WEST	1/25/11	7,700			7,700	40 MO S/L	2,583	192
60	MAIN BACK WINDOW	4/29/11	1,950			1,950	40 MO S/L	642	49
61	3 UPSTAIRS WINDOWS	4/29/11	1,425			1,425	40 MO S/L	469	36
62	HORIZON TELEPHONE UPGRADE	10/03/12	5,477			5,477	10 MO S/L	5,477	0
63	ELEVATOR REPLACEMENT	1/04/13	113,141			113,141	40 MO S/L	32,528	2,829
64	(2) MAC COMPUTERS	2/01/13	3,934			3,934	5 MO S/L	3,934	0
65	HVAC UNIT - THEATRE	3/15/13	8,870			8,870	40 MO S/L	2,513	222
66	RENOVATIONS - THEATRE	4/18/13	8,278			8,278	40 MO S/L	2,311	207
67	RENOVATIONS - KRICKER & BACK H/	5/02/13	9,413			9,413	40 MO S/L	2,628	235
68	SECURITY CAMERAS	5/02/13	7,558			7,558	10 MO S/L	7,558	0
69	RENOVATIONS - BATHROOMS	5/02/13	17,294			17,294	40 MO S/L	4,828	432
70	ALLEY BEAUTIFICATION	6/26/13	55,618			55,618	40 MO S/L	15,295	1,390
71	STATE ELECTRIC SUPPLY	7/01/13	1,050			1,050	40 MO S/L	289	26
72	AWNING - CIRQUE	7/09/13	5,730			5,730	9 MO S/L	5,730	0
73	STEVE'S LOCK & KEY	8/26/13	2,939			2,939	40 MO S/L	796	73
74	CARPETS PLUS	2/26/14	1,697			1,697	7 MO S/L	1,697	0
75	COMPUTER NETWORK (YOST)	3/21/14	25,910			25,910	5 MO S/L	25,910	0
77	BOILER REPAIR	5/01/15	10,285			10,285	40 MO S/L	2,357	257
78	BOILER REPAIR	6/03/15	4,050			4,050	40 MO S/L	920	101
79	2 AIR UNITS	9/13/16	6,500			6,500	40 MO S/L	1,273	162
80	COMPUTER & PROGRAMMING	11/10/17	1,808			1,808	5 MO S/L	1,808	0
81	BUILDING RENOVATIONS	6/15/18	110,950			110,950	39 MO S/L	17,306	2,845
82	INVENTORY SHELVING	6/15/18	87,571			87,571	15 MO S/L	35,515	5,838
83	IMPROVEMENTS - SECURITY SYSTEM	6/15/18	4,629			4,629	5 MO S/L	4,629	0
84	NEW ROOF - MUSEUM	3/10/20	52,542			52,542	39 MO S/L	5,838	1,347
85	NEW ROOF - CIRQUE	7/21/20	41,240			41,240	39 MO S/L	4,142	1,057
86	SERVER UPDATES	10/01/20	6,919			6,919	5 MO S/L	5,189	1,384
87	IMPROVEMENTS	3/24/21	3,100			3,100	10 MO S/L	1,008	310
88	COMPUTER	4/06/21	2,713			2,713	5 MO S/L	1,763	543
90	NEW AIR UNIT - CIRQUE	10/11/22	9,100			9,100	7 MO S/L	2,275	1,300
91	Land - Expansion	6/30/24	580,792			580,792	0 -- Land	0	0
<b>Total Other Depreciation</b>			<b>4,324,554</b>			<b>4,324,554</b>		<b>1,965,555</b>	<b>85,903</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,324,554</b>			<b>4,324,554</b>		<b>1,965,555</b>	<b>85,903</b>
<b>Grand Totals</b>			<b>4,829,315</b>			<b>4,566,082</b>		<b>1,989,525</b>	<b>336,226</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>4,829,315</b>			<b>4,566,082</b>		<b>1,989,525</b>	<b>336,226</b>

31-0914613

**OH Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	OH Prior	OH Current	Federal Current	Difference Fed - OH
<b>7-year GDS Property:</b>								
99	Display Cases	4/01/25	239,481	0	0	239,481	239,481	0
100	Display Cases	4/08/25	4,881	0	0	4,881	4,881	0
			<u>244,362</u>	<u>0</u>	<u>0</u>	<u>244,362</u>	<u>244,362</u>	<u>0</u>
<b>Non-Residential Real Property:</b>								
97	1st Floor Remodel	9/24/24	26,000	26,000	0	528	528	0
98	Flooring	10/16/24	12,545	12,545	0	228	228	0
			<u>38,545</u>	<u>38,545</u>	<u>0</u>	<u>756</u>	<u>756</u>	<u>0</u>
<b>Prior MACRS:</b>								
76	EXTERIOR RENEWAL - CIRQUE	8/15/14	12,540	12,540	3,175	322	322	0
89	MUSEUM TRACK LIGHTING	9/01/22	18,871	0	18,871	0	0	0
92	Improvements	1/04/24	83,500	83,500	981	2,141	2,141	0
93	Improvements	1/30/24	18,960	18,960	223	486	486	0
94	Improvements	2/09/24	62,000	62,000	596	1,590	1,590	0
95	Improvements	4/01/24	18,650	18,650	100	478	478	0
96	Improvements	5/28/24	7,333	7,333	24	188	188	0
			<u>221,854</u>	<u>202,983</u>	<u>23,970</u>	<u>5,205</u>	<u>5,205</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	CONSTRUCTED DISPLAY CASES	7/31/79	7,045	7,045	7,045	0	0	0
2	LEASEHOLD IMPROVEMENTS	9/01/79	340,259	340,259	305,099	6,805	6,805	0
3	ALL WEATHER CARPET	1/01/80	202	202	202	0	0	0
4	CART & COAT RACK - GALLERY	1/01/80	98	98	98	0	0	0
5	EXHIBIT CASES	3/19/80	316	316	316	0	0	0
6	FIRE DOOR	4/01/80	1,284	1,284	1,136	26	26	0
7	BUILDING PLAQUES	4/11/80	295	295	295	0	0	0
8	SILK SCREEN EQUIPMENT	4/23/80	221	221	221	0	0	0
9	4 ACRYLIC BOXES	11/15/80	481	481	481	0	0	0
10	1 ACRYLIC BOX	3/22/81	105	105	105	0	0	0
11	10 TABLES & 50 CHAIRS	5/12/81	200	200	200	0	0	0
12	PATRON'S PLAQUE	6/15/81	445	445	445	0	0	0
13	LADDER FOR LIGHTS - THEATRE	6/15/81	196	196	196	0	0	0
14	GRAND PIANO	10/31/81	9,700	9,700	9,700	0	0	0
15	PIANO CASTERS	12/15/81	288	288	288	0	0	0
16	PUPPET STAGE	3/01/82	618	618	618	0	0	0
17	CURTAIN - THEATRE	5/15/82	237	237	237	0	0	0
18	2 RED FILE CABINETS	6/04/82	87	87	87	0	0	0
19	CHILDREN'S GALLERY	9/01/83	635	635	635	0	0	0
20	CONSTRUCTED DOLL CASE	3/01/84	1,621	1,621	1,621	0	0	0
21	BELL & HOWELL PROJECTOR	9/14/84	930	930	930	0	0	0
22	ZENITH COLOR TV	9/30/84	366	366	366	0	0	0
23	CARPETING ETC - THEATRE	8/01/86	2,571	2,571	2,571	0	0	0
24	SWANTEC ELECTRONIC	7/10/87	400	400	400	0	0	0
25	PORTERS SURPLUS SALES	8/10/87	175	175	175	0	0	0
26	IMPROVEMENTS - CLASSROOM	4/01/88	17,861	17,861	17,861	0	0	0
27	NEW BOILER	11/01/92	58,500	58,500	37,050	1,170	1,170	0
28	FURNITURE	4/01/93	130	130	130	0	0	0
29	CARPET	10/18/94	756	756	756	0	0	0
31	FAX MACHINE	10/09/96	467	467	467	0	0	0
32	2 CHAIRS - RECEPTION	4/01/97	149	149	149	0	0	0
35	RECEPTIONIST CHAIR	8/24/99	130	130	130	0	0	0
36	BLINDS - OFFICE	9/08/99	326	326	326	0	0	0
37	CHAIRS & BLINDS - BOARDROOM	11/23/99	3,965	3,965	3,965	0	0	0
39	COPIER	4/12/00	1,247	1,247	1,247	0	0	0
40	1998-CAPITAL CAMPAIGN IMPROVEM	2/01/01	373,497	373,497	373,497	0	0	0
41	SIGNS	4/11/01	3,632	3,632	3,632	0	0	0
42	DISPLAY BOARD	10/30/01	133	133	133	0	0	0
43	BRONZE LETTERS - GALLERIES	11/13/01	1,690	1,690	1,690	0	0	0
44	BRONZE LETTERS - MCKINLEY	11/13/01	1,218	1,218	1,218	0	0	0
45	MCKINLEY HOSPITALITY CENTER	5/08/02	20,732	20,732	11,783	532	532	0
46	HEATED HOLDING CABINET - MCKINI	5/08/02	1,607	1,607	1,607	0	0	0
47	TS-23 REFRIGERATOR - MCKINLEY	5/08/02	1,839	1,839	1,839	0	0	0

31-0914613

**OH Asset Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	OH Prior	OH Current	Federal Current	Difference Fed - OH
48	TS-23 FREEZER - MCKINLEY	5/08/02	2,253	2,253	2,253	0	0	0
49	HUMIDISTAT	11/03/03	3,495	3,495	3,495	0	0	0
50	WERTZ GALLERY - NATIVE AMERICA	12/21/04	111,703	111,703	55,852	2,864	2,864	0
51	PORTABLE DISWASHER	7/11/06	500	500	500	0	0	0
52	WINDOWS	7/18/07	2,400	2,400	1,041	62	61	-1
53	LAND	8/23/07	35,000	35,000	0	0	0	0
54	BUILDING	8/23/07	1,962,000	1,962,000	846,846	50,308	50,308	0
55	CARPET--2ND FLOOR	6/26/08	7,020	7,020	7,020	0	0	0
56	PIANO	10/21/08	592	592	592	0	0	0
57	LAND-CIRQUE	9/15/09	14,000	14,000	0	0	0	0
58	BUILDING-CIRQUE	9/15/09	128,754	128,754	48,970	3,302	3,302	0
59	2ND FLOOR WINDOWS - FRONT WEST	1/25/11	7,700	7,700	2,583	192	192	0
60	MAIN BACK WINDOW	4/29/11	1,950	1,950	642	49	49	0
61	3 UPSTAIRS WINDOWS	4/29/11	1,425	1,425	469	36	36	0
62	HORIZON TELEPHONE UPGRADE	10/03/12	5,477	5,477	5,477	0	0	0
63	ELEVATOR REPLACEMENT	1/04/13	113,141	113,141	32,528	2,829	2,829	0
64	(2) MAC COMPUTERS	2/01/13	3,934	3,934	3,934	0	0	0
65	HVAC UNIT - THEATRE	3/15/13	8,870	8,870	2,513	222	222	0
66	RENOVATIONS - THEATRE	4/18/13	8,278	8,278	2,311	207	207	0
67	RENOVATIONS - KRICKER & BACK H/	5/02/13	9,413	9,413	2,628	235	235	0
68	SECURITY CAMERAS	5/02/13	7,558	7,558	7,558	0	0	0
69	RENOVATIONS - BATHROOMS	5/02/13	17,294	17,294	4,828	432	432	0
70	ALLEY BEAUTIFICATION	6/26/13	55,618	55,618	15,295	1,390	1,390	0
71	STATE ELECTRIC SUPPLY	7/01/13	1,050	1,050	289	26	26	0
72	AWNING - CIRQUE	7/09/13	5,730	5,730	5,730	0	0	0
73	STEVE'S LOCK & KEY	8/26/13	2,939	2,939	796	73	73	0
74	CARPETS PLUS	2/26/14	1,697	1,697	1,697	0	0	0
75	COMPUTER NETWORK (YOST)	3/21/14	25,910	25,910	25,910	0	0	0
77	BOILER REPAIR	5/01/15	10,285	10,285	2,357	257	257	0
78	BOILER REPAIR	6/03/15	4,050	4,050	920	101	101	0
79	2 AIR UNITS	9/13/16	6,500	6,500	1,273	162	162	0
80	COMPUTER & PROGRAMMING	11/10/17	1,808	1,808	1,808	0	0	0
81	BUILDING RENOVATIONS	6/15/18	110,950	110,950	17,306	2,845	2,845	0
82	INVENTORY SHELVING	6/15/18	87,571	87,571	35,515	5,838	5,838	0
83	IMPROVEMENTS - SECURITY SYSTEM	6/15/18	4,629	4,629	4,629	0	0	0
84	NEW ROOF - MUSEUM	3/10/20	52,542	52,542	5,838	1,347	1,347	0
85	NEW ROOF - CIRQUE	7/21/20	41,240	41,240	4,142	1,057	1,057	0
86	SERVER UPDATES	10/01/20	6,919	6,919	5,189	1,384	1,384	0
87	IMPROVEMENTS	3/24/21	3,100	3,100	1,008	310	310	0
88	COMPUTER	4/06/21	2,713	2,713	1,763	543	543	0
90	NEW AIR UNIT - CIRQUE	10/11/22	9,100	9,100	2,275	1,300	1,300	0
91	Land - Expansion	6/30/24	580,792	580,792	0	0	0	0
<b>Total Other Depreciation</b>			<b>4,324,554</b>	<b>4,324,554</b>	<b>1,956,727</b>	<b>85,904</b>	<b>85,903</b>	<b>-1</b>
<b>Total ACRS and Other Depreciation</b>			<b>4,324,554</b>	<b>4,324,554</b>	<b>1,956,727</b>	<b>85,904</b>	<b>85,903</b>	<b>-1</b>
<b>Grand Totals</b>			<b>4,829,315</b>	<b>4,566,082</b>	<b>1,980,697</b>	<b>336,227</b>	<b>336,226</b>	<b>-1</b>
<b>Less: Dispositions</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>4,829,315</b>	<b>4,566,082</b>	<b>1,980,697</b>	<b>336,227</b>	<b>336,226</b>	<b>-1</b>

31-0914613

**Bonus Depreciation Report**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
89	MUSEUM TRACK LIGHTING	9/01/22	18,871		0	0	18,871	0
99	Display Cases	4/01/25	239,481		0	239,481	0	0
100	Display Cases	4/08/25	4,881		0	4,881	0	0
<b>Grand Total</b>			<u>263,233</u>		<u>0</u>	<u>244,362</u>	<u>18,871</u>	<u>0</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

31-0914613

**Future Depreciation Report****FYE: 6/30/26**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
76	EXTERIOR RENEWAL - CIRQUE	8/15/14	12,540	321	0
89	MUSEUM TRACK LIGHTING	9/01/22	18,871	0	0
92	Improvements	1/04/24	83,500	2,141	0
93	Improvements	1/30/24	18,960	486	0
94	Improvements	2/09/24	62,000	1,590	0
95	Improvements	4/01/24	18,650	478	0
96	Improvements	5/28/24	7,333	188	0
97	1st Floor Remodel	9/24/24	26,000	666	0
98	Flooring	10/16/24	12,545	322	0
99	Display Cases	4/01/25	239,481	0	0
100	Display Cases	4/08/25	4,881	0	0
			<u>504,761</u>	<u>6,192</u>	<u>0</u>

**Other Depreciation:**

1	CONSTRUCTED DISPLAY CASES	7/31/79	7,045	0	0
2	LEASEHOLD IMPROVEMENTS	9/01/79	340,259	6,805	0
3	ALL WEATHER CARPET	1/01/80	202	0	0
4	CART & COAT RACK - GALLERY	1/01/80	98	0	0
5	EXHIBIT CASES	3/19/80	316	0	0
6	FIRE DOOR	4/01/80	1,284	25	0
7	BUILDING PLAQUES	4/11/80	295	0	0
8	SILK SCREEN EQUIPMENT	4/23/80	221	0	0
9	4 ACRYLIC BOXES	11/15/80	481	0	0
10	1 ACRYLIC BOX	3/22/81	105	0	0
11	10 TABLES & 50 CHAIRS	5/12/81	200	0	0
12	PATRON'S PLAQUE	6/15/81	445	0	0
13	LADDER FOR LIGHTS - THEATRE	6/15/81	196	0	0
14	GRAND PIANO	10/31/81	9,700	0	0
15	PIANO CASTERS	12/15/81	288	0	0
16	PUPPET STAGE	3/01/82	618	0	0
17	CURTAIN - THEATRE	5/15/82	237	0	0
18	2 RED FILE CABINETS	6/04/82	87	0	0
19	CHILDREN'S GALLERY	9/01/83	635	0	0
20	CONSTRUCTED DOLL CASE	3/01/84	1,621	0	0
21	BELL & HOWELL PROJECTOR	9/14/84	930	0	0
22	ZENITH COLOR TV	9/30/84	366	0	0
23	CARPETING ETC - THEATRE	8/01/86	2,571	0	0
24	SWANTEC ELECTRONIC	7/10/87	400	0	0
25	PORTERS SURPLUS SALES	8/10/87	175	0	0
26	IMPROVEMENTS - CLASSROOM	4/01/88	17,861	0	0
27	NEW BOILER	11/01/92	58,500	1,170	0
28	FURNITURE	4/01/93	130	0	0
29	CARPET	10/18/94	756	0	0
31	FAX MACHINE	10/09/96	467	0	0
32	2 CHAIRS - RECEPTION	4/01/97	149	0	0
35	RECEPTIONIST CHAIR	8/24/99	130	0	0
36	BLINDS - OFFICE	9/08/99	326	0	0
37	CHAIRS & BLINDS - BOARDROOM	11/23/99	3,965	0	0
39	COPIER	4/12/00	1,247	0	0
40	1998-CAPITAL CAMPAIGN IMPROVEMENT	2/01/01	373,497	0	0
41	SIGNS	4/11/01	3,632	0	0
42	DISPLAY BOARD	10/30/01	133	0	0
43	BRONZE LETTERS - GALLERIES	11/13/01	1,690	0	0
44	BRONZE LETTERS - MCKINLEY	11/13/01	1,218	0	0
45	MCKINLEY HOSPITALITY CENTER	5/08/02	20,732	531	0
46	HEATED HOLDING CABINET - MCKINLEY	5/08/02	1,607	0	0
47	TS-23 REFRIGERATOR - MCKINLEY	5/08/02	1,839	0	0
48	TS-23 FREEZER - MCKINLEY	5/08/02	2,253	0	0
49	HUMIDISTAT	11/03/03	3,495	0	0
50	WERTZ GALLERY - NATIVE AMERICAN E	12/21/04	111,703	2,864	0
51	PORTABLE DISWASHER	7/11/06	500	0	0
52	WINDOWS	7/18/07	2,400	62	0
53	LAND	8/23/07	35,000	0	0
54	BUILDING	8/23/07	1,962,000	50,308	0

31-0914613

**Future Depreciation Report****FYE: 6/30/26**

FYE: 6/30/2025

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
55	CARPET--2ND FLOOR	6/26/08	7,020	0	0
56	PIANO	10/21/08	592	0	0
57	LAND-CIRQUE	9/15/09	14,000	0	0
58	BUILDING-CIRQUE	9/15/09	128,754	3,301	0
59	2ND FLOOR WINDOWS - FRONT WEST SID	1/25/11	7,700	193	0
60	MAIN BACK WINDOW	4/29/11	1,950	48	0
61	3 UPSTAIRS WINDOWS	4/29/11	1,425	35	0
62	HORIZON TELEPHONE UPGRADE	10/03/12	5,477	0	0
63	ELEVATOR REPLACEMENT	1/04/13	113,141	2,828	0
64	(2) MAC COMPUTERS	2/01/13	3,934	0	0
65	HVAC UNIT - THEATRE	3/15/13	8,870	222	0
66	RENOVATIONS - THEATRE	4/18/13	8,278	207	0
67	RENOVATIONS - KRICKER & BACK HALL	5/02/13	9,413	236	0
68	SECURITY CAMERAS	5/02/13	7,558	0	0
69	RENOVATIONS - BATHROOMS	5/02/13	17,294	433	0
70	ALLEY BEAUTIFICATION	6/26/13	55,618	1,391	0
71	STATE ELECTRIC SUPPLY	7/01/13	1,050	26	0
72	AWNING - CIRQUE	7/09/13	5,730	0	0
73	STEVE'S LOCK & KEY	8/26/13	2,939	74	0
74	CARPETS PLUS	2/26/14	1,697	0	0
75	COMPUTER NETWORK (YOST)	3/21/14	25,910	0	0
77	BOILER REPAIR	5/01/15	10,285	257	0
78	BOILER REPAIR	6/03/15	4,050	101	0
79	2 AIR UNITS	9/13/16	6,500	163	0
80	COMPUTER & PROGRAMMING	11/10/17	1,808	0	0
81	BUILDING RENOVATIONS	6/15/18	110,950	2,845	0
82	INVENTORY SHELVING	6/15/18	87,571	5,838	0
83	IMPROVEMENTS - SECURITY SYSTEM UP	6/15/18	4,629	0	0
84	NEW ROOF - MUSEUM	3/10/20	52,542	1,347	0
85	NEW ROOF - CIRQUE	7/21/20	41,240	1,058	0
86	SERVER UPDATES	10/01/20	6,919	346	0
87	IMPROVEMENTS	3/24/21	3,100	310	0
88	COMPUTER	4/06/21	2,713	407	0
90	NEW AIR UNIT - CIRQUE	10/11/22	9,100	1,300	0
91	Land - Expansion	6/30/24	580,792	0	0
	<b>Total Other Depreciation</b>		<u>4,324,554</u>	<u>84,731</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,324,554</u>	<u>84,731</u>	<u>0</u>
	<b>Grand Totals</b>		<u>4,829,315</u>	<u>90,923</u>	<u>0</u>

Asset	Description	Date In Service	Cost	OH
<b>Prior MACRS:</b>				
76	EXTERIOR RENEWAL - CIRQUE	8/15/14	12,540	321
89	MUSEUM TRACK LIGHTING	9/01/22	18,871	0
92	Improvements	1/04/24	83,500	2,141
93	Improvements	1/30/24	18,960	486
94	Improvements	2/09/24	62,000	1,590
95	Improvements	4/01/24	18,650	478
96	Improvements	5/28/24	7,333	188
97	1st Floor Remodel	9/24/24	26,000	666
98	Flooring	10/16/24	12,545	322
99	Display Cases	4/01/25	239,481	0
100	Display Cases	4/08/25	4,881	0
			<u>504,761</u>	<u>6,192</u>

**Other Depreciation:**

1	CONSTRUCTED DISPLAY CASES	7/31/79	7,045	0
2	LEASEHOLD IMPROVEMENTS	9/01/79	340,259	6,805
3	ALL WEATHER CARPET	1/01/80	202	0
4	CART & COAT RACK - GALLERY	1/01/80	98	0
5	EXHIBIT CASES	3/19/80	316	0
6	FIRE DOOR	4/01/80	1,284	26
7	BUILDING PLAQUES	4/11/80	295	0
8	SILK SCREEN EQUIPMENT	4/23/80	221	0
9	4 ACRYLIC BOXES	11/15/80	481	0
10	1 ACRYLIC BOX	3/22/81	105	0
11	10 TABLES & 50 CHAIRS	5/12/81	200	0
12	PATRON'S PLAQUE	6/15/81	445	0
13	LADDER FOR LIGHTS - THEATRE	6/15/81	196	0
14	GRAND PIANO	10/31/81	9,700	0
15	PIANO CASTERS	12/15/81	288	0
16	PUPPET STAGE	3/01/82	618	0
17	CURTAIN - THEATRE	5/15/82	237	0
18	2 RED FILE CABINETS	6/04/82	87	0
19	CHILDREN'S GALLERY	9/01/83	635	0
20	CONSTRUCTED DOLL CASE	3/01/84	1,621	0
21	BELL & HOWELL PROJECTOR	9/14/84	930	0
22	ZENITH COLOR TV	9/30/84	366	0
23	CARPETING ETC - THEATRE	8/01/86	2,571	0
24	SWANTEC ELECTRONIC	7/10/87	400	0
25	PORTERS SURPLUS SALES	8/10/87	175	0
26	IMPROVEMENTS - CLASSROOM	4/01/88	17,861	0
27	NEW BOILER	11/01/92	58,500	1,170
28	FURNITURE	4/01/93	130	0
29	CARPET	10/18/94	756	0
31	FAX MACHINE	10/09/96	467	0
32	2 CHAIRS - RECEPTION	4/01/97	149	0
35	RECEPTIONIST CHAIR	8/24/99	130	0
36	BLINDS - OFFICE	9/08/99	326	0
37	CHAIRS & BLINDS - BOARDROOM	11/23/99	3,965	0
39	COPIER	4/12/00	1,247	0
40	1998-CAPITAL CAMPAIGN IMPROVEMENT	2/01/01	373,497	0
41	SIGNS	4/11/01	3,632	0
42	DISPLAY BOARD	10/30/01	133	0
43	BRONZE LETTERS - GALLERIES	11/13/01	1,690	0
44	BRONZE LETTERS - MCKINLEY	11/13/01	1,218	0
45	MCKINLEY HOSPITALITY CENTER	5/08/02	20,732	532
46	HEATED HOLDING CABINET - MCKINLEY	5/08/02	1,607	0
47	TS-23 REFRIGERATOR - MCKINLEY	5/08/02	1,839	0
48	TS-23 FREEZER - MCKINLEY	5/08/02	2,253	0
49	HUMIDISTAT	11/03/03	3,495	0
50	WERTZ GALLERY - NATIVE AMERICAN E	12/21/04	111,703	2,864
51	PORTABLE DISWASHER	7/11/06	500	0
52	WINDOWS	7/18/07	2,400	61
53	LAND	8/23/07	35,000	0
54	BUILDING	8/23/07	1,962,000	50,307

Asset	Description	Date In Service	Cost	OH
55	CARPET--2ND FLOOR	6/26/08	7,020	0
56	PIANO	10/21/08	592	0
57	LAND-CIRQUE	9/15/09	14,000	0
58	BUILDING-CIRQUE	9/15/09	128,754	3,301
59	2ND FLOOR WINDOWS - FRONT WEST SID	1/25/11	7,700	193
60	MAIN BACK WINDOW	4/29/11	1,950	48
61	3 UPSTAIRS WINDOWS	4/29/11	1,425	35
62	HORIZON TELEPHONE UPGRADE	10/03/12	5,477	0
63	ELEVATOR REPLACEMENT	1/04/13	113,141	2,828
64	(2) MAC COMPUTERS	2/01/13	3,934	0
65	HVAC UNIT - THEATRE	3/15/13	8,870	222
66	RENOVATIONS - THEATRE	4/18/13	8,278	207
67	RENOVATIONS - KRICKER & BACK HALL	5/02/13	9,413	236
68	SECURITY CAMERAS	5/02/13	7,558	0
69	RENOVATIONS - BATHROOMS	5/02/13	17,294	433
70	ALLEY BEAUTIFICATION	6/26/13	55,618	1,391
71	STATE ELECTRIC SUPPLY	7/01/13	1,050	26
72	AWNING - CIRQUE	7/09/13	5,730	0
73	STEVE'S LOCK & KEY	8/26/13	2,939	74
74	CARPETS PLUS	2/26/14	1,697	0
75	COMPUTER NETWORK (YOST)	3/21/14	25,910	0
77	BOILER REPAIR	5/01/15	10,285	257
78	BOILER REPAIR	6/03/15	4,050	101
79	2 AIR UNITS	9/13/16	6,500	163
80	COMPUTER & PROGRAMMING	11/10/17	1,808	0
81	BUILDING RENOVATIONS	6/15/18	110,950	2,845
82	INVENTORY SHELVING	6/15/18	87,571	5,838
83	IMPROVEMENTS - SECURITY SYSTEM UP	6/15/18	4,629	0
84	NEW ROOF - MUSEUM	3/10/20	52,542	1,347
85	NEW ROOF - CIRQUE	7/21/20	41,240	1,058
86	SERVER UPDATES	10/01/20	6,919	346
87	IMPROVEMENTS	3/24/21	3,100	310
88	COMPUTER	4/06/21	2,713	407
90	NEW AIR UNIT - CIRQUE	10/11/22	9,100	1,300
91	Land - Expansion	6/30/24	580,792	0
	<b>Total Other Depreciation</b>		<u>4,324,554</u>	<u>84,731</u>
	<b>Total ACRS and Other Depreciation</b>		<u>4,324,554</u>	<u>84,731</u>
	<b>Grand Totals</b>		<u>4,829,315</u>	<u>90,923</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Description <b>FUNDRAISING</b>		

Name <b>SOUTHERN OHIO MUSEUM CORPORATION</b>	Taxpayer Identification Number <b>31-0914613</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	<b>11,920</b>	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>11,920</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.	<b>4,999</b>	
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>4,999</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>6,921</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	<b>4,999</b>
<b>Total Fees for Services</b>	<b>4,999</b>

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #	
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2024</b>
Description <b>GIFT SHOP &amp; GALLERY</b>		

Name <b>SOUTHERN OHIO MUSEUM CORPORATION</b>	Taxpayer Identification Number <b>31-0914613</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		<b>22,002</b>
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.		<b>22,002</b>
8. Cost of Goods Sold	8.		<b>13,479</b>
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.		<b>13,479</b>
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.		<b>8,523</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	<b>13,479</b>
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>13,479</b>

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T, Schedule A:**

Schedule A, UBIT Activity Code		Seq #		
<input type="checkbox"/>	Part V, Debt Financing			
<input type="checkbox"/>	Part VI, Controlled Org Income			
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)			
<input type="checkbox"/>	Part VIII, Exploited Activities			
<input type="checkbox"/>	Part IX, Advertising Income			

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form **990****Two Year Comparison Report****2023 & 2024**For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

Name

Taxpayer Identification Number

**SOUTHERN OHIO MUSEUM CORPORATION****31-0914613**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,412,655	513,315	-899,340
	2. Membership dues and assessments	19,970	10,335	-9,635
	3. Government contributions and grants	61,908	108,387	46,479
	4. Program service revenue	71,707	63,113	-8,594
	5. Investment income	6,482	153,990	147,508
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	6,807	6,921	114
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	-3,730	8,523	12,253
	11. Other revenue	202	744	542
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,576,001</b>	<b>865,328</b>	<b>-710,673</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	156,500	169,700	13,200
	16. Salaries, other compensation, and employee benefits	177,920	196,112	18,192
	17. Professional fundraising fees			
	18. Other professional fees	42,496	29,837	-12,659
	19. Occupancy, rent, utilities, and maintenance	56,834	50,341	-6,493
	20. Depreciation and Depletion	88,148	336,226	248,078
	21. Other expenses	152,810	146,575	-6,235
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>674,708</b>	<b>928,791</b>	<b>254,083</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>901,293</b>	<b>-63,463</b>	<b>-964,756</b>
<b>Other Information</b>	<b>24. Total exempt revenue</b>	<b>1,576,001</b>	<b>865,328</b>	<b>-710,673</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	81,468	233,291	151,823
	27. Total assets	5,843,660	6,379,055	535,395
	28. Total liabilities	797,125	1,153,760	356,635
	29. Retained earnings	5,046,535	5,225,295	178,760
	30. Number of voting members of governing body	5	5	
	31. Number of independent voting members of governing body	5	5	
	32. Number of employees	10	7	
	33. Number of volunteers			

Form <b>990</b>	<b>Tax Return History</b>	<b>2024</b>
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Name <b>SOUTHERN OHIO MUSEUM CORPORATION</b>	Employer Identification Number <b>31-0914613</b>
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....	405,296	552,311	375,539	1,474,563	621,702	
Membership dues .....	11,975	16,230	18,980	19,970	10,335	
Program service revenue .....	28,259	64,421	65,744	71,707	63,113	
Capital gain or loss .....						
Investment income .....	14	18	79	6,482	153,990	
Fundraising revenue (income/loss) .....		2,472	5,556	6,807	6,921	
Gaming revenue (income/loss) .....						
Other revenue .....	5,247	1,344	13,921	-3,528	9,267	
<b>Total revenue</b> .....	<b>450,791</b>	<b>636,796</b>	<b>479,819</b>	<b>1,576,001</b>	<b>865,328</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	144,000	149,538	156,020	156,500	169,700	
Other compensation .....	134,000	139,771	174,902	177,920	196,112	
Professional fees .....	19,087	33,721	36,761	42,496	29,837	
Occupancy costs .....	58,886	66,137	78,615	56,834	50,341	
Depreciation and depletion .....	98,133	88,154	106,508	88,148	336,226	
Other expenses .....	60,627	128,793	119,977	152,810	146,575	
<b>Total expenses</b> .....	<b>514,733</b>	<b>606,114</b>	<b>672,783</b>	<b>674,708</b>	<b>928,791</b>	
<b>Excess or (Deficit)</b> .....	<b>-63,942</b>	<b>30,682</b>	<b>-192,964</b>	<b>901,293</b>	<b>-63,463</b>	
<b>Total exempt revenue</b> .....	<b>450,791</b>	<b>636,796</b>	<b>479,819</b>	<b>1,576,001</b>	<b>865,328</b>	
Total unrelated revenue .....						
Total excludable revenue .....	33,520	33,533	85,300	81,468	233,291	
Total Assets .....	4,385,212	4,053,085	4,359,981	5,843,660	6,379,055	
Total Liabilities .....	118,498	42,395	527,644	797,125	1,153,760	
Net Fund Balances .....	4,266,714	4,010,690	3,832,337	5,046,535	5,225,295	

31-0914613

**Federal Statements**

FYE: 6/30/2025

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME - MUSEUM	\$ 547		41			
INTEREST INCOME - CIRQUE	5		41			
INVESTMENT INCOME - ENDOWMENT	130,764		41			
INVESTMENT INCOME - KARP	22,674		41			
TOTAL	<u>\$ 153,990</u>					

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MUSEUM OTHER FEES	\$ 11,248	\$ 11,248	\$	\$
CIRQUE OTHER FEES	6,088	6,088		
TOTAL	<u>\$ 17,336</u>	<u>\$ 17,336</u>	<u>\$ 0</u>	<u>\$ 0</u>

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

Description	Amount
MEMBERSHIP DUES	\$ 10,335
GOVT GRANTS OR CONTRIBUTIONS	108,387
OTHER SUPPORT	61,496
HAROLD MICKLETHWAITE TRUST CASH CONTRIBUTION	30,062
SCIOTO AREA COMMUNITY FOUNDATION CASH CONTRIBUTION	86,396
CLYDE & MAYCEL CLARK FOUNDATION CASH CONTRIBUTION	59,574
RICHARD MARTING FOUNDATION CASH CONTRIBUTION	18,181
KRICKER PERFORMING ARTS PROGRAM CASH CONTRIBUTION	59,064
THE CYRUS P AND ALMA KAHL FOUNDATION CASH CONTRIBUTION	132,217
BARD SUVEKROP CASH CONTRIBUTION	50,000
SNYDER ENDOWMENT FUND CASH CONTRIBUTION	16,325
TOTAL	<u>\$ 632,037</u>

**Schedule A, Part II, Line 9(e)**

Description	Amount
FACILITY RENTAL	\$
TOTAL	<u>\$ 0</u>

**Federal Statements****Schedule A, Part II, Line 12 - Current year**

## Description

## Amount

ADMISSIONS	\$ 24,496
TUITION	38,617
CASH OVER/SHORT	
MISC REVENUE	744
EXHIBIT RENTAL	
TOTAL	\$ <u>63,857</u>