** PUBLIC DISCLOSURE COPY **

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

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 for instructions and the latest information.

Open to Public

A F	or the	2021 calendar year, or tax year beginning JUI	1, 2021 and	ending J	<u>UN 30, 2022</u>	
	Check if opplicable	C Name of organization			D Employer identific	cation number
Г	Addres	THE SOCIETY OF THE CINCI	NNATI			
F	Name				53-02054	23
	Initial return	Number and street (or P.O. box if mail is not deliver	red to street address)	Room/suite	E Telephone number	
	Final return/	2118 MASSACHUSETTS AVENU	202-785-	2040		
	termin ated	City or town, state or province, country, and ZIP	G Gross receipts \$	12,639,886.		
	Ameno	WASHINGTON, DC 20000			H(a) Is this a group re	
	Application pending	F Name and address of principal officer: F • AL	IDERSON MORSE		for subordinates	—
		SAME AS C ABOVE			H(b) Are all subordinates in	
			(insert no.) 4947(a)(1)	or 527	1	list. See instructions
		e: WWW.SOCIETYOFTHECINCINNA		T	H(c) Group exemption	
	orm of	organization: X Corporation Trust Assoc	ciation Other	L Year	of formation: 1937 N	1 State of legal domicile: DC
1 6		Briefly describe the organization's mission or most sig	nificant activities. THE	SOCIET	V OF THE CIN	ICTNNATT
S		PROMOTES THE MEMORY AND THE				
Governance	l	Check this box if the organization disconting				
Veri	l	Number of voting members of the governing body (Pa			3	34
ဇ္	1	Number of independent voting members of the govern				34
ფ		Total number of individuals employed in calendar year				27
/itie		Total number of volunteers (estimate if necessary)				0
Activities &		Total unrelated business revenue from Part VIII, colum				0.
_	b	Net unrelated business taxable income from Form 990	D-T, Part I, line 11	·····	7b	0.
					Prior Year	Current Year
ē	l				2,230,389.	3,703,676.
en	1				200,095.	777,700.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, an			1,781,713.	3,233,463.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c			121,316.	32,090.
		Total revenue - add lines 8 through 11 (must equal Par			4,333,513.	7,746,929.
	I	Grants and similar amounts paid (Part IX, column (A),			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), li Salaries, other compensation, employee benefits (Part			2,181,123.	2,532,701.
ses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25	5) ▶ 569,2'	72.	• •	<u>, , , , , , , , , , , , , , , , , , , </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11			1,302,317.	2,054,547.
		Total expenses. Add lines 13-17 (must equal Part IX, c			3,483,440.	4,587,248.
	19	Revenue less expenses. Subtract line 18 from line 12			850,073.	3,159,681.
Net Assets or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			35,356,161.	28,928,587.
t As	21	Total liabilities (Part X, line 26)			1,365,747.	1,310,070.
	22	Net assets or fund balances. Subtract line 21 from line	e 20		33,990,414.	27,618,517.
	art II	Signature Block				
		Ities of perjury, I declare that I have examined this return, inc			· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is	s dased on an information of wi	licii preparer	lias any knowledge.	
Cia:	_	Signature of officer			I Date	
Sig:		, ,	TIVE DIRECTOR			
1101	•	Type or print name and title	TIVE BIRECION			
		,	eparer's signature	1	Date Check	PTIN
Paid	ı		ANIEL L. WEAVER	r 10	3/10/23 if self-employ	P01249346
	arer		N & MITCHELL,			52-1711839
-	Only	Firm's address 7910 WOODMONT AVE.	STE. 500			
		BETHESDA, MD 20814			Phone no. (3	01) 986-0600
May	the IF	RS discuss this return with the preparer shown above?	See instructions			X Yes No

775,484. including grants of \$) (Revenue \$

e Total program service expenses ► 3,619,628.

Form **990** (2021)

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Form 990 (2021) THE SOCIETY OF THE CINCINNATI Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8	х	
0	Schedule D, Part III	-	21	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2021) THE SOCIETY OF THE Part IV | Checklist of Required Schedules (continued)

Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, column (A), line 27 (# "Yes," complete Schedule () Part I and if I 20 in the organization aware "art to Part IVI, Section A, line 34, or 6, a shout compensation of the organization scurrent and former offices, directions, frustees, key employees, and injented compensation employees?" (# "Yes," complete Schedule F, I" "Yes," complete Schedule F, I Part IV (Including an employees) of the organization invest and an another on any organization engage in an excess benefit transaction with a disqualified person during the year?" (" "Yes," complete Schedule F, I Part I I I I I I I I I I I I I I I I I I I		Continued)		Yes	No
Part X. column (A), line 2? (if "ves," complete Schedule I, Parts Land III 20 Did the organization sourcers" versit to Part IVI, Scient A, inc. 3, 4, or 5, about compensation of the organization sourcers and former officers, directors, trustees, key employees, and highest compensated employees? If "ves," complete Schedule I, Part IVI 28 Did the organization invest as tax exempt bonds sew with an auditariding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," analyze insec 26th through 24th and complete Schedule K. If "No," go to limit 25th and 15th and 15t	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
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 I. 24 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 24th through 24d and complete Schedule II. If Yes, to the 25e Section 50 (15), 20 to line 25e 25 Did the organization ministant an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 27 Did the organization and as an 'in or behalf of' issuer for bonds outstanding at any time during the year? 28 Section 50 (15), 50 (15)(4), 40 (16)(4), 40 (16) (16) (16) (16) (16) (16) (16) (16)			22		Х
and former officers, directions, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV. 24 Debt the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was sixted after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, If "No." go to fine 25e. 25 Debt the organization maintain an ecorow account other than a refunding second at any time during the year? 26 Debt the organization maintain an ecorow account other than a refunding second at any time during the year? 26 Debt the organization of the said of the second of t	23				
Schedule / I. Wo. "go to line 25a					
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 24th through 24th and complete Schedule K. If. "No," go to fine 25s b Did the organization markstan proceeds of tax exempt bonds beyond a temporary period exception? C Did the organization markstan an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d		, · ·	23	Х	
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Schedule K. If "No." yo to fine 25a. \$24b\$ \$2b\$ 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 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? 22c 23c 23c d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 50 (E/Q3), 501(E/Q4), and 501(E/Q3) organizations. Did the organization engage 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 900 or 909(E27 " 1" (***); complete Schedule L, Part I 25b Us 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 formating themselved or there of a part 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 55% controlled entity formating intermed of any of these persons? If "***, complete Schedule L, Part II 25 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes, complete Schedule L, Part IV 25 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 26 Yes, "complete Schedule L, Part IV 27 A 35% controlled entity of one or more individual describions, and exceptions; and exceptions; and exceptions are also as a section of the organization receive more than \$25,000 in non-cash		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 22sa Saction 501(c/3), 950(c/4), and 501(c/20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'ves,' complete Schedule I, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990E-E27 If 'Yes,' complete Schedule I, Part II 25b X 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, fusatee, key employee, creator or founder, substantial contributor, or any) of these persons? If 'Yes,' complete Schedule I, Part II 25c X 28 Was the organization party to a business transaction with one of the following parties (see the Schedule I, Part II 25c X 28 Was the organization as party to a business transaction with one of the following parties (see the Schedule I, Part II 25c X 28 Was the organization or explicable filling thresholds, conditions, and exceptions): a A current or former officer, director, fusatee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule I, Part IV 25c X 28 D A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV 25c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part II 25c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule II, Part II 35c X 30 Did the organization related to any taxesempt or taxable entity? If 'Yes,' complet			24a		X
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a X 25c 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of ranily member of any of these persons? If 'Yes,' complete Schedule I, Part II 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 26b X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule I, Part III 27c X 28b X 28	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 256 Section 501(28), 501(44), and 501(42)92 organizations. Did the organization engage in an excess benefit transaction with a discualified person during the year? if "Yes," complete Schedule L, Part I	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 1 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 sprior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25b					—
b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware 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 II 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III The organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity forciding an employee thereof of armly member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization aparty 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization in excelve more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections \$01(70) and \$1,770.1 at \$1,770.1			24d		
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 980 or 990 E27 "Pres," complete Schedule L, Part I 250 bil 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 former officer, director, trustee, key employee, creator 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 farmily member of any of these persons? If "Yes," complete Schedule L, Part III 27	25a				37
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			25a		<u> </u>
Schedule L, Part I 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization periode 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 II 27 X 28 Was the organization 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 28 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 33 Did the organization on 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, III, or IV, and Part V, Iiin 1 34 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iiin 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iiin 2 35 Did the	b				
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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, 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 IV. 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, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 A 53% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 2. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I, III, and IV, and Part V, line 2					v
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26	00	· · · · · · · · · · · · · · · · · · ·	250		
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				
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 39% controlled entity (including an employee) thereof or a farmly member of any of these persons? if "res," complete Schedule L, Part III. 27 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. 28 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization expective contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 32 Did the organization exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 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 2 35 Did the organization have a contr			26		x
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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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this 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 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? 1c			36		X
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Note: All Form 990 filers are required to complete Schedule O Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 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? 38 X Yes No 1a 19 19 00 00 00 00 00 00 00 00 00 00 00 00 00		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Check if Schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any line in this Part V The schedule O contains a response or note to any lin	38				
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? 1c			38	Х	
Ta 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? Yes No Yes No 10 11 12 13 14 15 16 16 16 17 18 18 19 18 18 18 18 18 18 18	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c			-		
(gambling) winnings to prize winners?		Effect the number of Forms with a finite factor of the applicable			
	С				
	10000			990	(2021)

THE SOCIETY OF THE CINCINNATI 53-0205423 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. N/A 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.

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.

C						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	s filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		<u>X</u>
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point o	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, so	tockhol	ders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? H	Yes," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				Ţ.	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					77
	taxable entity during the year?			16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
200	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	137 37	איז מת גם	777	NT.C	CC.
17	List the states with which a copy of this Form 990 is required to be filed NH, MA, RI, CT, N					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	(section 501(c)(3)s	only)	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	t interest policy, and	financ	ial	
00	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 bod	oks and	records			
	THE ORGANIZATION - 202-785-2040 2118 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 2000	າ ຂ				
	2118 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 2000	0		F	990	(0004)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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		orga I	niza [.]			npen	sate			
(A)	(B)					1		(D)	(E)	(F)
Name and title	Average	(do not check more tr				than o		Reportable	Reportable	Estimated
	hours per week					s botr r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	omp		1099-NEC)		and related
	below	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) 7167 7 11777	line)	n n	lus	#0	ā.	:£,£	For			
(1) JACK D WARREN, JR	40.00	-		37				224 052	_	36 000
EXECUTIVE DIRECTOR TIL FEB 2022	40.00			Х				234,853.	0.	36,992.
(2) F. ANDERSON MORSE	40.00	-		37				101 710	_	24 620
EXECUTIVE DIRECTOR	40.00			Х				191,712.	0.	24,639.
(3) SUSAN BENJAMIN	40.00	-		7.7				140 130	_	20 675
DIRECTOR OF FINANCE	10.00			Х				140,139.	0.	28,675.
(4) GLENN HENNESSEY	40.00	-				,,		105 170	_	07.064
DIRECTOR OF DEVELOPMENT	40.00					X		105,170.	0.	27,864.
(5) EMILY PARSONS	40.00	-				٦,		105 510	_	1 4 4 6 7
DEPUTY DIRECTOR AND CURATO	1 00					X		105,519.	0.	14,467.
(6) BASIL MAGRUDER JONES, JR.	1.00	3,7							_	
DIRECTOR	1 00	Х						0.	0.	0.
(7) CAPERS WALTER MCDONALD	1.00	. ,							_	_
(8) COMTE GEORGES D'HARCOURT	1 00	Х						0.	0.	0.
	1.00	Х							_	_
DIRECTOR	1 00	Δ						0.	0.	0.
(9) DAVID PETER KOLLOCK	1.00	Х							_	_
DIRECTOR	1 00	Δ						0.	0.	0.
(10) FRANCIS GORHAM BRIGHAM III DIRECTOR	1.00	Х						_	0.	_
(11) FRANK MAURAN IV	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	_
(12) GEORGE WRIGHT LENNON	1.00	Λ						0.	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) GREGORY JOHN SPROAT	1.00	Λ						0.	U •	· ·
DIRECTOR	1.00	Х						_	0.	0.
(14) HERBERT JAQUES MOTLEY, JR.	1.00	Δ						0.	0.	0.
	1.00	v						_	_	0.
DIRECTOR (15) JAMES KEITH PEOPLES	1.00	Х						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(16) JEAN-FRANCOIS DE CAFFARELLI	1.00	^	\vdash		\vdash			0.	U •	•
DIRECTOR	1.00	Х						0.	0.	_
(17) JOHN CHRISTOPHER HARVEY	1.00	Λ						0.	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		Λ						0.	U •	Form 990 (2021)

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(A) Name and title	(B) Average hours per	(do not check more than one						(D) Reportable compensation	(E) Reportable compensation	1	(F) stimate mount	
	week (list any hours for related organizations below line)	tee or director		Officer Officer			tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	com fi org an	other npensa rom th ganizat d relat anizati	ation le tion ted
(18) KENNETH DUANE ROACH	1.00	.,						0	0			^
(19) MARK CALHOUN WILLIAMS	1.00	Х						0.	0.	 		0.
DIRECTOR	1.00	Х						0.	0.			0.
(20) MARK CROSBY WARD	1.00							0.	<u> </u>			<u> </u>
DIRECTOR	1.00	Х						0.	0.			0.
(21) MICHAEL PAUL PILLSBURY, PH.D.	1.00											
DIRECTOR		Х						0.	0.			0.
(22) NATHANIEL REYNOLDS TINGLEY, JR.	1.00							-				
DIRECTOR		Х						0.	0.			0.
(23) RICHARD FARLIE BRINKLEY	1.00											
DIRECTOR		Х						0.	0.			0.
(24) RICHARD RENZ RAIFORD	1.00							_				
DIRECTOR	1 00	Х						0.	0.	<u> </u>		0.
(25) RICHARD SALTONSTALL AUCHINCLOSS	1.00								•			^
DIRECTOR	1 00	Х	_					0.	0.	\vdash		0.
(26) ROBERT CAMPBELL FARMER DIRECTOR	1.00	Х						0.	0.			0.
								777,393.	0.	1 3	2,6	
1b Subtotal c Total from continuation sheets to Part VII								0.	0.	+	<u>, , , , , , , , , , , , , , , , , , , </u>	0.
d Total (add lines 1b and 1c)								777,393.	0.	13	2,6	
Total number of individuals (including but not not not not not not not not not no							o re					-
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				5
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for so										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				,			J		_		Х
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch <u>r</u>	oers	on				5	<u> </u>	Λ
Complete this table for your five highest cor	mnensated ind	lene	nde	nt cc	ntra	acto	re th	nat received more than \$	100 000 of compens	tion fr		
the organization. Report compensation for t											5111	
(A)	o calcinaal y			. <u>.</u>				(B)		((C)	
Name and business	address	NO	ONE	3				Description of s	ervices (Compe		n
-												
							_					
							\dashv					
							\dashv					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	re than			
\$100,000 of compensation from the organiz	zation				C)						
SEE PART VII, SECTION	A CONT	IN	UΑ	TI	ON	S	ΗĒ	ETS		Form	990 (2021)

132008 12-09-21

Form 990 THE SOCI.									53-020	3423
Part VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title			(C Posi	tion			(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	all t	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) ROBERT CARTER ARNOLD DIRECTOR	1.00	х						0.	0.	0.
(28) STEPHEN BENJAMIN JEFFRIES	1.00	Δ						0.	0.	0 (
DIRECTOR	1.00	х						0.	0.	0 .
(29) THOMAS BARTLEY GORIN DIRECTOR	1.00	Х						0.	0.	0.
(30) THOMAS EDWARD CROCKER, JR.	1.00	- 22						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0 .
(31) THOMAS HEYWARD MOTTE HAMILTON DIRECTOR	1.00	Х						0.	0.	0 .
(32) WILLIAM FRANCIS PRICE, JR.	1.00	Δ						0.	0.	0 .
DIRECTOR	1.00	Х						0.	0.	0
(33) WILLIAM L. SHEFTALL III	1.00	25							<u> </u>	0
DIRECTOR	1.00	х						0.	0.	0
(34) B. SCOTT JOHNSON	1.00							•	•	
DIRECTOR		х						0.	0.	0 .
(35) DOUGLAS S. HAMILTON	1.00									
DIRECTOR		Х						0.	0.	0 .
(36) E. PAUL GIBSON	1.00									
DIRECTOR		Х						0.	0.	0 .
(37) FERDINAND H. ONNEN III	1.00							_	_	_
DIRECTOR		Х						0.	0.	0 .
(38) HON. JOHN M. STEPHENSON DIRECTOR	1.00	х						0.	0.	0 .
(39) WALTER G. D. REED	1.00	25						· ·	<u> </u>	0
DIRECTOR	1.00	Х						0.	0.	0
(40) WILLIAM P. CARRELL II	1.00									
DIRECTOR		Х						0.	0.	0
(41) WILLIAM POSTELL RAIFORD, PH.D.	10.00									
ASSIST. SECRETARY GENERAL		Х		Х				0.	0.	0 .
(42) ROBERT MOSBY TURNBULL	10.00									
ASSIST. TREASURER GENERAL		Х		Х				0.	0.	0.
(43) WILLIAM PLESS LUNGER	20.00							_	_	_
PRESIDENT GENERAL		Х		Х				0.	0.	0 .
(44) JOEL THOMAS DAVES, IV	10.00			_					_	_
SECRETARY GENERAL	10.00	Х		Х				0.	0.	0 .
(45) FRANCIS ELLERBE GRIMBALL	10.00	37		\				_	_	_
TREASURER GENERAL	10 00	Х	\vdash	Х	-			0.	0.	0
(46) FRANK KEECH TURNER, JR. VICE PRESIDENT GENERAL	10.00	x		х				0.	0.	0
ATCH LIEDIDENI GENEVUR	1	Λ		Λ				ı	U •	U

Form 990 THE SOCIE	TY OF T	'HE	: C	IN	CI	NN	AΤ	'I	53-020	5423		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E) (F)												
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week (list any	.or				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em		(W-2/1099-MISC)	(***-2/1099-101130)	organization		
	related	tee or	ıstee			en sa te		(** =		and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations		
	below	ividua	titutio	Officer	em p	hesto	Former					
	line)	pul	Sul	0#	Ke	Hig	For					
(47) JAMES TERRY HONAN	1.00									_		
DIRECTOR		Х						0.	0.	0.		
(48) JOHN MCCONVILLE SHANNON	10.00											
ASSIST. TREASURER GENERAL	10 00	Х		Х				0.	0.	0.		
(49) CORDELL LEE BRAGG III, MD ASSIST. SECRETARY GENERAL	10.00	х		х				0.	0.	_		
ASSISI. SECRETARI GENERAL		Λ		^				0.	0.	0.		
-												
		ŀ										
-												
	L	<u> </u>										
Total to Part VII, Section A, line 1c												
Total to Fait VII, Goodon A, III To								1	1	l		

Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a respons	e or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
() ()	1 2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts									
يخ و		Membership dues							
ts, An		Fundraising events							
声									
ž,		Government grants (contr			406,307.				
ΪŞ	f	All other contributions, gifts,							
g t		similar amounts not included	abov	/e 1f	3,297,369.				
	g	Noncash contributions included in	lines 1	la-1f 1g \$	112,281.				
a So	h	Total. Add lines 1a-1f				3,703,676.			
					Business Code				
a l	2 a	EVENT REVENUE			721000	732,320.	732,320.		
Š.		MEETING REVENUE			561439	45,380.	45,380.		
Ser	c					,	,		
Z S	d								
gra Re									
Program Service Revenue	e								
-		All other program service				777 700			
\longrightarrow		Total. Add lines 2a-2f				777,700.			
	3	Investment income (include	_						22255
		other similar amounts)				2,027,666.			2027666.
	4	Income from investment of		•	•				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	6,036,488					
	b	Less: cost or other basis							
<u>o</u>		and sales expenses	7b	4,830,691					
en l	c	Gain or (loss)							
ther Revenue		Net gain or (loss)			_	1,205,797.			1205797.
<u>κ</u>		Gross income from fundraisi				_,,,			
흏	o a		-	,					
0				I					
		contributions reported on		·					
		Part IV, line 18		I					
		Less: direct expenses			-				
		Net income or (loss) from			_				
	9 a	Gross income from gamin	-	I					
		Part IV, line 19							
	b	Less: direct expenses			b				
	С	Net income or (loss) from	gam	ing activities_					
	10 a	Gross sales of inventory, I	ess ı	returns					
		and allowances		10	94,356.				
	b	Less: cost of goods sold		I	6 2,266.				
		Net income or (loss) from		_		32,090.	32,090.		
		,		•	Business Code				
Snc	11 a								
nec	b								
ella Ver	C								
Miscellaneous Revenue		All other revenue							
Σ									
		Total rayonua See instruction				7,746,929.	809,790.	0.	3233463.
	12	Total revenue. See instruction	ліδ		·····	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 305,750.	ı	3233403.

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 respons				(D)
	not include amounts reported on lines 6b, 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				
Ū	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	702,951.	370,297.	115,417.	217,237
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,445,340.	1,338,687.	5,579.	101,074
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	140,060.	106,543.	30,634.	2,883 6,956
9	Other employee benefits	110,446.	102,314.		6,956
10	Payroll taxes	133,904.	107,052.	8,528.	18,324
11	Fees for services (nonemployees):				
а	Management				
b		40.070	22.424	2 2 2 2	
С	5 F	48,072.	38,434.	3,062.	6,576
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F	40.650		40.650	
f	Investment management fees	48,672.		48,672.	
g	,	240 600	000 205	16 266	25 051
	column (A), amount, list line 11g expenses on Sch 0.)	342,622.	290,305.	16,366.	35,951
12	Advertising and promotion	1.61.601	04 705	60 450	1 4 407
13	Office expenses	161,681.	84,725.	62,459.	14,497 18,594
14	Information technology	135,923.	108,671.	8,658.	18,594
15	Royalties	208,178.	172 120	10,712.	24,346
16	Occupancy	28,428.	173,120. 22,728.	1,811.	3,889
17	Travel	20,420.	22,120.	1,011.	3,009
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	461,268.	368,784.	29,383.	63,101
19	Conferences, conventions, and meetings	ŦU1,200•	300,704.	47,303.	03,101
20 21	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	183,326.	153,922.	8,871.	20,533
22 23	In a company of the c	93,244.	74,548.	5,940.	12,756
23 24	Other expenses. Itemize expenses not covered	55,211.	, 1, 313.	3 / 3 2 0 0	22,730
7	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.)				
	MISCELLANEOUS	165,228.	132,537.	10,367.	22,324
b	COLLEGE ON A COLLEGE DAY	145,613.	145,613.	20,007.	22,324
C	DEMINDRE LA DIVIDINARIA	30,606.		30,606.	
d	VENUE CUIT D.C.	1,686.	1,348.	107.	231
	All other expenses	_,	_,,,,,		
25	Total functional expenses. Add lines 1 through 24e	4,587,248.	3,619,628.	398,348.	569,272
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	τx	Balance Sneet	
		Check if Schedule O contains a response or note to any line in this Pa	t X
			(A) Beginning of year (B) End of year
	1	Cash - non-interest-bearing	892,007. 1 942,175
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	
	4	Accounts receivable, net	
	5	Loans and other receivables from any current or former officer, direct	
		trustee, key employee, creator or founder, substantial contributor, or	
			5
	6	Loans and other receivables from other disqualified persons (as defin	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	3) 6
s	7	Notes and loans receivable, net	
Assets	8	Inventories for sale or use	
As	9	Prepaid expenses and deferred charges	1 24 222 21 500
	10a	Land, buildings, and equipment: cost or other	
		basis. Complete Part VI of Schedule D 10a 6,77	,451.
	b	Less: accumulated depreciation 10b 4,36	,679. 2,558,024. $ 10c $ 2,406,772
	11	Investments - publicly traded securities	26,498,407. 11 21,019,031
	12	Investments - other securities. See Part IV, line 11	
	13	Investments - program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	15
	16	Total assets. Add lines 1 through 15 (must equal line 33)	35,356,161. 16 28,928,587
	17	Accounts payable and accrued expenses	372,285. 17 717,374
	18	Grants payable	18
	19	Deferred revenue	181,842. 19 238,742
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21
S	22	Loans and other payables to any current or former officer, director,	
Ιţ		trustee, key employee, creator or founder, substantial contributor, or	5%
Liabilities		controlled entity or family member of any of these persons	
	23		
	24	Unsecured notes and loans payable to unrelated third parties	
	25	Other liabilities (including federal income tax, payables to related third	
		parties, and other liabilities not included on lines 17-24). Complete Pa	
		of Schedule D	
	26	Total liabilities. Add lines 17 through 25	1,365,747. 26 1,310,070
"		Organizations that follow FASB ASC 958, check here 🕨 🗓	
ces		and complete lines 27, 28, 32, and 33.	17 011 006 1 10 000 100
ılan	27	Net assets without donor restrictions	
I Ba	28	Net assets with donor restrictions	16,179,408. 28 13,779,087
nuc		Organizations that do not follow FASB ASC 958, check here	
ΓĒ		and complete lines 29 through 33.	
ts c	29	Capital stock or trust principal, or current funds	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	31
Re	32	Total net assets or fund balances	33,990,414. 32 27,618,517
	33	Total liabilities and net assets/fund balances	35,356,161. 33 28,928,587

Form **990** (2021)

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7	,74	6,9	29.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,58	7,2	48.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,15	9,6	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33	,99	0,4	14.
5	Net unrealized gains (losses) on investments	5	-9	,58	2,9	37.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5:	1,3	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	27	,61	8,5	17.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Employer identification number

				THE CINCINNA					3-0205423
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch					1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	~					general p	oublic described in
		section 170(b)(1)(A)(vi). (C			_				
8		A community trust describe		(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org				ed in conju	unction with a la	and-grant	college
		or university or a non-land-g							
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 50	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 1	12g.	
a		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typ	oically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustees	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b	. L		anization supervised	or controlled in connect	ion with it	s supporte	ed organization	(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C			grated. A supporting	g organization operated	in connect	tion with, a	and functionally	integrate	ed with,
	_	its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
C			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supporte	ed organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution red	quirement and a	an attentiv	/eness
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	, Type III	
		functionally integrated, or		nally integrated supportir	ng organiz	ation.			
		er the number of supported o	•						
		vide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of r	nonotoni	(vi) Amount of other
	,	organization	(11) E114	(described on lines 1-10	in your governi	ing document?	support (see ins	-	support (see instructions)
				above (see instructions))	Yes	No			
_									
Tot									
Tota	21								<u> </u>

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	• •	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	2824290.	1908270.	2141020.	2230389.	3703676.	12807645.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2824290.	1908270.	2141020.	2230389.	3703676.	12807645.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1518515.
	Public support. Subtract line 5 from line 4.						11289130.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in)	(a) 2017 2824290.	(b) 2018 1908270.	(c) 2019 2141020.	(d) 2020 2230389.	(e) 2021	(f) Total 12807645.
	Amounts from line 4	2024290.	1900270.	2141020.	2230309.	3/030/0.	1200/045.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	3,879.	1278742.	986,996.	1027839.	2027666.	5325122.
•	and income from similar sources	3,013.	12/0/42.	300,330.	102/039.	2027000.	3323122.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•						
11	assets (Explain in Part VI.)						18132767.
12	Gross receipts from related activities,	etc (see instruction	ne)			12 2	,732,034.
	First 5 years. If the Form 990 is for the	•	,	ourth or fifth tax v	vear as a section 5		, , , , , , , , , , , , , , , , , , , ,
.0	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	62.26 %
15	Public support percentage from 2020					15	67.03 %
16a	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies						. 37
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
OL		
9b		
9c		
90		
10a		
.54		
10b		
	n 990)	2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
3601	tion 6. Type it Supporting Organizations			
	Many and the file and the file of the file		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction		ı
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	<u> </u>		
	Parent of Supported Organizations. Answer lines 3a and 3b below. 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</i> "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued	d)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity		:	2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	_			
4	Amounts paid to acquire exempt-use assets		4	_				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	_			
6	Other distributions (describe in Part VI). See instructions.			6	_			
7	Total annual distributions. Add lines 1 through 6.		7	_				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			0				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
<u>a</u>	From 2016							
<u> </u>	From 2017							
<u>c</u>	From 2018							
d	From 2019							
<u> e </u>	From 2020							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
<u> </u>	Carryover from 2016 not applied (see instructions)				_			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				_			
4	Distributions for 2021 from Section D,							
	line 7: \$				_			
	Applied to underdistributions of prior years							
	Applied to 2021 distributable amount							
5	Remaining underdistributions for years prior to 2021, if							
3	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
Ū	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							
	Evenes from 2020							

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization			Employer identification number
THE SO	OCIETY OF THE	E CINCINNATI	53-0205423
• • • • • • •			

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	Yor an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, 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).							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

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		\$ 661,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>147,595.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$300,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 304,838.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000.	Person X Payroll

Schedule B (Form 990) (2021)

Page 2 Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 98,657.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11-		 	Schedule R (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** THE SOCIETY OF THE CINCINNATI 53-0205423 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
		(a) Donor adv	vised	I funds	(b) Fun	ds and other accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		s hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	ol?				Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	r any	other purpose c	onferri	ng	
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered '	"Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribu	tion in the form o	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				е		
_	listed in the National Register					_2d_	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organi	zation	during the tax
4	year	oment is leasted					
4	Number of states where property subject to conservation eas			an handling of			
5	Does the organization have a written policy regarding the peri violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			d enforcing conse			
Ū	b	riariding of violations	, and	a critorolling corisc	oi vatio	ii casc	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	l enf	orcina conservati	on eas	sement	ts during the year
-	▶ \$			5.5g 5555	J., Jul		is daming and your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirem	ents	of section 170(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?	•		· ·			Yes No
9	In Part XIII, describe how the organization reports conservation						d
	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its	reve	nue statement an	nd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, educat	ion,	or research in fur	theran	ice of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	cial statements that	desc	ribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its reve	enue	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in furthe	erance	of pub	olic service,
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical treatments	asures, or other simila	ar as	sets for financial	gain, p	provide	•
	the following amounts required to be reported under FASB AS	~					
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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Schedule D (Form 990) 2021

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						age 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her S	Similar	Assets	s (contin	ued)	
3 Using the organization's acquisition, accession, and other records, check any of the following that makes	ke sign	ificant us	se of its			
collection items (check all that apply):						
a X Public exhibition d Loan or exchange program						
b X Scholarly research e Other						
c X Preservation for future generations						
4 Provide a description of the organization's collections and explain how they further the organization's	exemnt	t nurnos	e in Part	XIII		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other sin			o iiii ait	7.III.		
				Yes	X	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes] 140
reported an amount on Form 990, Part X, line 21.	OHFC	Jiiii 990,	raitiv,	iii ie 9, 0i		
	not inc	dudad				
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets				٦.,		1
on Form 990, Part X?			∟	_ Yes		No
b If "Yes," explain the arrangement in Part XIII and complete the following table:						
		\vdash		Amount		
c Beginning balance		1c				
d Additions during the year		1d				
e Distributions during the year		1e				
f Ending balance		1f				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account li		?		Yes		No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part						
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, II	ine 10.					
(a) Current year (b) Prior year (c) Two years bar	ck (d)) Three ye	ears back	(e) Four	years	back
1a Beginning of year balance 28,876,367. 22,680,016. 23,060,91	5.	22,39	1,906.	22,	496,	347.
b Contributions 498,657. 56,750. 56,10	0.	1,25	52,000.			
c Net investment earnings, gains, and losses -6,755,217. 6,710,84829,12	6.		30,625.		690,	992.
d Grants or scholarships			•			
e Other expenditures for facilities						
FOC COE FEE OAT 40F OT	3.	76	53,616.		795,	433.
and programs 586,825. 571,247. 407,87 f Administrative expenses			,		,	
	6	23 06	0,915.	22	391,	906
	٠٠	25,00	,,,,,,,,		331,	
a Board designated or quasi-endowment ► 53.0000 %						
b Permanent endowment ► 18.5000 %						
c Term endowment ► 28.5000 %						
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	or the c	organizat	tion	Г	· ·	
by:					Yes	No
(i) Unrelated organizations				3a(i)		<u>X</u>
(ii) Related organizations				3a(ii)		<u>X</u>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?				3b		
4 Describe in Part XIII the intended uses of the organization's endowment funds.						
Part VI Land, Buildings, and Equipment.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part	t X, lin	e 10.				
Description of property (a) Cost or other (b) Cost or other (c) Accı	umulated	d	(d) Bool	k value	e
basis (investment) basis (other)	depre	eciation				
1a Land						
b Buildings 5,946,209.	3,77	75,42	8.	2,170	78	31.
c Leasehold improvements		-				
d Equipment 542,366.	50	06,86	5.	3!	5,50	1 .
e Other 287,876.		37,38),49	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)				2,406		

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021	THE	SOCIETY	OF	THE	CINCINNATI	53-0205423	Page \$
Part VII Investments -	Other Se	curities.					

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	4,258,328.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,258,328.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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)		

(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(7) (8)

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

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)	ANNUITIES PAYABLE	17,457.
(3)	RETIREE OBLIGATIONS	336,497.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	353,954.

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

Schedule D (Form 990) 2021

	(FOITH 990					CIIICIIIIII		
+ YI	Docone	ciliation (of Davan	ua nar Audi	itad Einana	rial Statemente	With Dovonue	aar Datiir

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	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	-1,470,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a -	-9,582,937.		
b	Donated services and use of facilities	2b	414,565.		
С					
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-9,168,372.
3	Subtract line 2e from line 1			3	7,698,257.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,672.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	48,672.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,746,929.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	4,807,528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	414,565.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-145,613.		
е	Add lines 2a through 2d			2e	268,952.
3	Subtract line 2e from line 1			3	4,538,576.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,672.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	48,672.
	, 100 1110 10 1110 110				1 507 210

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 III, LINE 1A:

THE SOCIETY'S COLLECTIONS INCLUDE ARTIFACTS OF HISTORICAL SIGNIFICANCE AND

ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND

CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED

FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR

CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A

POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER

ITEMS FOR COLLECTIONS.

PART III, LINE 4:

THE SOCIETY'S COLLECTIONS ARE OF HISTORICAL SIGNIFICANCE TO THE

PRESERVATION OF THE MEMORIES OF THE OFFICERS OF THE AMERICAN REVOLUTION.

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Schedule D (Form 990) 2021

PART V, LINE 4:

NET ASSETS WITH DONOR RESTRICTIONS

NET ASSETS WITH DONOR RESTRICTIONS CONSISTS OF AMOUNTS THAT ARE SUBJECT TO

DONOR-IMPOSED RESTRICTIONS, TEMPORARY OR PERMANENT. NET ASSETS THAT ARE

RESTRICTED TEMPORARILY CONSIST OF GIFTS AND THE ACCUMULATED EARNINGS ON

PERMANENTLY RESTRICTED FUNDS THAT ARE RESTRICTED FOR A PARTICULAR

ACTIVITY, WHICH WILL BE EXPENDED IN FUTURE PERIODS, AND ARE INCLUDED IN

THE FOLLOWING FUNDS:

THE BOOK PUBLISHING FUND WAS ESTABLISHED FOR ITEMS WORTHY OF PUBLISHING.

TO DATE, THIS FUND HAS PUBLISHED TWO BOOKS, THE INSIGNIA OF THE SOCIETY OF

THE CINCINNATI AND LIBERTY WITHOUT ANARCHY.

THE EDUCATION FUND WAS ESTABLISHED TO BE USED FOR EDUCATIONAL PROGRAMS.

THIS FUND PUBLISHED THE BOOK WHY AMERICA IS FREE IN PARTNERSHIP WITH MOUNT

VERNON.

THE FERGUSSON FUND WAS ESTABLISHED BY AN ANONYMOUS DONOR TO ACQUIRE FOR THE LIBRARY RARE BOOKS AND MANUSCRIPTS ABOUT THE ART OF WAR.

THE MASON LIBRARY FUND WAS ESTABLISHED FOR THE ACQUISITION OF MODERN BOOKS AND SERIALS FOR THE LIBRARY COLLECTION.

THE TRIENNIAL FUND WAS ESTABLISHED TO COLLECT FROM THE FOURTEEN

CONSTITUENT SOCIETIES TRIENNIAL ASSESSMENTS THAT ARE USED FOR THE

TRIENNIAL CELEBRATIONS HELD EVERY THREE YEARS IN A LOCATION CHOSEN BY THE

Schedule D (Form 990) 2021

TRIENNIAL COMMITTEE.

THE AMERICAN REVOLUTION INSTITUTE FUND WAS ESTABLISHED TO RECEIVE

CONTRIBUTIONS TO THE AMERICAN REVOLUTION INSTITUTE OF THE SOCIETY OF THE

CINCINNATI, INC., WHICH CONDUCTS PROGRAMS TO ADVANCE UNDERSTANDING OF THE

AMERICAN REVOLUTION. THE SOCIETY HAS ALSO RECEIVED CONTRIBUTIONS THAT WERE

PERMANENTLY RESTRICTED FOR THE AMERICAN REVOLUTION INSTITUTE FUND. THOSE

FUNDS ARE HELD IN PERPETUITY AND THE EARNINGS ON THOSE CONTRIBUTIONS CAN

BE USED TO ADVANCE THE UNDERSTANDING OF THE AMERICAN REVOLUTION.

THE SPECIAL PROJECTS FUND WAS ESTABLISHED TO MAINTAIN ALL CONTRIBUTIONS

WITH TEMPORARY DONOR-IMPOSED RESTRICTIONS THAT DO NOT ALREADY HAVE A FUND

IN PLACE.

IN ADDITION TO THE FUNDS DESCRIBED ABOVE, THE SOCIETY ALSO HAS FUNDS THAT

HAVE BEEN ACCUMULATED FROM THE EARNINGS OF PERMANENTLY RESTRICTED

INVESTMENTS. THESE FUNDS ARE RESTRICTED FOR SPECIFIC PURPOSES AND

CONSISTED OF:

THE ANDERSON FUND WAS ESTABLISHED BY ISABEL ANDERSON WHEN SHE GAVE

ANDERSON HOUSE TO THE SOCIETY TO USE AS ITS HEADQUARTERS. ITS PURPOSE IS

TO PROVIDE INCOME FOR MAINTENANCE AND UPKEEP OF THE HOUSE.

THE CLARK LECTURE FUND WAS ESTABLISHED BY AN ANONYMOUS DONOR TO SUPPORT

THE CLARK LECTURE AND ASSOCIATED EXPENSES. THE CLARK LECTURE AND DINNER

ARE HELD EACH YEAR ON THE FRIDAY EVENING BEFORE THE EXECUTIVE COMMITTEE

AND BOARD MEETINGS AND SUBSEQUENT DINNER AND BALL. THE LECTURER IS CHOSEN

BY THE HISTORY COMMITTEE.

Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

THE HOYT GARDEN FUND WAS ESTABLISHED BY HARRY RAMSAY HOYT FOR THE PURPOSE

OF MAINTENANCE OF AND IMPROVEMENTS TO THE GARDENS, WHICH INCLUDES THE

FRONT LAWN.

THE STUART GALLERY FUND WAS ESTABLISHED IN 1971 TO SUPPORT ACQUISITIONS

AND OPERATIONS OF THE SOCIETY'S LIBRARY AND MUSEUM COLLECTIONS AND THE

STUART GALLERY OF THE AMERICAN REVOLUTION WITHIN THE BUILDING. THE SOCIETY

CURRENTLY CONSTRUES THE MODERN LIBRARY AS THE STUART GALLERY OF THE

AMERICAN REVOLUTION.

IN ADDITION TO THE FUNDS DESCRIBED ABOVE, THE SOCIETY HAS ADDITIONAL FUNDS

THAT HAVE BEEN ACCUMULATED FROM THE EARNINGS OF PERMANENTLY RESTRICTED

INVESTMENTS. THESE FUNDS MAY BE USED FOR GENERAL PURPOSES BUT ARE REPORTED

AS RESTRICTED WITH DONOR RESTRICTIONS UNTIL APPROPRIATED FOR EXPENDITURE

AND CONSISTED OF:

THE KNIGHT FUND

THE OLMSTED FUND

THE PHILLIPS FUND

THE WESTPORT FUND

RESTRICTED NET ASSETS THAT ARE SUBJECT TO THE PERMANENT RESTRICTIONS

CONSIST OF GIFT INSTRUMENTS REQUIRING THE PRINCIPAL TO BE INVESTED

PERPETUALLY AND ONLY THE INCOME TO BE USED. INVESTMENT INCOME FROM THESE

FUNDS IS RECORDED IN NET ASSETS WITH DONOR RESTRICTIONS TO BE USED FOR THE

PURPOSES STATED BY THE DONORS.

THE BOARD-DESIGNATED ENDOWMENT FUND CONSISTS OF FUNDS SET ASIDE BY THE

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

BOARD TO BE INVESTED, AND A PORTION OF THE INCOME FROM THIS FUND IS USED TO PROVIDE A BASE OF FUNDING FOR THE SOCIETY'S OPERATIONS.

PART X, LINE 2:

THE SOCIETY FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION (FASB ASC), WHICH PROVIDES GUIDANCE ON ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL

STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND

TRANSITION. AS OF JUNE 30, 2022, THE SOCIETY HAD NO UNCERTAIN TAX

POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN ITS

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN RETIREE OBLIGATIONS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COLLECTION ACQUISITION

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number THE SOCIETY OF THE CINCINNATI 53-0205423

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1 11 504/ V0) 504/ V4) 1504/ V00) 1 11 11 15 5 0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	<u>5a</u>		X
b	Any related organization?	5b		\vdash
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	i

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Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JACK D WARREN, JR (i)		234,853.	0.	0.	21,667.	15,325.	271,845.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(2) F. ANDERSON MORSE	i)	191,712.	0.	0.	7,789.	16,850.	216,351.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(3) SUSAN BENJAMIN	i)	140,139.	0.	0.	12,000.	16,675.	168,814.	0.	
	ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
	ii)								
(i)								
(i	ii)								
(i)								
(i	ii)								
(i) _								
(i	ii)								
(i)								
	ii)								
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·	ii)								
	i) _								
	ii)								
	i) _								
	ii)								
	i) _								
	ii)								
	i) _								
	ii)								
	i) _								
	ii)						<u> </u>	1 1/5 2001	

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization THE SOCIETY OF THE CINCINNATI Employer identification number 53-0205423

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d			_
		applicable		Form 990, Part VIII, line	noncash contrib	ution ar	nount	5
1	Art - Works of art	X	3		. COLLECTIONS	AC(COUI	TT
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								
9	Intellectual property Securities - Publicly traded	X	23	112 281	.FAIR MARKET	י זעע י	HIE	
	-	- 21	23	112,201	• 11111 111111111			
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	X	54	C	. COLLECTIONS	AC	COUI	<u>ITV</u>
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard contri	outions?	31	Х	
32a	Does the organization hire or use third parties of							
	contributions?		_			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is c	necked.			
	describe in Part II.	(5) 701	-, i= i - i - i - i - i - i - i - i -	(2) 10 0	· · · · · · · · · · · · · · · · · · ·			
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132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE MEN WHO LED THE AMERICAN AND FRENCH FORCES TO VICTORY IN THE REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY AND EDUCATIONAL PROGRAMS AT THE SOCIETY'S HEADQUARTERS. ANDERSON HOUSE, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, WELL AS OFFSITE AND VIRTUAL PROGRAMS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WEBSITES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION AND OTHER PROGRAMS: THE SOCIETY CONDUCTS A WIDE RANGE OF EDUCATIONAL AND OTHER PUBLIC PROGRAMS AT ANDERSON HOUSE AND OTHER AS WELL AS ONLINE AT WW.AMERICANREVOLUTIONINSTITUTE.ORG. THE VENUES, SOCIETY ALSO PUBLISHES AND DISTRIBUTES EDUCATIONAL MATERIALS RELATED TO THESE THEMES IN PRINT AND ONLINE, INCLUDING BOOKS, EXHIBITION CATALOGS LESSON PLANS, POSTERS, AND FACSIMILES OF PRIMARY SOURCES FROM THE LIBRARY AND MUSEUM COLLECTIONS. EIGHT SETS OF TRAVELING TRUNKS TELLING THE STORIES OF THE CONTINENTAL ARMY AND THE REVOLUTIONARY WAR AT SEA USING PRIMARY SOURCE-BASED LESSONS AND REPRODUCTION CLOTHING AND ARTIFACTS ARE CIRCULATED AT NO COST TO TEACHERS ACROSS THE COUNTRY. SUITE OF DIGITAL RESOURCES FOR TEACHERS AND STUDENTS IS FEATURED UNDER THE CLASSROOM SECTION OF OUR WEBSITE, INCLUDING: A FULL LESSON PLAN SERIES COMPOSED BY INSTITUTE STAFF AND MASTER TEACHERS, CLASSROOM

132211 11-11-21

VIDEOS

AN ONLINE STRATEGY GAME,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

REVOLUTIONARY CHOICES (ALSO AVAILABLE

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Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

AS AN APP FOR MOBILE DEVICES), A DIGITAL TEXTBOOK, WHY AMERICA IS FREE,

AND A SELECTION OF THEMATIC GALLERIES TO SUPPORT STUDENT LEARNING ON

SPECIAL SUBJECTS CALLED COLLECTIONS FOR THE CLASSROOM. WE ALSO HOST A

TEACHING ASSOCIATES PROGRAM THAT INVITES TEACHERS TO BECOME ASSOCIATES

OF THE AMERICAN REVOLUTION INSTITUTE AT NO COST.

EXPENSES \$ 775,484. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI:

THE MEMBERS OF THE SOCIETY OF THE CINCINNATI, THE NON-PROFIT CORPORATION

THAT IS FILING THIS FORM, ARE THE DIRECTORS AND OFFICERS OF THE

CORPORATION. THE OFFICERS OF THE CORPORATION ARE ALSO DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE PERSONS WHO HAVE THE POWER TO APPOINT THE DIRECTORS AND OFFICERS OF THE CORPORATION THAT IS FILING THIS FORM ARE AS FOLLOWS: EACH OF THIRTEEN STATE SOCIETIES OF THE CINCINNATI APPOINTS TWO DIRECTORS OF THE CORPORATION.

THESE STATE SOCIETIES ARE: NEW HAMPSHIRE, MASSACHUSETTS, RHODE ISLAND,

CONNECTICUT, NEW YORK, NEW JERSEY, PENNSYLVANIA, DELAWARE, MARYLAND,

VIRGINIA, NORTH CAROLINA, SOUTH CAROLINA, AND GEORGIA. LA SOCIETE DES

CINCINNATI DE FRANCE APPOINTS TWO DIRECTORS OF THE CORPORATION. UP-TO-SIX

AT LARGE DIRECTORS OF THE CORPORATION MAY BE APPOINTED FOR A THREE YEAR

TERM UPON NOMINATION BY THE PRESIDENT, IN CONSULTATION WITH THE OTHER

OFFICERS, AND APPROVAL BY THE BOARD OF DIRECTORS. DELEGATES WHO REPRESENT

THE THIRTEEN STATE SOCIETIES AND THE FRENCH SOCIETY ELECT THE OFFICERS OF

THE CORPORATION FOR THREE-YEAR TERMS AT MEETINGS THAT OCCUR EVERY THREE

YEARS.

FORM 990, PART VI, SECTION B, LINE 11B:

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Name of the organization **Employer identification number** THE SOCIETY OF THE CINCINNATI 53-0205423 A COPY OF THE 990 DRAFT WILL BE SENT TO THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE BEFORE BEING MADE PUBLIC. FORM 990, PART VI, SECTION B, LINE 12C: EXISTING OR POTENTIAL CONFLICTS OF INTEREST, IF ANY, ARE MONITORED AND ADDRESSED REGULARLY DURING MEETINGS OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR MAKES A RECOMMENDATION TO THE PRESIDENT AND TREASURER. THE TREASURER THEN PRESENTS THE RECOMMENDATIONS TO THE BOARD FOR APPROVAL. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NH, MA, RI, CT, NY, NJ, PA, DE, MD, VA, NC, SC, GA FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 IS SENT OUT UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN RETIREE OBLIGATIONS 51,359. FORM 990, PART XII, LINE 2C: THERE HAS BEEN NO CHANGE TO THE AUDIT OVERSIGHT PROCESS FROM THE PRIOR YEAR.