			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047					
For	m 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (6		2022					
Den	artment (	of the Treasury	Do not enter social security numbers on this form as it may	be made public.	Open to Public					
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection					
_				JUN 30, 2023						
	Check if applicab	le:	organization	D Employer identification	ion number					
	Addre	ge THE	SOCIETY OF THE CINCINNATI							
	Name Chang	ge Doing b	usiness as	53-0205423						
	Initial return Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		4.0					
	return termin	n	MASSACHUSETTS AVENUE, NW	202-785-20	<u>40</u> 8,542,716.					
	ated Amen		own, state or province, country, and ZIP or foreign postal code <b>INGTON , DC 20008</b>	G Gross receipts \$						
	return		nd address of principal officer: F. ANDERSON MORSE	H(a) Is this a group retur for subordinates?						
L	tion pendi		AS C ABOVE	H(b) Are all subordinates includ						
1	Tax-ex	empt status:		527 If "No," attach a list						
	Websi		SOCIETYOFTHECINCINNATI.ORG	H(c) Group exemption n						
		f organization:	X Corporation Trust Association Other L Y	ear of formation: 1937 M S	tate of legal domicile: DC					
Pa	art I	Summary								
ð	1		e the organization's mission or most significant activities: THE SOCIE							
Governance			S THE MEMORY AND THE IDEALS OF THE AME							
erné	2	Check this bo			34					
Š	3									
ত ক	4		34 26							
ies	5			<u></u> 72						
Activities &	6		of volunteers (estimate if necessary)		0.					
Act	/a		business revenue from Part VIII, column (C), line 12		0.					
		Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year					
	8	Contributions	and grants (Part VIII, line 1h)	3,703,676.	2,712,072.					
Revenue	9		ce revenue (Part VIII, line 2g)	777,700.	934,852.					
evel Svel	10		come (Part VIII, column (A), lines 3, 4, and 7d)	3,233,463.	82,781.					
Ĕ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,090.	26,451.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,746,929.	3,756,156.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	13,000.					
	14	Benefits paid	o or for members (Part IX, column (A), line 4)	0.	0.					
ŝ	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	2,532,701.	2,181,956.					
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.					
adx	. ь	Total fundrais	ng expenses (Part IX, column (D), line 25) 318 , 267 .							
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	2,054,547.	1,953,709.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,587,248.	4,148,665.					
	19	Revenue less	expenses. Subtract line 18 from line 12	3,159,681.	-392,509.					
Net Assets or				Beginning of Current Year	End of Year					
Sset	20	Total assets (F		28,928,587.	31,044,707.					
etA	21		(Part X, line 26)	1,310,070.	905,429.					
	<u>22</u> art II	Net assets or Signature	Block	27,618,517.	30,139,278.					
		-		manta and to the best of multi-	auladaa and haliaf it i-					
			declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepa	-	owieuge and bellet, it is					
	,		שליים אוויטווומנוטוו טו אוווכוו אומו טוווכד ו s שמשכע טוו מו ווווטווומנוטוו טו אוווכוו prepare	nor nas any knowieuye.						

Sign	Signature of officer	Date								
Here	F. ANDERSON MORSE, EXECUT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid	DANIEL L. WEAVER	DANIEL L. WEAVER	02/25/24 self-employe	P01249346						
Preparer	Firm's name COUNCILOR, BUCHAN	AN & MITCHELL, P.C.	Firm's EIN 52	2-1711839						
Use Only	Firm's address 7910 WOODMONT AVE	. STE. 500								
BETHESDA, MD 20814 Phone no. (301)										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

If "Yes," describe these new services on Schedule O.	H AND Yes X No Yes X No ses. s, and N
Briefly describe the organization's mission:         THE SOCIETY OF THE CINCINNATI PROMOTES THE MEMORY AND THE IDEALS OF         THE AMERICAN REVOLUTION AND THE MEN WHO LED THE AMERICAN AND FRENC.         FORCES TO VICTORY IN THE REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY         EDUCATIONAL PROGRAMS AT ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS         Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?         If "Yes," describe these new services on Schedule O.         Did the organization is program service acomplishments for each of its three largest program services, as measured by expensive section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported.         (code:       ) (Expenses 1, 220, 227. Including years of 0. ) (Revenues 1         HISTORIC PRESERVATION - THE SOCIETY RESTORES AND MAINTAINS ANDERSON HOUSE, WHICH WAS BUILT IN 1905 AND HAS BEEN DESIGNATED A NATIONAL HISTORIC LANDMARK BY THE SECRETARY OF THE INTERIOR. ANDERSON HOUSE A WASHINGTON, D.C., LANDMARK AS WELL, AND ONE OF THE BEST-PRESERVE HISTORIC MANSIONS ON EMBASSY ROW.	F H AND • Yes X No Yes X No ses. s, and N
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(Code:) (Expenses \$714,555. including grants of \$0. ) (Revenue \$	
EDUCATION AND OTHER PROGRAMS: THE SOCIETY CONDUCTS A WIDE RANGE O	F.
EDUCATIONAL AND OTHER PUBLIC PROGRAMS AT ANDERSON HOUSE AND OTHER	
VENUES, AS WELL AS ONLINE AT WWW.AMERICANREVOLUTIONINSTITUTE.ORG.	THE
SOCIETY ALSO PUBLISHES AND DISTRIBUTES EDUCATIONAL MATERIALS RELAT	ED TO
THESE THEMES IN PRINT AND ONLINE, INCLUDING BOOKS, EXHIBITION CATA	
LESSON PLANS, POSTERS, AND FACSIMILES OF PRIMARY SOURCES FROM THE	
LIBRARY AND MUSEUM COLLECTIONS. EIGHT SETS OF TRAVELING TRUNKS TE	LLING
THE STORIES OF THE CONTINENTAL ARMY AND THE REVOLUTIONARY WAR AT S	
USING PRIMARY SOURCE-BASED LESSONS AND REPRODUCTION CLOTHING AND	<u>un</u>
ARTIFACTS ARE CIRCULATED AT NO COST TO TEACHERS ACROSS THE COUNTRY	
SUITE OF DIGITAL RESOURCES FOR TEACHERS AND STUDENTS IS FEATURED U	
THE CLASSROOM SECTION OF OUR WEBSITE, INCLUDING: A FULL LESSON PLA	N
Other program services (Describe on Schedule O.)	
(Expenses \$ 619,154. including grants of \$ 13,000.) (Revenue \$ )	
Total program service expenses 3,456,662.	
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Form 990 (					THE	CINCINNATI
Part IV	Ch	ecklist of Require	d Schedules	;		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
•	Schedule D, Part III	8	Δ	
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
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 11	
••	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990	(2022)
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 Form 990 (2022)
 THE SOCIETY OF THE CINCINNATI

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		_X_				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
	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	0.5		v				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>				
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		x				
26	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	25b						
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30	X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77				
	Schedule N, Part II	32		<u> </u>				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х				
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000						
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		х				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54							
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X					
232004	F	Form	990	(2022)				
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Form	990 (2022) THE SOCIETY OF THE CINCINNATI		53-0205	423	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
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 A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		un vided to the neverO	-		x
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
			due al	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7-		x
	to file Form 8282?	1	Ι	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	7.		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the year, now premiume directly, or indirectly, or a personal benefit earth			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file E		00 oo roquirod?	7g	N/	
-	If the organization received a contribution of qualified intellectual property, did the organization file Full fit the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, air			7 <u>9</u> 7h	N/	
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer				11/	<u> </u>
0	sponsoring organization have excess business holdings at any time during the year?	•	NT / 7	8		
9	Sponsoring organizations maintaining donor advised funds.					
			N/A	9a		
b	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:					
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:		•	1		
	Gross income from members or shareholders N/A	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 <sup>·</sup>	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ad					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.				0000	
232005	12-13-22			Form	990	(2022)
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### THE SOCIETY OF THE CINCINNATI

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	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	with a	iny other					
	officer, director, trustee, or key employee?			2	Х			
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		<u> </u>		
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X		
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 ap	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, st	ockho	ders, or			37		
-	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	•	v			
a	The governing body?			8a	X X			
b	Each committee with authority to act on behalf of the governing body?			8b	^	<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		х		
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re		Oodo l	9		21		
	the internal Re	venue	Code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their ensurtiens are consistent with the exemination's events surrages?		,	10b	x			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	х			
b								
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
с	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done							
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	l by ind	lependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v			
	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	X			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		th a					
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			160		х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a				
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed	Y,N	J, PA, DE, MD,	VA,	NC,	SC		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar							
	for public inspection. Indicate how you made these available. Check all that apply.							
Own website Another's website X Upon request Other (explain on Schedule O)								
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fir								
	statements available to the public during the tax year.							
20								
	THE ORGANIZATION - 202-785-2040							
	2118 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 2000	8			000			
232006	S 12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per bulker         Description bulker         Descr	(A)	(B)	(C)		(D)	(E)	(F)				
Hours per veek (list any nours for line)         Doc. Integration is bein any integrated association (method organizations)         Compensation from the organizations (W-2/1099-MISC/ 1099-NEC)         Compensation of the organizations (W-2/1099-MISC/ 1099-NEC)         annount of the organizations           (1) JACK D WARREN, JR. EXECUTIVE DIRECTOR (U2) F, ANDERON MOSE (1) JACK D WARREN, JR. EXECUTIVE DIRECTOR (U2) F, ANDERON MOSE (1) JACK D WARREN, JR. EXECUTIVE DIRECTOR (1) JACK D WARREN, JR. EXECUTIVE DIRECTOR (2) FRANCIA ERIMIN (1) JOHN CAREE IV (1) JOHN CAREE IV LINER (1) JOHN CAREE IV (1) JOHN CAREE AND (1) JOHN (1) JOHN CAREE IV (1) JOHN CAREE AND (1) JOHN (1) JOHN CAREE AND (1) JOHN (1) FRANCOR (1) FRANCOR (1) FRANCOR (1) FRA	Name and title	Average	Position		Reportable	Reportable	Estimated				
Week (Bit ary) hours for gainizations (0) arganizations (0) a		hours per	box, unless perso		son is both an		n an	compensation	compensation		
(1) JACK D WARREN, JR.       40.00       X       412,910.       0.42,600.         EXECUTIVE DIRECTOR (UNTIL 2/18/2022)       X       412,910.       0.42,600.         (2) F. ANDERSON MORE       40.00       X       195,943.       0.25,758.         (3) GLENN HENNESSEY       40.00       X       195,943.       0.24,250.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.30,075.         (5) EMLIV PARSONS       40.00       X       147,385.       0.2,176.         (6) FRANK KEECH TURKER, JR.       20.00       X       X       0.0.       0.         (7) JOEL THOMAS DAVES IV       100.00       X       X       0.0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.0.       0.       0.         (10) CORPELL LEE BRAGG III, M.D.       10.00       X       X       0.0.       0.       0.         (12) STEPHEN BENJAMIN JEFFRIES       1.00       X       X       0.0.       0.       0.         (13) MICIABL FAUL PILLSBURY, P					uau	recio	i/irus	lee)			
(1) JACK D WARREN, JR.       40.00       X       412,910.       0.       42,600.         EXECUTIVE DIRECTOR (UNTIL 2/18/2022)       X       195,943.       0.       25,758.         (3) FANDERSON MORE       40.00       X       195,943.       0.       25,758.         (3) GLENN HENNERSON MORE       40.00       X       195,943.       0.       24,250.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.       30,075.         (5) EMLIV PARSONS       40.00       X       147,385.       0.       2,176.         (6) FRANK KEECH TURKER, JR.       20.00       X       X       0.       0.       0.         (7) JOEL THOMAS DAVES IV       100.00       X       X       0.       0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.       0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.       0.       0.         (10) CORPELL EE BRAGG III, M.D.       10.00       X       X       0.       0.       0.         (11) JOHN MCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (12) STEPHEN BENARIY GENERAL <td< td=""><td></td><td></td><td>irecto</td><td></td><td></td><td></td><td></td><td></td><td></td><td>U U</td><td></td></td<>			irecto							U U	
(1) JACK D WARREN, JR.       40.00       X       412,910.       0.       42,600.         EXECUTIVE DIRECTOR (UNTIL 2/18/2022)       X       195,943.       0.       25,758.         (3) FANDERSON MORE       40.00       X       195,943.       0.       25,758.         (3) GLENN HENNERSON MORE       40.00       X       195,943.       0.       24,250.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.       30,075.         (5) EMLIV PARSONS       40.00       X       147,385.       0.       2,176.         (6) FRANK KEECH TURKER, JR.       20.00       X       X       0.       0.       0.         (7) JOEL THOMAS DAVES IV       100.00       X       X       0.       0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.       0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.       0.       0.         (10) CORPELL EE BRAGG III, M.D.       10.00       X       X       0.       0.       0.         (11) JOHN MCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (12) STEPHEN BENARIY GENERAL <td< td=""><td></td><td></td><td>e or d</td><td>tee</td><td></td><td></td><td>sated</td><td></td><td>ů.</td><td>•</td><td></td></td<>			e or d	tee			sated		ů.	•	
(1) JACK D WARREN, JR.       40.00       X       412,910.       0.42,600.         EXECUTIVE DIRECTOR (UNTIL 2/18/2022)       X       412,910.       0.42,600.         (2) F. ANDERSON MORE       40.00       X       195,943.       0.25,758.         (3) GLENN HENNESSEY       40.00       X       195,943.       0.24,250.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.30,075.         (5) EMLIV PARSONS       40.00       X       147,385.       0.2,176.         (6) FRANK KEECH TURKER, JR.       20.00       X       X       0.0.       0.         (7) JOEL THOMAS DAVES IV       100.00       X       X       0.0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.0.       0.       0.         (10) CORPELL LEE BRAGG III, M.D.       10.00       X       X       0.0.       0.       0.         (12) STEPHEN BENJAMIN JEFFRIES       1.00       X       X       0.0.       0.       0.         (13) MICIABL FAUL PILLSBURY, P			ruste	l trus		/ee	npen		•	1099-NEO)	, v
(1) JACK D WARREN, JR.       40.00       X       412,910.       0.42,600.         EXECUTIVE DIRECTOR (UNTIL 2/18/2022)       X       412,910.       0.42,600.         (2) F. ANDERSON MORE       40.00       X       195,943.       0.25,758.         (3) GLENN HENNESSEY       40.00       X       195,943.       0.24,250.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.30,075.         (5) EMLIV PARSONS       40.00       X       147,385.       0.2,176.         (6) FRANK KEECH TURKER, JR.       20.00       X       X       0.0.       0.         (7) JOEL THOMAS DAVES IV       100.00       X       X       0.0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (8) FFARCT ELLERE GRIMBALL       X       X       0.0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.0.       0.       0.         (10) CORPELL LEE BRAGG III, M.D.       10.00       X       X       0.0.       0.       0.         (12) STEPHEN BENJAMIN JEFFRIES       1.00       X       X       0.0.       0.       0.         (13) MICIABL FAUL PILLSBURY, P			dual t	utiona	_	mploy	st col	ar.	1000 1120)		
(1) JACK D WARREN, JR.         40.00         x         412,910.         0.         42,600.           EXECUTIVE DIRECTOR (UNTIL 2/18/2022)         (2) F. ANDERSON MORSE         40.00         x         195,943.         0.         25,758.           (3) GLEAN HENNESSEY         40.00         x         195,943.         0.         24,250.           (4) SUSAN BENJAMIN         40.00         x         147,385.         0.         30,075.           (5) ENLIV PARSONS         40.00         x         108,777.         0.         2,176.           (5) ENLIV DARECTOR ORERAL         X         x         0.         0.         0.           (6) FRANK KEECH TURNER, JR.         20.00         X         x         0.         0.           (7) JOEL THOMAS DAVES IV         10.00         X         X         0.         0.           (7) JOEL THOMAS DAVES IV         10.00         X         X         0.         0.           (8) FRANCIS ELLEBER GRIMBALL         10.00         X         X         0.         0.         0.           (9) WILLIAM POSTELL RAIFORD, PH.D.         10.00         X         X         0.         0.         0.           (10) CORDELL LEE BRANG III, M.D.         10.00         X         X <td></td> <td></td> <td>Indivi</td> <td>Institu</td> <td>Office</td> <td>Key ei</td> <td>Highe</td> <td>Forme</td> <td></td> <td></td> <td></td>			Indivi	Institu	Office	Key ei	Highe	Forme			
(2) F. ANDERSON MORSE       40.00       x       195,943.       0.       25,758.         (3) GLEN HENNESSEY       40.00       x       172,359.       0.       24,250.         (4) SUGAN BENJAMIN       40.00       x       147,385.       0.       30,075.         (5) EMILY PARSONS       40.00       x       147,385.       0.       30,075.         (5) EMILY PARSONS       40.00       x       108,777.       0.       2,176.         (6) FRANK KECH TURNER, JR.       20.00       x       x       0.       0.       0.         (7) JOEL THOMAS DAVES YV       10.00       x       x       0.       0.       0.         (7) JOEL THOMAS DAVES YV       10.00       x       x       0.       0.       0.         (9) FRAICE ELEREBE GRIMBALL       10.00       x       x       0.       0.       0.         (10) CONDELL LEE BRANGI III, M.D.       10.00       x       x       0.       0.       0.         (11) JOHN MCONVILLE ENANON IIO.00       x       x       0.       0.       0.       0.         (13) GENERAL       X       X       0.       0.       0.       0.       0.         (13) MICHAEL PARY GENERAL	(1) JACK D WARREN, JR.	40.00									
EXECUTIVE DIRECTOR         X         195,943.         0.         25,758.           (3) GLENN HENNESSEY         40.00         X         172,359.         0.         24,250.           DIRECTOR OF MAT AND COMM         X         147,385.         0.         30,075.           (5) EMILY PARSONS         40.00         X         147,385.         0.         30,075.           (6) FRANK NEECH TURNER, JR.         20.00         X         X         0.         0.         0.           (7) JOEL THOMAS DAVES IV         10.00         X         X         0.         0.         0.           (8) FRANCIS ELERRE GRIMBALL         10.00         X         X         0.         0.         0.           (9) WILLAW POSTELL RAIFORD, PH.D.         10.00         X         X         0.         0.         0.           (11) JOHN MCCONVILLE SHARDIN 10.00         X         X         0.         0.         0.           ASSISTANT TREASURER GENERAL         X         X         0.         0.         0.           (12) STEPHEN BENJAMIN JEFFRIES         1.000         X         X         0.         0.         0.           (13) MICHAEL PAUL FILLSBURY, PH.D.         1.000         X         0.         0.	EXECUTIVE DIRECTOR (UNTIL 2/18/2022)				х				412,910.	0.	42,600.
(3) GLENN HENNESSEY       40.00       X       172,359.       0.24,250.         DIRECTOR OF MAT AND COMM       40.00       X       147,385.       0.30,075.         (4) SUGAN BENJAMIN       40.00       X       147,385.       0.2,176.         (5) EMILY PARSONS       40.00       X       108,777.       0.2,176.         (6) FRANK KECH TURNER, JR.       20.00       X       X       0.0.0.         (7) JOEL THOMAS DAVES IV       10.00       X       X       0.0.0.         (7) JOEL THOMAS DAVES IV       10.00       X       X       0.0.0.         (8) FRANCIS ELLERBE GRIMBALL       10.00       X       X       0.0.0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.0.0.         (10) CORDELL LE BRAGG III, M.D.       10.00       X       X       0.0.0.         ASSISTANT TREASURER GENERAL       X       X       0.0.0.       0.         (12) STEPHEN BENJAMIN JEFFRIES       1.000       X       X       0.0.0.       0.         (13) MICHAEL PAUL PILLSBURY, PH.D.       1.000       X       0.0.0.0.       0.       0.       0.         DIRECTOR       X       0.0.0.0.       0.       0.0.0.       0.       0.	(2) F. ANDERSON MORSE	40.00									
DIRECTOR OF MET AND COMM40.00X172,359.0.24,250.(4) SUGAN BENJAMIN40.00X147,385.0.30,075.DIRECTOR OF FIN AND ADMINX147,385.0.30,075.(5) EMILY PARSONS40.00X108,777.0.2,176.(6) FRANK KEECH TURNER, JR.XX0.0.0.(7) JOEL THOMAS DAVES IV10.00XX0.0.(8) FRANCIS ELLERBE GRIMBALLXX0.0.0.(9) WILLIAM POSTELL RAIFORD, PH.D.10.00XX0.0.(10) CORDELL LEE BRAGG III, M.D.10.00XX0.0.ASSISTANT SECRETARY GENERALXX0.0.0.(11) JOHN MCCONVILLE SHANNON10.00XX0.0.ASSISTANT SECRETARY GENERALXX0.0.0.(12) STEPHEN BENJAMIN JEFFRIES1.000X0.0.0.DIRECTORX0.0.0.0.0.(13) MICHAEL PAUL PILLSBURY, PH.D.1.000X0.0.0.DIRECTORX0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR.1.000X0.0.0.DIRECTORX0.0.0.0.0.(15) FRANCIS GORHAM BRIGHAM III1.000X0.0.0.DIRECTORX0.0.0.0.0.(14) HERBERT JAQUES	EXECUTIVE DIRECTOR				Х				195,943.	0.	25,758.
(4)         SUSAN BENJAMIN         40.00         X         147,385.         0.         30,075.           (5)         EMILY PARSONS         40.00         X         147,385.         0.         30,075.           (5)         EMILY PARSONS         40.00         X         108,777.         0.         2,176.           (6)         FRANK KEECH TURNER, JR.         20.00         X         X         0.         0.         0.           (7)         JOEL THOMAS DAVES IV         10.00         X         X         0.         0.         0.           (7)         JOEL THOMAS DAVES IV         10.00         X         X         0.         0.         0.           (7)         JOEL THOMAS DAVES IV         10.00         X         X         0.         0.         0.           (8)         FRANCIS ELLERBE GRIMBALL         10.00         X         X         0.         0.         0.           (10)         CORDELL LEE BRAGG III, M.D.         10.00         X         X         0.         0.         0.           ASISTANT SECRTARY GENERAL         X         X         0.         0.         0.         0.           (11) JOHN MCCONVILLE SHANNON         10.00         X	(3) GLENN HENNESSEY	40.00									
DIRECTOR OF FIN AND ADMINX147,385.0.30,075.(5)EMILY PARSONS40.00X108,777.0.2,176.DEPUTY DIRECTOR AND CURATORXX0.0.0.0.(6)FRANK KECH TUNNER, JR.20.00X0.0.0.0.PRESIDENT GENERALXX0.0.0.0.0.(7)JOEL THOMAS DAVES IV10.00X0.0.0.0.VICE PRESIDENT GENERAL10.00X0.0.0.0.0.SECRETARY GENERAL10.00X0.0.0.0.0.(8)FRANCIS ELLERBE GRIMBALL10.00X0.0.0.0.SECRETARY GENERALXX0.0.0.0.0.(10)CORDELL LEE BRAGG III, M.D.10.00XX0.0.0.ASSISTANT SECRETARY GENERALXX0.0.0.0.(11)JOHN MCCONVILLE SHANNON10.00X0.0.0.ASSISTANT TREASURER GENERALXX0.0.0.0.(12)STEPHEN BENJAMIN JEPFRIES1.000.0.0.0.JIRECTORX0.0.0.0.0.0.(13)MICHAEL FAUL PILLSBURY, PH.D.1.000.0.0.0.JIRECTORX0.0.0.0.0.0.(14)	DIRECTOR OF MKT AND COMM						X		172,359.	0.	24,250.
(5) EMILY PARSONS       40.00       X       108,777.       0.2,176.         (6) FRANK KEECH TURNER, JR.       20.00       X       X       0.0.0.       0.         (7) JOEL THOMAS DAVES IV       10.00       X       X       0.0.0.       0.         (7) JOEL THOMAS DAVES IV       10.00       X       X       0.0.0.       0.         (8) FRANCIS ELLERBE GRIMBALL       10.00       X       X       0.0.0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.0.0.       0.         TREASURER GENERAL       X       X       0.0.0.0.       0.       0.         (10) CORDELL LEE BRAGG III, M.D.       10.00       X       X       0.0.0.       0.         ASSISTANT SECRETARY GENERAL       X       X       0.0.0.0.       0.       0.         (11) CORDELL LEE BRAGG III, M.D.       10.00       X       X       0.0.0.       0.         ASSISTANT SECRETARY GENERAL       X       X       0.0.0.0.       0.       0.         I13 INCHAEL PAUL PILLSHANNON       10.00       X       X       0.0.0.0.       0.         DIRECTOR       X       0.0.0.0.0.0.0.       0.       0.       0.       0.       0. <td>(4) SUSAN BENJAMIN</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) SUSAN BENJAMIN	40.00									
DEFUTY DIRECTOR AND CURATORX108,777.0.2,176.(6) FRANK KECH TURNER, JR. PRESIDENT GENERALXX0.0.0.(7) JOEL THOMAS DAVES IV VICE PRESIDENT GENERAL10.00 XXX0.0.0.(8) FRANCIS ELLERBE GRIMBALL SECRETARY GENERAL10.00 XXX0.0.0.(9) WILLIAM POSTELL RAIFORD, PH.D. TREASURER GENERAL10.00 XX0.0.0.0.(10) CORDELL LEE BRAGG III, M.D. ASSISTANT SECRETARY GENERAL10.00 XX0.0.0.0.(11) JOHN MCCONVILLE SHANNON ASSISTANT TREASURER GENERAL10.00 XX0.0.0.0.(12) STEPHEN BENJAMIN JEFFRIES DIRECTOR1.000 X0.0.0.0.0.0.(13) MICHAEL PAUL PILLSBURY, PH.D. DIRECTOR1.000 X0.0.0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR. DIRECTOR1.000 X0.0.0.0.0.0.0.0.(15) FRANK MAURAN IV DIRECTOR1.000 X0. <td>DIRECTOR OF FIN AND ADMIN</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>147,385.</td> <td>0.</td> <td>30,075.</td>	DIRECTOR OF FIN AND ADMIN				Х				147,385.	0.	30,075.
(6)       FRANK KEECH TURNER, JR.       20.00       X       X       X       0.       0.       0.         (7)       JOEL THOMAS DAVES IV       10.00       X       X       0.       0.       0.         (8)       FRANCIS ELLERBE GRIMBALL       10.00       X       X       0.       0.       0.         (9)       WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.       0.       0.         (10) CORDELL LEE BRAGG III, M.D.       10.00       X       X       0.       0.       0.         ASSISTANT SECRETARY GENERAL       X       X       0.       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (12) STEPHEN BENJAMIN JEPFRIES       1.00       X       X       0.       0.       0.         (13) MICHAEL PAUL PILLSBURY, PH.D.       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (14) HERBERT JAQUES MOTLEY, JR.       1.00       X       0.       0.       0.       0.         DIRECTOR       X <t< td=""><td>(5) EMILY PARSONS</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(5) EMILY PARSONS	40.00									
PRESIDENT GENERALXXX0.0.0.(7) JOEL THOMAS DAVES IV10.00XXX0.0.0.VICE PRESIDENT GENERAL10.00XX0.0.0.0.(8) FRANCIS ELLERBE GRIMBALL10.00XX0.0.0.0.SECRETARY GENERALXX0.0.0.0.0.(9) WILLIAM POSTELL RAIFORD, PH.D.10.00XX0.0.0.0.ASSISTANT SECRETARY GENERALXX0.0.0.0.0.(10) CORDELL LEE BRAGG III, M.D.10.00XX0.0.0.0.ASSISTANT SECRETARY GENERALXX0.0.0.0.0.(11) JOHN MCCONVILLE SHANNON10.00XX0.0.0.0.(12) STEPHEN BENJAMIN JEFFRIES1.00X0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR.1.00X0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.0.0.(15) FRANCIS GORHAM BRIGHAM III1.00X0.							X		108,777.	0.	2,176.
(7) JOEL THOMAS DAVES IV       10.00       X       X       X       0.       0.       0.         VICE PRESIDENT GENERAL       10.00       X       X       X       0.       0.       0.         (8) FRANCIS ELLEREE GRIMBALL       10.00       X       X       0.       0.       0.       0.         SECRETARY GENERAL       10.00       X       X       0.       0.       0.       0.         (9) WILLTAM POSTELL RAIFORD, PH.D.       10.00       X       X       0.       0.       0.         (10) CORDELL LEE BRAGG III, M.D.       10.00       X       X       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         (12) STEPHEN BENJAMIN JEFFRIES       1.00       X       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         01RECTOR       X       0.	,	20.00									
VICE PRESIDENT GENERALXXX0.0.0.(8) FRANCIS ELLERBE GRIMBALL10.00XXX0.0.0.SECRETARY GENERALXXX0.0.0.0.(9) WILLIAM POSTELL RAIFORD, PH.D.10.00XXX0.0.0.(10) CORDELL LEE BRAGG III, M.D.10.00XX0.0.0.0.(11) JOHN MCCONVILLE SHANGN10.00XXX0.0.0.(12) STEPHEN BENJAMIN JEFFRIES1.00X0.0.0.0.DIRECTORXX0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR.1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(15) FRANCIS GORHAM BRIGHAM III1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(16) FRANK MAURAN IV1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.(17) WALTER GURNEE DYER REED1.00X0.0.0.0.DIRECTORX0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.DIRECTORX0.	PRESIDENT GENERAL		Х		Х				0.	0.	0.
(8) FRANCIS ELLERBE GRIMBALL       10.00       X       X       X       0.       0.       0.         (9) WILLIAM POSTELL RAIFORD, PH.D.       10.00       X       X       X       0.       0.       0.         (10) CORDELL LEE BRAGG III, M.D.       10.00       X       X       X       0.       0.       0.         ASSISTANT SECRETARY GENERAL       X       X       X       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         ASSISTANT TREASURER GENERAL       X       X       0.       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         ASSISTANT TREASURER GENERAL       X       X       0.       0.       0.       0.         (11) JOHN MCCONVILLE SHANNON       10.00       X       X       0.       0.       0.         ASSISTANT TREASURER GENERAL       X       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.		10.00									
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(10) CORDELL LEE BRAGG III, M.D.10.00XXX0.0.0.ASSISTANT SECRETARY GENERALXXX0.0.0.0.(11) JOHN MCCONVILLE SHANNON10.00XXX0.0.0.ASSISTANT TREASURER GENERALXXX0.0.0.0.(12) STEPHEN BENJAMIN JEFFRIES1.000.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(13) MICHAEL PAUL PILLSBURY, PH.D.1.000.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR.1.000.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(16) FRANK MAURAN IV1.000.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.(17) WALTER GURNEE DYER REED1.000.0.0.0.0.0.DIRECTORX0.0.0.0.0.0.0.		10.00									
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(13) MICHAEL PAUL PILLSBURY, PH.D.1.00X0.0.0.DIRECTORX0.0.0.0.0.(14) HERBERT JAQUES MOTLEY, JR.1.00X0.0.0.DIRECTORX0.0.0.0.0.(15) FRANCIS GORHAM BRIGHAM III1.00X0.0.0.DIRECTORX0.0.0.0.(16) FRANK MAURAN IV1.00X0.0.0.DIRECTORX0.0.0.0.(17) WALTER GURNEE DYER REED1.00X0.0.0.DIRECTORX0.0.0.0.		1.00									
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(14) HERBERT JAQUES MOTLEY, JR.1.00X0.0.0.DIRECTORX0.0.0.0.0.(15) FRANCIS GORHAM BRIGHAM III1.00X0.0.0.DIRECTORX0.0.0.0.(16) FRANK MAURAN IV1.000.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.	,	1.00									
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(15) FRANCIS GORHAM BRIGHAM III1.00X0.0.0.DIRECTORX0.0.0.0.0.(16) FRANK MAURAN IV1.00X0.0.0.0.DIRECTORX0.0.0.0.0.(17) WALTER GURNEE DYER REED1.00X0.0.0.DIRECTORX0.0.0.0.		1.00									
DIRECTORX0.0.0.(16) FRANK MAURAN IV1.00DIRECTORX0.0.0.(17) WALTER GURNEE DYER REED1.00DIRECTORX0.0.0.			Х						0.	0.	0.
(16) FRANK MAURAN IV1.000.0.DIRECTORX0.0.0.(17) WALTER GURNEE DYER REED1.00X0.0.DIRECTORX0.0.0.		1.00									
DIRECTORX0.0.0.(17) WALTER GURNEE DYER REED1.00X0.0.0.DIRECTORX0.0.0.0.		1	Х						0.	0.	0.
(17) WALTER GURNEE DYER REED 1.00 X 0. 0. 0.		1.00	I							-	
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00								•	
	DIRECTOR		Х						0.	0.	

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Form **990** (2022)

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Form 990 (2022) THE SOCIE	TY OF T	HE	C	INC	INI	NA7	ΓI	53-0205	423	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and I	lighe	st C	Compensated Employee	s (continued)		
(A)	(B)			(C)			(D)	(E)	(F	=)
Name and title	Average	(do		Positi		one	Reportable	Reportable	Estin	nated
	hours per	box	unles	ss perso	on is bo	th an	compensation	compensation	amou	unt of
	week		cer an	d a dire	ctor/tru	stee)	from	from related	oth	
	(list any	recto					the	organizations	compe	
	hours for related	or di	ee		ated		organization	(W-2/1099-MISC/		n the
	organizations	ustee	trust		upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	and re	ization
	below	lual tr	tional	-	st con	, da	,		organiz	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee Highest compensated	Former			e gam	
(18) CHRISTOPHER MARK NICHOLS	1.00									
DIRECTOR		x					0.	0.		Ο.
(19) KENNETH DUANE ROACH	1.00									
DIRECTOR		x					0.	0.		0.
(20) DOUGLAS SINCLAIR HAMILTON	1.00									
DIRECTOR		x					0.	0.		Ο.
(21) WILLIAM PFINGST CARRELL II	1.00									
DIRECTOR		x					0.	0.		Ο.
(22) JOHN CHRISTOPHER HARVEY	1.00									
DIRECTOR		x					0.	0.		Ο.
(23) DAVID PETER KOLLOCK	1.00									
DIRECTOR		х					0.	0.		0.
(24) MARK CROSBY WARD	1.00									
DIRECTOR		Х					0.	0.		Ο.
(25) GREGORY JOHN SPROAT	1.00									
DIRECTOR		Х					0.	0.		Ο.
(26) BRYAN SCOTT JOHNSON	1.00									
DIRECTOR		Х					0.	0.		Ο.
1b Subtotal							1,037,374.	0.	124,	859.
c Total from continuation sheets to Part VI							0.	0.		0.
d Total (add lines 1b and 1c)							1,037,374.	0.	124,	859.
2 Total number of individuals (including but no							eceived more than \$100,	000 of reportable		
compensation from the organization					-					5
									Ye	es No
3 Did the organization list any former officer,	director, trust	ee, k	ey e	mploy	yee, c	or hig	phest compensated empl	loyee on		
line 1a? If "Yes," complete Schedule J for su	uch individual								3	X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150									4 Σ	ζ
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich pe	erson				5	X
Section B. Independent Contractors										
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt con	tracto	ors th	hat received more than \$	100,000 of compensa	tion from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg with	n or w	/ithir	the organization's tax y	ear.		
(A)							(B)		(C)	
Name and business	address	NC	ONE	2			Description of s	ervices C	ompensa	ation
2 Total number of independent contractors (ir	0	ot lin	nited	to th	-	sted	l above) who received mo	ore than		
\$100,000 of compensation from the organiz		<b>T &gt; 7</b>		<u></u>	$\frac{0}{N}$	****			- 00	0 (6 - 1 - 1
SEE PART VII, SECTION	A CONT	тΝ	υA	ттО	IN S	머브	201.9		Form <b>99</b>	v (2022)
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Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related organizations below			<b>(C</b> Posi	<b>C)</b> ition	I		(D) Reportable	<b>es</b> <u>(continued)</u> (E) Reportable	<b>(F)</b> Estimated	
	Average hours per week (list any hours for related organizations below			Posi	ition						
	hours per week (list any hours for related organizations below							ricportable	ricportable	Lotinatou	
	week (list any hours for related organizations below	stee or director					ly)	compensation	compensation	amount of	
	(list any hours for related organizations below	stee or director						from	from related	other	
	hours for related organizations below	stee or directo				loyee		the	organizations	compensation	
	related organizations below	stee or				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below	10	istee			insate		(W 2/1000 WICO)		and related	
		1 trus	nal tru		loyee	om pe				organizations	
		dividua	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former				
27) JAMES KEITH PEOPLES	line)	u I	ŝi l	Of	Åe	Ŧ	Fo				
DIRECTOR	1.00	x						0.	0.	0.	
28) FERDINAND HENRY ONNEN III	1.00										
DIRECTOR		х						0.	0.	0.	
29) THOMAS EDWARD CROCKER, JR.	1.00										
DIRECTOR		Х						0.	0.	0.	
30) ROBERT CAMPBELL FARMER	1.00									-	
DIRECTOR	1 0 0	X						0.	0.	0.	
31) MARK CALHOUN WILLIAMS DIRECTOR	1.00	x						0.	0.	0.	
32) JOSEPH BRANCH CRAIGE KLUTTZ	1.00	<u> </u>						0.	0.	0.	
JIRECTOR	1.00	x						0.	0.	0.	
33) RICHARD RENZ RAIFORD	1.00										
DIRECTOR		x						0.	0.	0.	
34) THOMAS HEYWARD MOTTE HAMILTON	1.00										
DIRECTOR		Х						0.	0.	0.	
35) EDWARD PAUL GIBSON	1.00										
DIRECTOR	1.00	Х						0.	0.	0.	
36) WILLIAM LOWE SHEFTALL III	1.00	~~						0.	0	0	
DIRECTOR 37) JOHN MARK STEPHENSON	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
38) LOS, MARQUIS DE COLBERT CANNET	1.00										
DIRECTOR		х						0.	0.	0.	
39) JEAN-FRANOIS, COMTE DE CAFFAREL	1.00										
DIRECTOR		Х						0.	0.	0.	
		1									
	1		I								
Total to Part VII, Section A, line 1c											

232201 04-01-22

						OF	THE CI	NCINNATI		53-0205	423 Page 9
Pa	rt V	/111									
			Check if Schedule O c	contains	a respons	se or	note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		. 1a						
Contributions, Gifts, Grants and Other Similar Amounts											
s, G		с	Fundraising events		. 1c						
Gift: lar /		d	Related organizations		. 1d						
ns, (			Government grants (contri								
utio er S		f	All other contributions, gifts,				0 510 050				
Oth			similar amounts not included				2,712,072. 52,207.				
ho'		-	Noncash contributions included in I Total. Add lines 1a-1f				52,207.	2,712,072.			
0 0			Total. Add lines faith	<u></u>			Business Code	_,,,,,,,			
ø	2	а	EVENT REVENUE			-	721000	817,804.	817,804.		
vic	-	b	MEETING REVENUE				561439	117,048.	117,048.		
Ser		с									
am		d									
Program Service Revenue		е									
đ			All other program service								
			Total. Add lines 2a-2f					934,852.			
	3		Investment income (includ					569,359.			569,359.
	4		other similar amounts) Income from investment o				ceeds				
	- 5		Royalties		-						
	Ŭ				(i) Real		(ii) Personal				
	6	а	Gross rents	6a	.,						
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		) Securities		(ii) Other				
			assets other than inventory	7a 4	1,263,520	0.					
0		b	Less: cost or other basis		750 000	0					
venue		_	and sales expenses	7b 4 7c	1,750,098 -486,578						
			Gain or (loss) Net gain or (loss)					-486,578.			-486,578.
Other Re	8		Gross income from fundraisir								
Oth	-		including \$	•	·						
			contributions reported on								
			Part IV, line 18			8a					
			Less: direct expenses			8b					
	-		Net income or (loss) from t		- F	<u> </u>					
	9	а	Gross income from gaming								
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from g			50					
	10		Gross sales of inventory, le			T					
	-		and allowances			l0a	62,913.				
		b	Less: cost of goods sold			0b	36,462.				
			Net income or (loss) from s					26,451.	26,451.		
S						E	Business Code				
eou	11					_					
llan (ent		b				-  -					
Miscellaneous Revenue		с С				-  -					
Ξ			All other revenue Total. Add lines 11a-11d								
	12		Total revenue. See instructio					3,756,156.	961,303.	0.	82,781.
23200									· ·		Form <b>990</b> (2022)

232009 12-13-22

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THE SOCIETY OF THE CINCINNATI 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 ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	13,000.	13,000.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	442,907.	291,761.	81,458.	69,688.
	Compensation not included above to disqualified			,	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,314,765.	1,232,843.	3,831.	78,091.
	Pension plan accruals and contributions (include	-,,	_,,	-,	,
	section 401(k) and 403(b) employer contributions)	144,386.	110,067.	28,705.	5,614.
	Other employee benefits	141,435.	133,355.	1,462.	5,614. 6,618.
	Payroll taxes	138,463.	119,801.	7,826.	10,836.
	Fees for services (nonemployees):			.,	
	Management				
	Legal				
	Accounting	58,603.	50,703.	3,311.	4,589.
	Lobbying	,			<b>/</b>
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	58,748.		58,748.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	301,809.	260,854.	15,421.	25,534.
	Advertising and promotion	,	,		
	Office expenses	172,447.	86,867.	77,719.	7,861.
	Information technology	140,744.	121,772.	7,952.	11,020.
	Royalties		,	<b>/</b>	<b>/</b> =
	Occupancy	223,750.	188,986.	11,184.	23,580.
	Travel	60,553.	52,391.	3,421.	4,741.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	285,743.	247,225.	16,144.	22,374.
	Interest				<b>/</b> -
	Payments to affiliates				
	Depreciation, depletion, and amortization	175,214.	147,110.	8,480.	19,624.
	Insurance	83,096.	71,895.	4,695.	6,506.
	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	MISCELLANEOUS	233,625.	199,495.	12,565.	21,565.
	COLLECTION ACQUISITIONS	128,248.	128,248.		
	RETIREE'S EXPENSES	30,795.	.,	30,795.	
	MEMBERSHIPS	334.	289.	19.	26.
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	4,148,665.	3,456,662.	373,736.	318,267.
	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)				

12

232010 12-13-22

### 15170223 759370 19752.0000

Form 990 (2022)

15170223 759370 19752.0000

THE	SOCIETY	OF	THE	CINCINNATI
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	990 () <b>t X</b>	2022) THE SOCIETY OF THE CINCINNATI Balance Sheet		53-	0205423 Page 11
T al	נא	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	942,175.	1	1,014,996.
	2	Savings and temporary cash investments	137,150.	2	220,388.
	3	Pledges and grants receivable, net	51,267.	3	381,043.
	4	Accounts receivable, net	13,150.	4	20,005.
	5	Loans and other receivables from any current or former officer, director,	-,	-	
	Ū	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	79,205.	. 8	59,921.
As	9	Prepaid expenses and deferred charges	21,509.	9	59,921. 29,911.
		Land, buildings, and equipment: cost or other	•	_	
	b	basis. Complete Part VI of Schedule D10a6,828,302.Less: accumulated depreciation10b4,480,936.	2,406,772.	10c	2,347,366.
	11	Investments - publicly traded securities	21,019,031.	11	23,107,715.
	12	Investments - other securities. See Part IV, line 11	4,258,328.	12	3,863,362.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,928,587.	16	31,044,707.
	17	Accounts payable and accrued expenses	717,374.	17	324,893.
	18	Grants payable		18	
	19	Deferred revenue	238,742.	19	248,336.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	353,954.	25	<u>332,200.</u> 905,429.
	26	Total liabilities. Add lines 17 through 25	1,310,070.	26	905,429.
		Organizations that follow FASB ASC 958, check here			
ice		and complete lines 27, 28, 32, and 33.	12 020 420		15 040 007
alar	27	Net assets without donor restrictions	13,839,430.	27	15,042,207. 15,097,071.
ä	28	Net assets with donor restrictions	13,779,087.	28	15,097,071.
ŭ		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.			
ŝts e	29	Capital stock or trust principal, or current funds		29	
SSG	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t A	31	Retained earnings, endowment, accumulated income, or other funds	27 619 517	31	30 130 270
ž	32	Total net assets or fund balances	27,618,517. 28,928,587.	32 33	<u>30,139,278.</u> 31,044,707.
	33	Total liabilities and net assets/fund balances	20, 720, 507.	აა	Eorm <b>990</b> (2022)

Form 990 (2022)

Form	990 (2022) THE SOCIETY OF THE CINCINNATI	53-	02054	23	Pa	<sub>ge</sub> 12	
Pa	t XI Reconciliation of Net Assets						
	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				56.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>65.</u> 09.	
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	27,				
5	Net unrealized gains (losses) on investments	5	2,	891	.,5	16.	
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		21	.,7	54.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	30,	139	),2	78.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>			
			_		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 O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
	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						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

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# Name of the organization

Nam	ame of the organization Employer identification number								
		THE	SOCIETY OF	THE CINCINNA	ATI			5	3-0205423
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma							
		activities related to its exem		•	. ,				•
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functior	ns of, or to ca	rry 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 &	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	Ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
С		<b>Type III functionally inte</b>						ly integrate	d with,
		its supported organization		-					
d		<b>Type III non-functionally</b>						-	
		that is not functionally int			•		-	an attentiv	/eness
		requirement (see instructi		•					
е		Check this box if the orga					Type I, Type	II, Type III	
_		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0	ation.			[]
f		er the number of supported o	•						
<u> </u>		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
		-		above (see instructions))	165	NU			
Tota									

Part II

THE SOCIETY OF THE CINCINNATI

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1908270.	2141020.	2230389.	3703676.	2712072.	12695427.
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	1908270.	2141020.	2230389.	3703676.	2712072.	12695427.
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)						1021881.
	Public support. Subtract line 5 from line 4.						11673546.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1908270.	2141020.	2230389.	3703676.	2712072.	12695427.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	1278742.	986,996.	1027839.	2027666.	569,359.	5890602.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						18586029.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,209,155.
13	First 5 years. If the Form 990 is for the	-					
0	organization, check this box and stor	here					
	ction C. Computation of Publi		-				<u>()</u> 01
	Public support percentage for 2022 (I					14	<u>62.81 %</u>
	Public support percentage from 2021					15	62.26 %
16a	33 1/3% support test - 2022. If the c						V
	stop here. The organization qualifies		-		line d. E. in 00 d.(00)		
b	<b>33 1/3% support test - 2021.</b> If the c						
47.	and <b>stop here.</b> The organization qual		•••		10 10 10		
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-		-	
Ŀ	meets the facts-and-circumstances te	-				7a and line 15 is	
D.	10% -facts-and-circumstances test more and if the organization meets the	-					
	more, and if the organization meets the organization meets the facts-and-circu					ation	
18	Private foundation. If the organization		-				······
				.,,,			(Form 990) 2022

232022 12-09-22

	Schedule A (	(Form	990	) 2022
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### THE SOCIETY OF THE CINCINNATI 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	<b>Total.</b> Add lines 1 through 5a Amounts included on lines 1, 2, and						
1 6	3 received from disgualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(a) 2020	(d) 2021	(a) 2020	2 (f) Total
	Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(u) 2021	(e) 2022	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			-		
80	check this box and stop here						<u></u>
	ction C. Computation of Public			(1)		45	
	Public support percentage for 2022 (					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the					3 1/3%, and I	line 17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
k	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						ıtion
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
2320	23 12-09-22		17			Sched	dule A (Form 990) 2022

### 15170223 759370 19752.0000

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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232024 12-09-22

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

### THE SOCIETY OF THE CINCINNATI

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2

			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		
Sec	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

		0	
	organization, describe how the powers to appoint and/or remove of	officers, directors, or trustees we	ere allocated among the
	supported organizations and what conditions or restrictions, if any	, applied to such powers during	the tax year.
2	Did the organization operate for the benefit of any supported orga	anization other than the support	ed
	organization(s) that operated, supervised, or controlled the suppo	rting organization? If "Yes," exp	plain in
	Part VI how providing such benefit carried out the purposes of the	e supported organization(s) that	operated.

SUDEIVISE		ulled the suc		yanizaliun.
Section C.	Týpe II S	upporting	g Organ	ižations

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

Section D	All Type III Supporting Organizations	

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)
		1000 1100 000000

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

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Schedule A	(Form 990	) 2022
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Schedule A	(Form 990)	) 2022	THE	SOCIETY	OF	THE	CINCINNATI	
Part V	Type III	Non-	Functionally	Integrated {	509(a)	(3) Su	oporting Organizat	ions

1	Charle have if the experiment antiplication satisfied the Integral Part Test on a gualiful			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See Instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus		(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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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	tion 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		

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 21 2022.05050 THE SOCIETY OF THE CINCIN 19752.01

Sect	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	1						
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purpose	3						
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	5						
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6						
7	Total annual distributions. Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in <b>Part VI</b> ). See instructions.	-		8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	5	Distributable Amount for 2022			
_1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
<u>a</u>	Excess from 2018							
b	Excess from 2019							
C	Excess from 2020							
d	Excess from 2021							
e	Excess from 2022							

THE SOCIETY OF THE CINCINNATI Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

53-0205423 Page 7

Schedule A	(Form 990) 2022				CINCINNA		53-0205423	Page 8
Part VI	Supplemental In Part IV, Section A, line line 1; Part IV, Section	es 1, 2, 3b, 3c, 1 D, lines 2 and	, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c, 11 ction E, lines	a, 11b, and 11c; 1c, 2a, 2b, 3a, an	line 10; Part II, line 17a o Part IV, Section B, lines d 3b; Part V, line 1; Part e this part for any additic	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Par	
232028 12-09-2	2			2	2		Schedule A (Form 9	90) 2022
				2	-			

### 223451 11-15-22

## Schedule B

### (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

# 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

2022

Employer identification number

53-0205423

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

THE SOCIETY OF THE CINCINNATI

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

### General Rule

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

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set o

**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) (2022)

THE SOCIETY OF THE CINCINNATI

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 144,655. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 55,205. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 240,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 153,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number

53-0205423

Page 2



Name of organization

223452 11-15-22

15170223 759370 19752.0000

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) FNV (or estimate) (See instructions.)       Date rec         (a) No. from Part I       (b) Description of noncash property given       (c) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. from Part I       (b) Description of noncash property given       (c) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. from Part I       (c) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. from Part I       (c) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. FPT       (b) Description of noncash property given       (c) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. FNV (or estimate) (See instructions.)       (d) Date rec       (d) FNV (or estimate) (See instructions.)       (d) Date rec         (a) No. No. No. No. No. No. No. No. No. No.	
No. from part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from part I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec       (a) No. from pescription of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec	
(a)       (b)       (c)       (d)         Part I       Description of noncash property given       (c)       FMV (or estimate)       (d)         Part I       Description of noncash property given       s	
No. rom     (c) Description of noncash property given     (c) FWV (or estimate) (See instructions.)     (d) Date rec	
(a)       (b)       (c)       (d)         Yoom       Description of noncash property given       (c)       FMV (or estimate)         (a)       (c)       (c)       (d)         (a)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (a)       (b)       (c)       (c)         (a)       (b)       (c)       (c)         Yoon       Description of noncash property given       (c)       (d)         (a)       (b)       (c)       (c)       (d)         (a)       (b)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)       (c)       (c)         (b)       Description of noncash property given       (c)       (c)       (c)         (b)       Description of noncash property given       (c)       (c)       (c)         (b)       Description of noncash property given       (c)       (c)       Date rec	
No.     (c)     (c)     (d)       prom     Description of noncash property given     (See instructions.)     (d)       art I	
(a)       (b)       (c)       (d)         FMV (or estimate)       (d)       Date rec         (a)       (b)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (a)       (b)       (c)       (c)         No.       (b)       (c)       (c)         (a)       (b)       (c)       (c)         No.       (b)       (c)       (c)         (c)       (c)       (c)       (c)         (c)       (	
No. rom bart I     (b) Description of noncash property given     (c) FMV (or estimate) (See instructions.)     (d) Date rec	
(a) No. (b) irrom Description of noncash property given (c) Description of noncash property given (b) (b) FMV (or estimate) (See instructions ) (c) FMV (or estimate) (c) Date rec	
No.     (b)     (c)     (d)       from     Description of noncash property given     See instructions.)     Date rec	
(a) No.(b)(c) FMV (or estimate) (See instructions.)(d) Date rec	

223453 11-15-22

Schedule B (Form 990) (2022)

# 15170223 759370 19752.0000

25 2022.05050 THE SOCIETY OF THE CINCIN 19752.01

Page 3 Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Schedule	B (Form 990) (2022)				Page 4
Name of o	organization				Employer identification number
THE S	OCIETY OF THE CINCINNAT:	Г			53-0205423
Part III		ons to organizations described			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,00	0 or less for th	e year. (Enter this info.	once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(e) Transfer o	f gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
		[			
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
Part I					
		(e) Transfer o	f gift		
			_		
	Transferee's name, address, a	na ZIP + 4	R	elationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
Part I				(4) 200	
		e) Transfer o	f aift		
		(0)	. 9		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held
		(-) T	(		
		(e) Transfer o	r gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
					0-1-1-1-D/E
223454 11-15	0-22				Schedule B (Form 990) (2022)

# 15170223 759370 19752.0000

SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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# **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 L **Open to Public** Inspection

Employer identification number

53-0205423

Name of the organization

### THE SOCIETY OF THE CINCINNATI

Par			or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	<b>(b)</b> Fur	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose of	conferring	
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, I	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of	a certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			during the tax
	year			
4	Number of states where property subject to conservation ear	sement is located		
5	Does the organization have a written policy regarding the pe	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easemen	ts during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement an	d
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that desc	cribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections or	Art, Historical Treasures, or Ot	her Simila	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 95	8, not to report in its revenue statement a	nd balance sl	neet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in fu	rtherance of	public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pul	blic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022
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		27		

Sche	dule D (Form 990) 2022 THE SOC	IETY OF THE	E CII	NCINNA	ΓI		Ę	53-02	05423	Pa	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	asures, o	r Other :	Similar	Assets	s (continu	ıed)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	: make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	X Public exhibition	d		Loan or exc	hange progra	am					
b	X Scholarly research	е		Other							
с	X Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how th	ey further th	ne organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma	aintained as part of th	he orgar	nization's co	llection?				Yes	X	No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio					line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowina t	able:						-	
	<b>3</b>	I	5						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						· · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						· ·····		_		1
Par							).				-
	·	(a) Current year		rior year	(c) Two year			ears back	(e) Four	/ears I	back
1a	Beginning of year balance	22,033,182.	28	,876,367.	22,680	0,016.	23,06	50,915.	22,3	391,9	906.
b	Contributions	18,604.		498,657.		5,750.		56,100.		252,0	
c	Net investment earnings, gains, and losses	1,568,229.	-6	,755,217.		),848.	- :	29,126.		180,0	
d	Grants or scholarships			, ,	,	<i>.</i>		,		,	
	Other expenditures for facilities										
Ū	and programs	678,510.		586,625.	573	1,247.	40	07,873.	.	763,0	616.
f	Administrative expenses	,		, .		, .		, .		,	
g	End of year balance	22,941,505.	22	,033,182.	28,876	5,367.	22,68	30,016.	23,0	060.9	915.
2	Provide the estimated percentage of the curr					, -	/	/	,	,	
- a	Board designated or guasi-endowment	52.2700	%	y, oolanni (a)							
h	Permanent endowment 17.8600	%	_/0								
Č		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	-	tion tha	t are held ar	nd administer	od for the					
ou	organization by:	ssion of the organiza							<u>ا</u>	Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as requir	ad on S	chodulo R2					3b		
1	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipm		WITTELL	unus.							
	Complete if the organization answere		). Part IV	/. line 11a. S	ee Form 990	. Part X. lii	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	а	(d) Book	value	
	Description of property	basis (investn		• •	(other)	• • •	reciation			value	-
10	Land			240,0	······/	3651					
	Land			6 03	3,528.	3 0	21,18	34.	2,112	٦/	14
	Buildings Leasehold improvements			0,05	5,520.	5,5	<u>, .</u> (	/ - •	-,	, , , ,	
				50	6,898.	Δ	68,20	)3.	38	,69	95
	Equipment				7,876.		<u>91,54</u>		196		
	Other		V				-		$\frac{190}{2,347}$		
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual ⊢orm 990, Part .</u>	<u>x, colun</u>	nn (B), line 1	UC.)						
								schedule	D (Form	99U)	2022

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line (b) Book value		d of yoor more to also
(a) Description of security or Category (including name of security)	(b) BOOK value	(c) Method of valuation: Cost or en	u-oi-year market value
<ul> <li>(1) Financial derivatives</li> <li>(2) Cleachy hold aguity interacts</li> </ul>			
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>			
(A) ALTERNATIVE INVESTMENTS	3,863,362.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 0 6 2 2 6 2		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	3,863,362.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	(b) Book Value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	an Farma 000 Bart N/ lines	11d Cas Faure 000 Part V line 15	
Complete if the organization answered "Yes"	Description	The See Form 990, Part A, line 15.	(b) Book value
	Description		
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line           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			10 440
(2) ANNUITIES PAYABLE			<u>16,440.</u> 315,760.
(3) RETIREE OBLIGATIONS			515,700.
<u>(4)</u>			
(5) (6)			
(7)			1
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		332,200.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under		-	

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Schedule D (Form 990) 2022

	edule D (Form 990) 2022 THE SOCIETY OF THE CINCING	-			0203423 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,016,469.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	<b>3</b> ( )		2,891,516.		
b	Donated services and use of facilities	2b	427,545.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	3,319,061.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,697,408.
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	58,748.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	58,748.
С					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	3,756,156.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per F		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	nents Wi	th Expenses per F		n.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Staten	n <b>ents Wi</b> t a.	th Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	n <b>ents Wi</b> t a.	th Expenses per F	Retur	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	nents Wit	th Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	th Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Staten         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents Wit	th Expenses per F	Retur	n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	nents Wit a. 2a 2b 2c	th Expenses per F	Retur	n. <u>4,517,462.</u>
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses	2a           2b           2c           2d	th Expenses per F	Retur	n. <u>4,517,462.</u> 427,545.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a           2b           2c           2d	th Expenses per F	1	n. <u>4,517,462.</u>
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>TXII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	th Expenses per F	1 2e	n. <u>4,517,462.</u> 427,545.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents Wit a. 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>4,517,462.</u> 427,545.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wit a. 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>4,517,462.</u> <u>427,545.</u> <u>4,089,917.</u>
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d           4a           4b	th Expenses per F 427,545. 58,748.	1 2e	n. <u>4,517,462.</u> <u>427,545.</u> <u>4,089,917.</u> 58,748.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Staten</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b       Other (Describe in Part XIII.)	2a           2b           2c           2d           2d	th Expenses per F 427,545. 58,748.	1 2e 3	n. <u>4,517,462.</u> <u>427,545.</u> <u>4,089,917.</u>

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 TIT. 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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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 TOTAL RETURN 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 THREE BOOKS, THE INSIGNIA OF THE SOCIETY OF THE CINCINNATI, LIBERTY WITHOUT ANARCHY AND AMERICA'S FIRST VETERANS, WHICH WAS IN PART FUNDED BY THE BOOK PUBLISHING FUND.

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 TRIENNIAL COMMITTEE.

THE AMERICAN REVOLUTION INSTITUTE FUND WAS ESTABLISHED TO RECEIVE

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Schedule D (Form 990) 2022 THE SOCIETY OF THE CINCINNATI 53-0205423 Page 5
Part XIII Supplemental Information (continued)
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 TOTAL RETURN 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 ADDITION TO THE FUNDS DESCRIBED ABOVE, THE SOCIETY ALSO HAS FUNDS THAT HAVE BEEN ACCUMULATED FROM THE TOTAL RETURN 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.

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.

IN PLACE.

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THE STUART GALLERY FUND WAS ESTABLISHED IN 1971 TO SUPPORT ACOUISITIONS 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 TOTAL RETURN 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 TOTAL RETURN TO BE USED. THE TOTAL RETURN 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 BOARD TO BE INVESTED, AND A PORTION OF THE TOTAL RETURN FROM THIS FUND IS USED TO PROVIDE A BASE OF FUNDING FOR THE SOCIETY'S OPERATIONS.

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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, 2023, THE SOCIETY HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS.

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SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations,			OMB No.	1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States			20	22
Department of the Treasury		Compr		Attach to Forn					Open to	o Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			•	ection
Name of the organizati	on							Employer		on number
	THE SOCIE	TY OF THE	CINCINNATI						53-02	05423
Part I General Ir	formation on Grants a	nd Assistance								
•	ation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection			
· · · · · · · · · · · · · · · · · · ·							X Yes	No No		
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any</li> </ul>										
	d Other Assistance to I nat received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21,	for any	
			(c) IRC section			(f) Method of	(g) Description of	(h)		aroot
.,	ldress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance		Purpose of or assistand	
						,				

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

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

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

Schedule I (Form 990) 2022

THE	SOCIETY	OF	THE	CINCINNATI
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Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIBRARY FELLOWSHIP GRANTS	7	13,000.	0.		

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

PART I, LINE 2:

APPLICATIONS FOR THE LIBRARY FELLOWSHIP GRANTS ARE RECEIVED AND REVIEWED BY

MANAGEMENT OF THE SOCIETY AND VETTED BY A SUB-COMMITTEE OF THE LIBRARY

COMMITTEE. IN ADDITION, REGULAR COMMUNICATION WITH THE GRANTEE IS

MAINTAINED, INCLUDING AN ANNUAL GRANT REPORT, IN ORDER TO MAKE SURE EACH

FELLOWSHIP ALIGNS WITH THE EXPECTATIONS OF THE GRANT AS WELL AS THE

SOCIETY'S STANDARDS.

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)
		Compensated Employees		20	22	-
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatio	1		identificatio		mber
		THE SOCIETY OF THE CINCINNATI	53-	020542	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c		nal use			
	Travel for com					
		ation and gross-up payments	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-				1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all d						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			2		<u> </u>
~						
3	,	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventium Director, but available in Dect III	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Form 990 of o		ommittaa			
		ther organizations X Approval by the board or compensation of	ommittee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
7	organization or a re					
а	-	e payment or change-of-control payment?		4a	х	
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				X
_		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			<u>6a</u>		X
b		ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n <b>990</b> )	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

### 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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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)	187,910.	0.	225,000.	27,000.	15,600.	455,510.	0.
EXECUTIVE DIRECTOR (UNTIL 2/18/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) F. ANDERSON MORSE	(i)	195,943.	0.	0.	7,958.	17,800.	221,701.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GLENN HENNESSEY	(i)	172,359.	0.	0.	24,250.	0.	196,609.	0.
DIRECTOR OF MKT AND COMM	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN BENJAMIN	(i)	147,385.	0.	0.	12,375.	17,700.	177,460.	0.
DIRECTOR OF FIN AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (:)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(II)							

Schedule J (Form 990) 2022

### THE SOCIETY OF THE CINCINNATI

### 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.

### PART I, LINE 4A:

### JACK WARREN RECEIVED A SEVERANCE PAYMENT OF \$225,000.

Schedule J (Form 990) 2022

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Dout

# **Noncash Contributions**

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

53 - 0205423

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	organizatio	on

**T**.....

### THE SOCIETY OF THE CINCINNATI

Pai	rt I   Types of Property						
		<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	erminina	
		applicable	contributions or	amounts reported on	noncash contribut	•	s
		X	29	Form 990, Part VIII, line 1g	COLLECTIONS	ACCOIT	איזייד
1	Art - Works of art	Δ	<u> </u>	0.	COULECIIONS	ACCOU	
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	37	1 🗆				
9	Securities - Publicly traded	X	17	52,207.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t						
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties of	-	-	•			
	contributions?		0	, , ,		32a	x
b							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	r for which column (a) is cheo	ked.		
	describe in Part II.						

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

Schedule M (Form 990) 2022

232141 09-09-22

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

SCHEDULE M, PART I, COLUMN (B):

### REPRESENTS THE NUMBER OF ITEMS FOR EACH LINE.

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



THE SOCIETY OF THE CINCINNATI

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

ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SERIES COMPOSED BY INSTITUTE STAFF AND MASTER TEACHERS, CLASSROOM

VIDEOS, AN ONLINE STRATEGY GAME, REVOLUTIONARY CHOICES (ALSO AVAILABLE

AS AN APP FOR MOBILE DEVICES). IN THE PAST, THE SOCIETY HAS PUBLISHED

BOOKS SUCH AS "WHY AMERICA IS FREE" AND "AMERICA'S FIRST VETERANS." IN

OCTOBER OF 2023, THE SOCIETY PUBLISHED A NEW BOOK ENTITLED "FREEDOM:

THE ENDURING IMPORTANCE OF THE AMERICAN REVOLUTION." MUCH OF THE

EXPENSE AND WORK FOR THIS LATEST BOOK WAS INCURRED DURING FISCAL YEAR

2023 OR PRIOR. THE SOCIETY ALSO UNDERTAKES ADDITIONAL INITIATIVES TO

SUPPORT AND EXPAND EDUCATION FOR STUDENTS, TEACHERS, SCHOLARS, AND

LIFELONG LEARNERS. THIS INCLUDES LIBRARY FELLOWSHIP PROGRAMS AND A

TEACHERS ASSOCIATES PROGRAM THAT INVITES EDUCATORS TO BECOME ASSOCIATES

OF THE AMERICAN REVOLUTION INSTITUTE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

LIBRARY - THE SOCIETY MAINTAINS A PROMINENT SPECIAL COLLECTIONS LIBRARY

AT ANDERSON HOUSE, DEVOTED PRIMARILY TO THE AMERICAN REVOLUTION AND THE

ART OF WAR IN THE ERA OF THE REVOLUTIONARY WAR. THE LIBRARY IS OPEN TO

THE PUBLIC FIVE DAYS A WEEK. THE SOCIETY MAINTAINS AND CONTINUOUSLY

ADDS TO ITS LIBRARY COLLECTIONS, CHIEFLY THROUGH THE PURCHASE OF

MANUSCRIPTS AND PRINTED MATERIALS BOOKS, PAMPHLETS, BROADSIDES, MAPS

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 Image: Comparison of Comparis

15170223 759370 19752.0000

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Schedule O (Form 990) 2022 Page 2									
Name of the organization THE SOCIETY OF THE CINCINNATI	Employer identification number 53-0205423								
AND PRINTS. THE SOCIETY HAS A GROWING SCHOLARLY CATALOG OF	THESE WORKS.								

EXPENSES \$ 619,154. INCLUDING GRANTS OF \$ 13,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

WILLIAM POSTELL RAIFORD, PH.D. AND RICHARD RENZ RAIFORD ARE BOTH ON THE

BOARD OF DIRECTORS AND ARE BROTHERS.

FORM 990, PART VI, SECTION A, LINE 6:

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 SOCIEITES AND THE FRENCH SOCIETY ELECT THE OFFICERS OF THE CORPORATION FOR THREE-YEAR TERMS AT MEETINGS THAT OCCUR EVERY THREE YEARS.

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

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 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 ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN RETIREE OBLIGATIONS

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS

FROM THE PRIOR YEAR.

232212 10-28-22

21,754.