** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning	UL 1, 2023 and	ور ending	UN 30, 2024	
B (Check if pplicable	C Name of organization			D Employer identifi	cation number
	Addre	THE SOCIETY OF THE CIN	CINNATI			
	Name chang	Doing business as			53-02054	23
	Initial return Final return	Number and street (or P.O. box if mail is not de 2118 MASSACHUSETTS AVE.	,	Room/suite	E Telephone number 202-785-	
	termin ated		-		G Gross receipts \$	29,954,419.
	Ameno				H(a) Is this a group r	
	Application	$^{\mathrm{a} ext{-}}$ F Name and address of principal officer: \mathbf{F} .	ANDERSON MORSE		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	
1.7	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Nebsit	e: WWW.SOCIETYOFTHECINCIN	NATI.ORG		H(c) Group exemption	on number
KF	orm of	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1937 i	M State of legal domicile; DC
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most	significant activities: THE	SOCIET	Y OF THE CI	NCINNATI
Governance		PROMOTES THE MEMORY AND T	HE IDEALS OF THE	AMERI	CAN REVOLUT	'ION AND
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	
ove	1	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,		3	34
		Number of independent voting members of the go				34
es 6		Total number of individuals employed in calendar y				27
ĭ		Total number of volunteers (estimate if necessary)				34
Activities &		Total unrelated business revenue from Part VIII, co				0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			0.
					Prior Year	Current Year
ē	ı				2,712,072.	2,113,992.
Je n	1				934,852.	820,424.
Revenue		Investment income (Part VIII, column (A), lines 3, 4			82,781.	2,367,278.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			26,451. 3,756,156.	22,848. 5,324,542.
		Total revenue - add lines 8 through 11 (must equal			13,000.	22,500.
	1	Grants and similar amounts paid (Part IX, column (13,000.	22,300.
	45	Benefits paid to or for members (Part IX, column (A			2,181,956.	2,283,192.
Expenses	15	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A),			0.	0.
ens	h	Total fundraising expenses (Part IX, column (D), lin	440 0	10.	<u> </u>	0.
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d	·		1,953,709.	2,002,427.
		Total expenses. Add lines 13-17 (must equal Part I			4,148,665.	4,308,119.
	ı	Revenue less expenses. Subtract line 18 from line			-392,509.	1,016,423.
JC Ps		Tieveride 1000 experiede: edizitaet inte 10 from inte	12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			31,044,707.	33,096,696.
ASS	21	Total liabilities (Part X, line 26)			905,429.	1,056,627.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		30,139,278.	32,040,069.
	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wl	nich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е		IVE DIRECTOR			
		Type or print name and title	T	Т =		
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN
Paid		DANIEL L. WEAVER	DANIEL L. WEAVE		1/15/25 self-emplo	
-	arer	5040		P.C.	Firm's EIN 5	2-1711839
Use	Λ-I	Firm's address 7910 WOODMONT AVE	. STE. 500			
	Unity					01\ 006 0600
		BETHESDA, MD 2081	4		Phone no. (3	01) 986-0600

	Check if Schedule O contains a response or note to any line in this Part III	X
1	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 FRENCH	
	FORCES TO VICTORY IN THE REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY AND)
	EDUCATIONAL PROGRAMS AT ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	-
	prior Form 990 or 990-EZ?	<u>V</u> No
_	If "Yes," describe these new services on Schedule O.	7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Z No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$ 1 , 061 , 230 • including grants of \$) (Revenue \$)
	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 IS	3
	A WASHINGTON, D.C., LANDMARK AS WELL, AND ONE OF THE BEST-PRESERVED	
	HISTORIC MANSIONS ON EMBASSY ROW.	
	1 176 200	
4b	(Code:) (Expenses \$1,176,209. including grants of \$) (Revenue \$)
	PUBLIC YEAR-ROUND, SIX DAYS A WEEK. THE SOCIETY MAINTAINS AND	
	CONTINUOUSLY ADDS TO ITS MUSEUM COLLECTIONS, WHICH CONSIST OF	
	COLLECTIONS FOCUSING ON THE AMERICAN REVOLUTION, THE HISTORY OF THE	
	SOCIETY, AND THE ANDERSON FAMILY AND ANDERSON HOUSE. THESE COLLECTION	īS
	ARE ACCESSIBLE TO SCHOLARS FOR STUDY, ARE DISPLAYED AT ANDERSON HOUSE	
	AND, THROUGH LOANS, AT OTHER INSTITUTIONS, AND ARE PRESENTED IN VARIOUS	JS
	WAYS ON THE SOCIETY'S WEBSITES. THE SOCIETY MOUNTS A CONTINUOUS SERIE	S
	OF TEMPORARY MUSEUM EXHIBITIONS FOR THE PUBLIC AT ANDERSON HOUSE AND	
	OFFERS VIRTUAL EXHIBITIONS ON ITS WEBSITES.	
	F.CO. (220	
4c	(Code:) (Expenses \$ 569,639. including grants of \$) (Revenue \$))
	EDUCATION AND OTHER PROGRAMS: THE SOCIETY CONDUCTS A WIDE RANGE OF	
	EDUCATIONAL AND OTHER PUBLIC PROGRAMS AT ANDERSON HOUSE AND OTHER VENUES, AS WELL AS ONLINE AT WWW.AMERICANREVOLUTIONINSTITUTE.ORG. THE	7
	VENUES, AS WELL AS ONLINE AT WWW.AMERICANREVOLUTIONINSTITUTE.ORG. THE SOCIETY ALSO PUBLISHES AND DISTRIBUTES EDUCATIONAL MATERIALS RELATED T	
	THESE THEMES IN PRINT AND ONLINE, INCLUDING BOOKS, EXHIBITION CATALOGS	
	LESSON PLANS, POSTERS, AND FACSIMILES OF PRIMARY SOURCES FROM THE	, ,
	LIBRARY AND MUSEUM COLLECTIONS. EIGHT SETS OF TRAVELING TRUNKS TELLIN	IG.
	THE STORIES OF THE CONTINENTAL ARMY AND THE REVOLUTIONARY WAR AT SEA	
	USING PRIMARY SOURCE-BASED LESSONS AND REPRODUCTION CLOTHING AND	
	ARTIFACTS ARE CIRCULATED AT NO COST TO TEACHERS ACROSS THE COUNTRY. A	
	SUITE OF DIGITAL RESOURCES FOR TEACHERS AND STUDENTS IS FEATURED UNDER	·
	THE CLASSROOM SECTION OF OUR WEBSITE, INCLUDING: A FULL LESSON PLAN	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 486,498 • including grants of \$ 22,500 •) (Revenue \$)	
4e	Total program service expenses 3,293,576.	
	Form 990	(2022)

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Form 990 (2023) THE SOCIETY OF THE CINCINNATI
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8	Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	- 21	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government orti artix, comunin (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41		

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Form	1990 (2023) THE SOCIETY OF THE CINCINNATI 53-020 TIV Checklist of Required Schedules (continued)	0423	P	age 4
·	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	INO
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		240		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			- V
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, 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		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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 noncash 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			

	Check if Schedule O contains a response or note to any line in this Part V					$oxedsymbol{oxed}$	ı
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	52				Ī
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 re	portat	ole gaming				
	(gambling) winnings to prize winners?			10	x		

Form 990 (2023) THE SOCIETY OF THE CINCINNATI

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		77
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	15 M 2 M 3 M 3 M 3 M 3 M 3 M 3 M 3 M 3 M 3	70		
e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? 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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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			
С	Enter the amount of reserves on hand			
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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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 income?	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 activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.		000	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 any other	_	37	
_	officer, director, trustee, or key employee?	2	<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	Х	Λ
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ь		
7a		7a	Х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ ra	-21	
b		7b		Х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	v	
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
ь	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	21	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NH, MA, RI, CT, NY, NJ, PA, DE, MD	VA,	NC,	SC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	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	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 202-785-2040			
	2118 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 20008	_	000	
333000	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2023)

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.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck iss per	c) ition more rson i		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) F. ANDERSON MORSE	40.00							005 650	•	00 006
EXECUTIVE DIRECTOR	40.00			Х				225,650.	0.	29,396.
(2) SUSAN BENJAMIN	40.00	-		l				150 404	•	20 444
DIRECTOR OF FIN AND ADMIN	10.00			X		_		152,481.	0.	39,414.
(3) GLENN HENNESSEY	40.00	-				l		101 001	•	F0 0F0
DIRECTOR OF MKT AND COMM	40.00					X		101,231.	0.	50,050.
(4) JUAN MESA	40.00	-				l		104 400	•	16 000
EVENTS MANAGER	40.00					X		104,498.	0.	16,000.
(5) EMILY PARSONS	40.00	-						110 154	•	2 002
DEPUTY DIRECTOR AND CURATOR	00.00		_			X		112,154.	0.	3,893.
(6) FRANK KEECH TURNER, JR.	20.00	.,							0	0
PRESIDENT	10.00	Х		Х		<u> </u>		0.	0.	0.
(7) JOEL THOMAS DAVES IV	10.00	.,		,,					0	•
VICE PRESIDENT	10.00	Х		Х		<u> </u>		0.	0.	0.
(8) FRANCIS ELLERBE GRIMBALL	10.00	.,		,,					0	•
SECRETARY	10 00	Х	_	Х		┢		0.	0.	0.
(9) WILLIAM POSTELL RAIFORD, PH.D.	10.00	3,7		٠,					0	0
TREASURER	10 00	Х	_	Х		┢		0.	0.	0.
(10) CORDELL LEE BRAGG III, M.D.	10.00	3,7		٠,					0	0
ASSISTANT SECRETARY	10 00	Х	_	Х		┢		0.	0.	0.
(11) JOHN MCCONVILLE SHANNON	10.00	. ,		7.7					0	0
ASSISTANT TREASURER	1.00	Х		Х		-		0.	0.	0.
(12) STEPHEN BENJAMIN JEFFRIES DIRECTOR	1.00	Х						0.	0.	0.
	1.00	Λ				┢		0.	0.	<u></u>
(13) MICHAEL PAUL PILLSBURY, PH.D. DIRECTOR	1.00	Х						0.	0.	0.
(14) HERBERT JAQUES MOTLEY, JR.	1.00	Λ				\vdash		0.	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(15) FRANCIS GORHAM BRIGHAM III	1.00	77				\vdash		0.	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
(16) FRANK MAURAN IV	1.00								0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(17) WALTER GURNEE DYER REED	1.00		\vdash	\vdash		\vdash			•	
DIRECTOR		х						0.	0.	0.
333007 12 21 23	1		-		1		-		J •	Form 990 (2023)

332007 12-21-23

Form 990 (2023) THE SOCI	ETY OF T	'HE	: C	IN	CI	NN	AΤ	'I	53-0205	423 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week	_	cer an	a a a	recto	r/trus	iee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	nstitutional trustee		99	n ben		1099-NEC)	1099-1420)	and related
	below	dual t	utio na	_	nploy	st co	er	1000 1120/		organizations
	line)	Indivi	Institu	Officer	key employee	Highest compensated employee	Former			3
(18) CHRISTOPHER MARK NICHOLS	1.00									
DIRECTOR		Х						0.	0.	0.
(19) KENNETH DUANE ROACH	1.00									
DIRECTOR		Х						0.	0.	0.
(20) DOUGLAS SINCLAIR HAMILTON	1.00									
DIRECTOR		Х						0.	0.	0.
(21) WILLIAM PFINGST CARRELL II	1.00									
DIRECTOR		X						0.	0.	0.
(22) JOHN CHRISTOPHER HARVEY	1.00									
DIRECTOR		Х						0.	0.	0.
(23) DAVID PETER KOLLOCK	1.00									
DIRECTOR		Х						0.	0.	0.
(24) MARK CROSBY WARD	1.00									
AUDIT COMMITTEE CHAIR/DIRECTOR		X						0.	0.	0.
(25) GREGORY JOHN SPROAT	1.00									
DIRECTOR		Х						0.	0.	0.
(26) BRYAN SCOTT JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								696,014.	0.	138,753.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								696,014.	0.	138,753.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	_
compensation from the organization										
										Yes No

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,0002, if "Ves." complete Schedule, I for such individual	4	Х	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address NONE	(B) Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 THE SOCIA	THO YES	пг	, C	ΤIJ	c_{T}	TATA	A.I.	<u> </u>	53-020	3443
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		(C Posi all t	tion		y)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JAMES KEITH PEOPLES DIRECTOR	1.00	x						0.	0.	0
(28) FERDINAND HENRY ONNEN III DIRECTOR	1.00	х						0.	0.	0
(29) THOMAS EDWARD CROCKER, JR.	1.00	х						0.	0.	0
(30) ROBERT CAMPBELL FARMER DIRECTOR	1.00	X						0.	0.	0
(31) MARK CALHOUN WILLIAMS	1.00	X						0.	0.	0
(32) JOSEPH BRANCH CRAIGE KLUTTZ	1.00									
OIRECTOR 33) RICHARD RENZ RAIFORD	1.00	X						0.	0.	0
DIRECTOR 34) THOMAS HEYWARD MOTTE HAMILTON	1.00	X						0.	0.	0
DIRECTOR (35) EDWARD PAUL GIBSON	1.00	Х						0.	0.	0
DIRECTOR (36) WILLIAM LOWE SHEFTALL III	1.00	Х						0.	0.	0
DIRECTOR (37) JOHN MARK STEPHENSON	1.00	Х						0.	0.	0
DIRECTOR (38) LOS, MARQUIS DE COLBERT CANNET	1.00	Х						0.	0.	0
DIRECTOR		Х						0.	0.	0
(39) JEAN-FRANOIS, COMTE DE CAFFAREL DIRECTOR	1.00	Х						0.	0.	0
(40) GEORGE WRIGHT LENNON DIRECTOR	1.00	х						0.	0.	0
(41) JOHN M. ALLEN-PETRIE AUDIT COMMITTEE	1.00	х						0.	0.	0
(42) BRIAN A. BLAKE AUDIT COMMITTEE	1.00	х						0.	0.	0
43) GERMAN P. CULVER, JR.	1.00	х						0.	0.	0
44) H. LAURENCE FRITZ, JR. UDIT COMMITTEE	1.00	x						0.	0.	0
		-								

Form 990 (2023) THE SOC
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
9		Fundraising events 1c					
fts,		d Related organizations 1d					
ig ig							
ons,		3 · · · / - · · · · · · · · · · · · · · · · 					
utio		f All other contributions, gifts, grants, and	2 113 002				
들 된		similar amounts not included above 1f	2,113,992.				
o d		Noncash contributions included in lines 1a-1f	54,108.	2 112 002			
<u>0</u> <u>e</u>		n Total. Add lines 1a-1f		2,113,992.			
		 	Business Code				
Se	2		721000	663,359.	663,359.		
ë vi		MEETING REVENUE	561439	157,065.	157,065.		
S		C					
an eve		d					
Program Service Revenue		e					
₫		f All other program service revenue					
		Total. Add lines 2a-2f		820,424.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		587,437.			587,437.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′		(ii) Other				
		, -					
		b Less: cost or other basis					
Ž		and sales expenses 7b 24,605,061.					
ther Revenue		Gain or (loss) 7c 1,779,841.		1 770 0/1			1779841.
Ř		d Net gain or (loss)		1,779,841.			1//9041.
the the	8	a Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances10a	47,664.				
		Less: cost of goods sold 10b	24,816.				
_		Net income or (loss) from sales of inventory		22,848.	22,848.		
			Business Code				
Miscellaneous Revenue	11	a					
ne Tue	-	<u> </u>					
ella							
Sc		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,324,542.	843,272.	0.	2367278.

332009 12-21-23

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 22,500. 22,500. individuals. See Part IV, line 22 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, 263,817. 451,354. 104,262. 83,275. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,382,470. 1,216,084. 38,395. 127,991. Other salaries and wages 7 Pension plan accruals and contributions (include 169,686. 113,823. 44,899. 10,964. section 401(k) and 403(b) employer contributions) 145,675. 125,623. 6,733. 13,319. Other employee benefits 9 134,007. 107,206. 12,112. 14,689. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 62,174. 62,174. Accounting Lobbying Professional fundraising services. See Part IV, line 17 81,175. 81,175. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 253,507. 214,029. 17,414. 22,064. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 151,167. 62,909. 79,639. 8,619. Office expenses 13 112,756. 90,205. 10,193. 12,358. Information technology 14 Royalties 15 194,862. 13,821. 227,387. 18,704. 16 Occupancy 82,003. 65,603. 7,413. 8,987. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 377,002. 301,601. 34,081. 41,320. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 161,978. 187,215. 10,578. 14,659. Depreciation, depletion, and amortization 22 87,624. 70,100. 7,921. 9,603. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 273,220. 215,316. 26,179. 31,725. MISCELLANEOUS COLLECTION ACQUISITIONS 67,678. 67,678. 39,217. RETIREE'S EXPENSES 39,217. 27. 302. 242. 33. d MEMBERSHIPS e All other expenses 4,308,119. 3,293,576. 596,233. 418,310. Total functional expenses. Add lines 1 through 24e 25

Form **990** (2023)

Check here

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

t X	Balance Sheet						
Check if Schedule O contains a response or note to any line in this Part X							
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing	1,014,996.	1	955,826.			
2		220,388.	2	417,629.			
3		381,043.	3	177,852.			
4				20,005.	4	1,385.	
5							
	trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%				
	controlled entity or family member of any of the		5				
6	Loans and other receivables from other disqual	ified pers	sons (as defined				
	under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6		
7	Notes and loans receivable, net				7		
8	Inventories for sale or use			59,921.	8	62,054. 60,325.	
9	Prepaid expenses and deferred charges			29,911.	9	60,325.	
10a	Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D	10a	6,914,735.				
b	Less: accumulated depreciation	10b	4,612,612.	2,347,366.	10c	2,302,123.	
11	Investments - publicly traded securities			23,107,715.		16,977,921.	
12				3,863,362.	12	12,141,581.	
13					13		
14							
15				24 244 525		22 225 525	
16				31,044,707.		33,096,696.	
17		324,893.		314,276.			
		240 226		260 541			
				248,336.		368,541.	
	•				21		
22							
					00		
00							
23							
		•	·	332.200.	25	373,810.	
26						1,056,627.	
		eck here	X	0007==01			
27	• • • •			15,042,207.	27	15,621,020.	
28	•••••			15,097,071.		16,419,049.	
	and complete lines 29 through 33.	•	_				
29					29		
30					30		
31					31		
32				30,139,278.	32	32,040,069.	
~_							
_	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Check if Schedule O contains a response or no Check if Schedule O contains a response or no Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the Loans and other receivables from other disqual under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal to the payable and accrued expenses) Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Loans and other payables to any current or form trustee, key employee, creator or founder, subs controlled entity or family member of any of the Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, payarties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33. Capital stock or trust principal, or current funds Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated in	Check if Schedule O contains a response or note to any Schedule O contains a response or note to any Check if Schedule O contains a response or note to any Check if Schedule O contains a response or note to any Check if Schedule O controlled entity or family member of any of these personal controlled entity or family member of any of these pers	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 1,014,996.	Check if Schedule O contains a response or note to any line in this Part X	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

За

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COCTETY OF THE CINCINNATI

Employer identification number 53-0205/23

		1115	POCTETT OF	IUD CINCINNA	-7 T T)	3-0203423			
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)					
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiza					•	the hospital's name,			
		city, and state:	·				(
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in			
_		section 170(b)(1)(A)(iv). (C		,	•	, 0					
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).				
	X	An organization that normal	· ·				• •	nublic described in			
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	minoritar	unit of from the general p	public described in			
8		A community trust describe		1VAVvi) (Complete Bar	F II \						
	\vdash	•			•	nd in coni	unation with a land grant	collogo			
9		An agricultural research org				-	-	-			
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Of			
40		university:	U	there 00 1 /00/ of its accord							
10		An organization that normal									
		activities related to its exem		•				-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.			
		See section 509(a)(2). (Cor									
11	\square	An organization organized a	•		•						
12	Ш	An organization organized a	•	•	-		•	•			
		more publicly supported org	-					Check the box on			
		lines 12a through 12d that o	* *								
а			anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting			
	_	organization. You must c	complete Part IV, Se	ctions A and B.							
b	· L	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing			
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported			
		organization(s). You mus	t complete Part IV,	Sections A and C.							
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,			
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)			
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attentiv	veness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III				
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
f	Ente	er the number of supported o									
g		ride the following information	about the supporte	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
T . 4	-1										

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(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.)

6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 117 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 2141020. 2230389. 3703676. 2712072. 2113992. 129								
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(f) Total							
include any "unusual grants.") 2 Tax revenues levied for the organization'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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
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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	01149.							
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
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furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3								
the organization without charge 4 Total. Add lines 1 through 3								
4 Total. Add lines 1 through 3 2141020. 2230389. 3703676. 2712072. 2113992. 129 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) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
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supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
Column (f)								
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 117 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 2141020. 2230389. 3703676. 2712072. 2113992. 129								
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 117 (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 2141020. 2230389. 3703676. 2712072. 2113992. 129	19530.							
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	781619.							
7 Amounts from line 4 2141020. 2230389. 3703676. 2712072. 2113992. 129 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,								
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	(f) Total							
dividends, payments received on securities loans, rents, royalties,	01149.							
securities loans, rents, royalties,								
and income from similar sources 986, 996, 1027839, 2027666, 569, 359, 587, 437, 5								
	99297.							
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 10 183	00446.							
12 Gross receipts from related activities, etc. (see instructions)	<u>88,969.</u>							
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)								
organization, check this box and stop here								
Section C. Computation of Public Support Percentage								
	.09 %							
·	2.81 %							
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
stop here. The organization qualifies as a publicly supported organization								
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	·							
and stop here. The organization qualifies as a publicly supported organization								
	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
• • • • • • • • • • • • • • • • • • • •	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or							
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the								
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<u></u>							

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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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2023

Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	non 277 m 1, po m capper mig engamente		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

1

2

3

4 5

6

Schedule A (Form 990) 2023

Current Year

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

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

2 Enter 0.85 of line 1.

5

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE SOCIETY OF THE CINCINNATI

53-0205423

Organization type (check one):

Filers of:		Section:												
Form 990	or 990-EZ	X 501	(c)(3)(e	enter number) orga	anization									
		494	7(a)(1) none	exempt charitable	trust not t	treated as	a private	foundat	ion					
		527	political or	ganization										
Form 990	-PF	501	(c)(3) exem	pt private foundat	tion									
		494	7(a)(1) none	exempt charitable	trust treate	ed as a priv	/ate foun	dation						
		501	(c)(3) taxab	le private foundat	tion									
Ola a al. if.				vel Bule eve Coe	aial Dula									
•	our organization is ly a section 501(c)(7		•	-		th the Gene	eral Rule	and a S	pecial Ru	le. See i	instruc	ctions.		
General I	Rule													
	For an organization property) from any c	-							7	-		-	-	or
Special F	Rules													
:	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.													
1	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.													
; i	For an organization year, contributions of the checked, enter he purpose. Don't com religious, charitable,	exclusively re the tota plete any	for religiou al contributi of the parts	s, charitable, etc. ons that were rec unless the Gene	, purposes, eived durin eral Rule ap	, but no suc g the year oplies to th	ch contri for an _{e.} is organi:	butions <i>xclusive</i> zation b	totaled m <i>ly</i> religiou ecause it	nore than is, charit received	n \$1,00 table, o d <i>non</i> e	00. If th etc.,	nis box	the
Caution:	An organization tha	isn't cov	ered by the	General Rule and	d/or the Spe	ecial Rules	doesn't 1	file Sche	edule B (F	orm 990	0), but	it mus	st	

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>162,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* Total contributions	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 51,251.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$55,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule R (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** THE SOCIETY OF THE CINCINNATI 53-0205423 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
2	Total number at end of 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 advi-	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	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		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear	•	•
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transiting of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings		6,112,977.	4,039,465.	2,073,512.		
c Leasehold improvements						
d Equipment		513,882.	477,435.	36,447.		
e Other		287,876.	95,712.	192,164.		
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).						

Schedule D (Form	า 990) 2023	THE	SOCIETY	OF	THE	CINCINNATI	3	<u>3-020</u>
Part VII Inv	estments - O	ther Sec	urities					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.									
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A) ALTERNATIVE INVESTMENTS	12,141,581.	END-OF-YEAR MARKET VALUE							
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,141,581.								

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 000 Part V line 12 col (R))		

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	15,543.
(3) RETIREE OBLIGATIONS	358,267.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	373,810.

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

Sch	chedule D (Form 990) 2023 THE SOCIETY OF THE CINCINNATI	!	53-	0205423	Page 4
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	6,645,	,054.
2	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	a Not uproplized gains (losses) on investments	925 978 l			

Net unrealized gains (losses) on investments 475,709. Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) 1,401,687. Add lines 2a through 2d 5,243,367. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) <u>81,175.</u> c Add lines 4a and 4b 5,324,542. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,702,653. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 475,709. a Donated services and use of facilities 2b **b** Prior year adjustments 2c Other (Describe in Part XIII.) 475,709. Add lines 2a through 2d 4,226,944. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 81,175. 4,308,119. c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line 18)

Part XIII Supplemental Information

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

PART III, LINE 1A:

THE SOCIETY'S COLLECTIONS INCLUDE ARTIFACTS OF HISTORICAL SIGNIFICANCE AND ART OBJECTS THAT ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC, AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

PART III, LINE 4:

THE SOCIETY'S COLLECTIONS ARE OF HISTORICAL SIGNIFICANCE TO THE

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

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

IN PLACE.

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.

Part XIII Supplemental Information (continued)

THE STUART GALLERY FUND WAS ESTABLISHED IN 1971 TO SUPPORT ACQUISITIONS

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

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

CURRENTLY CONSTRUES THE MODERN LIBRARY AS THE STUART GALLERY OF THE

AMERICAN REVOLUTION.

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

THAT HAVE BEEN ACCUMULATED FROM THE 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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	THE SOCIE	TY OF THE	CINCINNATI					53-0205423
Part I	General Information on Grants a						•	
	the organization maintain records		-			-		
criter	ia used to award the grants or assis	stance?						X Yes No
2 Desc	ribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) N	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	total number of section 501(c)(3) a	-		e line 1 table				······

(a) Type of grant or assistance	(b) Number of recipients	(c) 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	10	22,500.	0.		TO SUPPORT RESEARCH OF THE COLONIAL AND REVOLUTIONARY ERA IN AMERICA.
Part IV Supplemental Information. Provide the information representation of Part I, LINE 2:	quired in Part I, lind	e 2; Part III, column	(b); and any other ac	Iditional information.	
APPLICATIONS FOR THE LIBRARY FELLO	WSHIP GRA	NTS ARE RE	ECEIVED AND	REVIEWED BY	
MANAGEMENT OF THE SOCIETY AND VETT	ED BY A S	UB-COMMITT	EE OF THE	LIBRARY	
COMMITTEE. IN ADDITION, REGULAR CO	MMUNICATI	ON WITH TH	IE GRANTEE	IS	
MAINTAINED, INCLUDING AN ANNUAL GR	ANT REPOR	T, IN ORDE	ER TO MAKE	SURE EACH	
FELLOWSHIP ALIGNS WITH THE EXPECTA	TIONS OF	THE GRANT	AS WELL AS	THE	
SOCIETY'S STANDARDS.					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Ones to Dub

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

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

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) F. ANDERSON MORSE	(i)	225,650.	0.	0.	9,146.	20,250.	255,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN BENJAMIN	(i)	152,481.	0.	0.	19,264.	20,150.	191,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GLENN HENNESSEY	(i)	101,231.	0.	0.	30,000.	20,050.	151,281.	0.
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Employer identification number

	THE SOCIETY	OF THE	CINCINNA	ΓI		53-0	205	423	
Pai	rt I Types of Property								
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de oncash contribu		•	s
1	Art - Works of art	X	48	0.	COLI	LECTIONS	AC(CTI	NG.
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	18	54,108.	FAIF	R MARKET	VA]	LUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, th	nat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	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	policy that re	equires the review o	of any nonstandard contribut	ions?		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

332141 09-11-23

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MEN WHO LED THE AMERICAN AND FRENCH FORCES TO VICTORY IN THE

REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY AND EDUCATIONAL PROGRAMS AT

ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS.

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

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 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 \$ 486,498. INCLUDING GRANTS OF \$ 22,500. 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 SOCIETES AND THE FRENCH SOCIETY ELECT THE

OFFICERS OF THE CORPORATION FOR THREE-YEAR TERMS AT MEETINGS THAT OCCUR

EVERY THREE YEARS.

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

<u>Schedule O (Form 990) 2023</u> Page **2**

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 -41,610.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS
FROM THE PRIOR YEAR.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning	UL 1, 2023 and	ور ending	UN 30, 2024	
B (Check if pplicable	C Name of organization			D Employer identifi	cation number
	Addre	THE SOCIETY OF THE CIN	CINNATI			
	Name chang	Doing business as			53-02054	23
	Initial return Final return	Number and street (or P.O. box if mail is not de 2118 MASSACHUSETTS AVE.	,	Room/suite	E Telephone number 202-785-	
	termin ated		-		G Gross receipts \$	29,954,419.
	Ameno				H(a) Is this a group r	
	Application	$^{\mathrm{a} ext{-}}$ F Name and address of principal officer: \mathbf{F} .	ANDERSON MORSE		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	
1.7	ax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Nebsit	e: WWW.SOCIETYOFTHECINCIN	NATI.ORG		H(c) Group exemption	on number
KF	orm of	organization: X Corporation Trust A	ssociation Other	L Year	of formation: 1937 i	M State of legal domicile; DC
Pa	art I	Summary				
4	1	Briefly describe the organization's mission or most	significant activities: THE	SOCIET	Y OF THE CI	NCINNATI
Governance		PROMOTES THE MEMORY AND T	HE IDEALS OF THE	AMERI	CAN REVOLUT	'ION AND
rna	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	
ove	1	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,		3	34
		Number of independent voting members of the go				34
es 6		Total number of individuals employed in calendar y				27
ĭ		Total number of volunteers (estimate if necessary)				34
Activities &		Total unrelated business revenue from Part VIII, co				0.
	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			0.
					Prior Year	Current Year
ē	ı				2,712,072.	2,113,992.
Revenue	1				934,852.	820,424.
Be.		Investment income (Part VIII, column (A), lines 3, 4			82,781.	2,367,278.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			26,451. 3,756,156.	22,848. 5,324,542.
		Total revenue - add lines 8 through 11 (must equal			13,000.	22,500.
	1	Grants and similar amounts paid (Part IX, column (13,000.	22,300.
	45	Benefits paid to or for members (Part IX, column (A			2,181,956.	2,283,192.
Expenses	15	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A),			0.	0.
ens	h	Total fundraising expenses (Part IX, column (D), lin	440 0	10.	<u> </u>	0.
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d	·		1,953,709.	2,002,427.
		Total expenses. Add lines 13-17 (must equal Part I			4,148,665.	4,308,119.
	ı	Revenue less expenses. Subtract line 18 from line			-392,509.	1,016,423.
JC Ps		Tieveride 1000 experiede: edizitaet inte 10 from inte	12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			31,044,707.	33,096,696.
ASS	21	Total liabilities (Part X, line 26)			905,429.	1,056,627.
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		30,139,278.	32,040,069.
	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of wl	nich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
Her	е		IVE DIRECTOR			
		Type or print name and title	T	Т =		
		Print/Type preparer's name	Preparer's signature		Date Check Check	PTIN
Paid		DANIEL L. WEAVER	DANIEL L. WEAVE		1/15/25 self-emplo	
-	arer	5040		P.C.	Firm's EIN 5	2-1711839
Use	Λ-I	Firm's address 7910 WOODMONT AVE	. STE. 500			
	Unity					01\ 006 0600
		BETHESDA, MD 2081	4		Phone no. (3	01) 986-0600

	Check if Schedule O contains a response or note to any line in this Part III	X
1	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 FRENCH	
	FORCES TO VICTORY IN THE REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY AND	
	EDUCATIONAL PROGRAMS AT ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?] No
	If "Yes," describe these new services on Schedule O.	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,061,230 ·)
	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 IS	
	A WASHINGTON, D.C., LANDMARK AS WELL, AND ONE OF THE BEST-PRESERVED	
	HISTORIC MANSIONS ON EMBASSY ROW.	
	IIISTORIC MANSTONS ON EMBASSI ROW:	
4b	(Code:) (Expenses \$ 1,176,209 • including grants of \$) (Revenue \$)
	MUSEUM - THE SOCIETY OPERATES ANDERSON HOUSE AS A MUSEUM, OPEN TO THE	
	PUBLIC YEAR-ROUND, SIX DAYS A WEEK. THE SOCIETY MAINTAINS AND	
	CONTINUOUSLY ADDS TO ITS MUSEUM COLLECTIONS, WHICH CONSIST OF	
	COLLECTIONS FOCUSING ON THE AMERICAN REVOLUTION, THE HISTORY OF THE	
	SOCIETY, AND THE ANDERSON FAMILY AND ANDERSON HOUSE. THESE COLLECTIONS	3
	ARE ACCESSIBLE TO SCHOLARS FOR STUDY, ARE DISPLAYED AT ANDERSON HOUSE	
	AND, THROUGH LOANS, AT OTHER INSTITUTIONS, AND ARE PRESENTED IN VARIOUS	
	WAYS ON THE SOCIETY'S WEBSITES. THE SOCIETY MOUNTS A CONTINUOUS SERIES	3
	OF TEMPORARY MUSEUM EXHIBITIONS FOR THE PUBLIC AT ANDERSON HOUSE AND	
	OFFERS VIRTUAL EXHIBITIONS ON ITS WEBSITES.	
4c	(Code:) (Expenses \$569,639.)
	EDUCATION AND OTHER PROGRAMS: THE SOCIETY CONDUCTS A WIDE RANGE OF 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 RELATED TO	
	THESE THEMES IN PRINT AND ONLINE, INCLUDING BOOKS, EXHIBITION CATALOGS,	
	LESSON PLANS, POSTERS, AND FACSIMILES OF PRIMARY SOURCES FROM THE	
	LIBRARY AND MUSEUM COLLECTIONS. EIGHT SETS OF TRAVELING TRUNKS TELLING	
	THE STORIES OF THE CONTINENTAL ARMY AND THE REVOLUTIONARY WAR AT SEA	
	USING PRIMARY SOURCE-BASED LESSONS AND REPRODUCTION CLOTHING AND	
	ARTIFACTS ARE CIRCULATED AT NO COST TO TEACHERS ACROSS THE COUNTRY. A	
	SUITE OF DIGITAL RESOURCES FOR TEACHERS AND STUDENTS IS FEATURED UNDER	
	THE CLASSROOM SECTION OF OUR WEBSITE, INCLUDING: A FULL LESSON PLAN	
4d	·	
	(Expenses \$ 486,498 · including grants of \$ 22,500 ·) (Revenue \$)	
4e	Total program service expenses 3,293,576.	
	Form 990 (2	2023

08480115 759370 19752.0000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8	Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-	- 21	
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
	TOWN THE PLANT OF	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domocio government orti artix, columni (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41		

Form 990 (2023) THE SOCIETY OF THE Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		<u> </u>
	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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	77	_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		v	
0.4	contributions? If "Yes," complete Schedule M	30	Х	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u>32</u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	L
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 52 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
332004	4 12-21-23			(2023)

08480115 759370 19752.0000

THE SOCIETY OF THE CINCINNATI 53-0205423 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. N/ADid the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$ 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

Form 990 (2023) 332005 12-21-23

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A

If "Yes," complete Form 6069.

17

THE SOCIETY OF THE CINCINNATI 53-0205423 Page 6 Form 990 (2023) 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 34 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 34 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a c	copy of this Form 990 is re	quired to be filed	NH,MA	RI,CT,N	Y,NJ,P	A,DE,MD,	VA,NC,SC
		·					=== () (=)	

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

Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

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

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -202-785-2040

2118 MASSACHUSETTS AVENUE, NW, WASHINGTON, DC 20008

Form **990** (2023)

16h

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.

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

- 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.

(A)	(B)				C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		not cl	heck ı	more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an					from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 (420)	and related
	below	/idual	Institutional trustee	er	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) F. ANDERSON MORSE	40.00	1								
EXECUTIVE DIRECTOR	<u> </u>			Х				225,650.	0.	29,396.
(2) SUSAN BENJAMIN	40.00							1-0 101		00.444
DIRECTOR OF FIN AND ADMIN	10.00			Х				152,481.	0.	39,414.
(3) GLENN HENNESSEY	40.00	-						101 001	•	F0 0F0
DIRECTOR OF MKT AND COMM	40.00					Х		101,231.	0.	50,050.
(4) JUAN MESA	40.00	-				,,		104 400	0	16 000
EVENTS MANAGER	40.00					Х		104,498.	0.	16,000.
(5) EMILY PARSONS DEPUTY DIRECTOR AND CURATOR	40.00	1				X		112,154.	0.	2 002
(6) FRANK KEECH TURNER, JR.	20.00					Δ		112,134.	0.	3,893.
PRESIDENT	20.00	Х		Х				0.	0.	0.
(7) JOEL THOMAS DAVES IV	10.00	77						0.	0.	<u></u>
VICE PRESIDENT	10.00	х		Х				0.	0.	0.
(8) FRANCIS ELLERBE GRIMBALL	10.00								•	
SECRETARY		Х		Х				0.	0.	0.
(9) WILLIAM POSTELL RAIFORD, PH.D.	10.00									
TREASURER		Х		Х				0.	0.	0.
(10) CORDELL LEE BRAGG III, M.D.	10.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(11) JOHN MCCONVILLE SHANNON	10.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(12) STEPHEN BENJAMIN JEFFRIES	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) MICHAEL PAUL PILLSBURY, PH.D.	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(14) HERBERT JAQUES MOTLEY, JR.	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) FRANCIS GORHAM BRIGHAM III	1.00	3,7							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) FRANK MAURAN IV DIRECTOR	1.00	X						0.	0.	0
(17) WALTER GURNEE DYER REED	1.00	Λ	\vdash		 			"	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
	1	- 22			<u> </u>			<u> </u>	0.	Form 990 (2022)

332007 12-21-23 Form **990** (2023)

Form 990 (2023) THE SOCI	ETY OF T	'HE	: C	;TV	IC1	ли.	ΑΊ	'Ι	53-020	<u> 1542</u>	<u> 23</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	iH t	ghes	st Co	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ነ than	one	Reportable	Reportable		Est	imate	ed
	hours per	box	, unle	ss pe	rson i	is botl	n an	compensation	compensation		amo	ount (of
	week		cer ar	na a a	Irecto	or/trus	tee)	from	from related			ther	
	(list any hours for	recto						the	organizations		comp		
	related	or di	ee			sated		organization	(W-2/1099-MISC	<i>'</i>		m the	
	organizations	trustee or director	trust		e e	n ben		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	nizati relate	
	below	dual t	rtio na	_	oldu	st cor	_	10001420)			orgar		
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o.ga.		
(18) CHRISTOPHER MARK NICHOLS	1.00												
DIRECTOR		Х						0.	() .			0.
(19) KENNETH DUANE ROACH	1.00	J											
DIRECTOR	1	Х				_		0.	() .			0.
(20) DOUGLAS SINCLAIR HAMILTON	1.00	١.,							,				^
DIRECTOR	1 00	Х						0.	() .			0.
(21) WILLIAM PFINGST CARRELL II	1.00	٠,,							,				^
DIRECTOR (22) JOHN CHRISTOPHER HARVEY	1.00	Х				-		0.		0.			0.
DIRECTOR	1.00	х						0.	,	o.			0.
(23) DAVID PETER KOLLOCK	1.00	^				\vdash		0.	<u> </u>	'`			<u> </u>
DIRECTOR	1.00	Х						0.	(o.			0.
(24) MARK CROSBY WARD	1.00							•	`	~			
AUDIT COMMITTEE CHAIR/DIRECTOR		x						0.	(o.			0.
(25) GREGORY JOHN SPROAT	1.00									\top			
DIRECTOR		Х						0.	() .			0.
(26) BRYAN SCOTT JOHNSON	1.00												
DIRECTOR		Х						0.).			0.
1b Subtotal								696,014.			138	75	
c Total from continuation sheets to Part V	II, Section A							0.).			0.
d Total (add lines 1b and 1c)		<u></u>						696,014.	().	<u> 138</u>	7!	<u>53.</u>
2 Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	o re	ceived more than \$100,	000 of reportable				_
compensation from the organization											 ,	. 1	5
					_							Yes	No
3 Did the organization list any former officer			•		•		•	·	•				37
line 1a? If "Yes," complete Schedule J for s										-	3		X
4 For any individual listed on line 1a, is the s												v	
and related organizations greater than \$15											4	X	
5 Did any person listed on line 1a receive or	•				-			-			_		Х
rendered to the organization? If "Yes." cor Section B. Independent Contractors	nplete Schedul	e J t	or sı	ıch į	oers	on				<u> </u>	5		22
Complete this table for your five highest co	ompensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of compe	nsatio	n fror	n	
the organization. Report compensation for	•	•							•	ioutio			
(A)	-							(B)			(C))	
Name and business	address	N	INC	3				Description of s	services	Cor	npen		n
							_						

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2023)

Form 990 THE SOCIE	TY OF T	'HE	: C	IN	CI	NN	AΊ	I	53-020	5423
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ndividual trustee	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona	_	Key employee	stco	Je.			organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(27) JAMES KEITH PEOPLES	1.00									
DIRECTOR		Х						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		Х						0.	0.	0.
(31) MARK CALHOUN WILLIAMS	1.00									
DIRECTOR		Х						0.	0.	0.
(32) JOSEPH BRANCH CRAIGE KLUTTZ	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(33) RICHARD RENZ RAIFORD	1.00							_	_	_
DIRECTOR		Х						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	37							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(37) JOHN MARK STEPHENSON DIRECTOR	1.00	Х						0.	0.	0.
(38) LOS MARQUIS DE COLBERT CANNET	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(39) JEAN-FRANOIS, COMTE DE CAFFAREL	1.00							0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(40) GEORGE WRIGHT LENNON	1.00	22						•	.	0.
DIRECTOR		х						0.	0.	0.
(41) JOHN M. ALLEN-PETRIE	1.00									
AUDIT COMMITTEE		х						0.	0.	0.
(42) BRIAN A. BLAKE	1.00									
AUDIT COMMITTEE		Х						0.	0.	0.
(43) GERMAN P. CULVER, JR.	1.00							-	-	
AUDIT COMMITTEE		Х						0.	0.	0.
(44) H. LAURENCE FRITZ, JR.	1.00									
AUDIT COMMITTEE		Х						0.	0.	0.
Total to Part VII, Section A, line 1c										

Form 990 (2023) THE SOC
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			Chican Concurs Connains			(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				Τ. Ι					30000013 3 12 3 14
nts	1		Federated campaigns	1a					
3ra Iou			Membership dues	1b					
S, (Fundraising events	1c					
aif		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e					
ion		f	All other contributions, gifts, grants, and						
but			similar amounts not included above \dots	1f	2,113,992.				
ri Offi		g	Noncash contributions included in lines 1a-1f	1g \$	54,108.				
a C		h	Total. Add lines 1a-1f			2,113,992.			
					Business Code				
ω	2	а	EVENT REVENUE		721000	663,359.	663,359.		
ķ	_		MEETING REVENUE		561439	157,065.	157,065.		
Ser		c				,	, -		
m S		d							
gra Re									
Program Service Revenue		e	All ables a superior consider an account						
_			All other program service revenue			820,424.			
-	_		Total. Add lines 2a-2f			020,424.			
	3		Investment income (including divide		•	E07 427			E07 427
	_					587,437.			587,437.
	4		Income from investment of tax-exer	-					
	5		Royalties	······					
				(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	0.1000 u0 u u u u u u	Securities	(ii) Other				
			assets other than inventory 7a 26,	384,902.					
		b	Less: cost or other basis						
ne			and sales expenses 7b 24,						
Ver		С	Gain or (loss) 7c 1,	779,841.					
Re		d	Net gain or (loss)	<u></u>		1,779,841.			1779841.
her Revenue	8	а	Gross income from fundraising events (not					
₽			including \$	_ of					
			contributions reported on line 1c). S	See					
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
		С	Net income or (loss) from fundraising	g events					
	9	а	Gross income from gaming activitie	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming ad	ctivities					
	10		Gross sales of inventory, less return						
			and allowances	10a	47,664.				
		b	Less: cost of goods sold		24,816.				
			Net income or (loss) from sales of ir			22,848.	22,848.		
					Business Code				
snc	11	а							
ine.		b							
ells eve		С							
Miscellaneous Revenue		d	All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			5,324,542.	843,272.	0.	2367278.

08480115 759370 19752.0000

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).

Do i	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	00 500	00 500		
	individuals. See Part IV, line 22	22,500.	22,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	451 254	262 017	104 262	02 275
	trustees, and key employees	451,354.	263,817.	104,262.	83,275
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 202 470	1 216 204	20 205	107 001
7	Other salaries and wages	1,382,470.	1,216,084.	38,395.	127,991
8	Pension plan accruals and contributions (include	160 606	112 012	44 000	10 064
_	section 401(k) and 403(b) employer contributions)	169,686. 145,675.	113,823.	44,899. 6,733.	10,964 13,319
9	Other employee benefits		125,623.	12,112.	13,319
0	Payroll taxes	134,007.	107,206.	12,112.	14,689
1	Fees for services (nonemployees):				
a	Management				
b	Legal	62,174.		62,174.	
_	Accounting	02,174.		02,174.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	81,175.		81,175.	
f	Investment management fees	01,173.		01,173.	
g	Other. (If line 11g amount exceeds 10% of line 25,	252 507	214 020	17 /1/	22 064
	column (A), amount, list line 11g expenses on Sch O.)	253,507.	214,029.	17,414.	22,064
12	Advertising and promotion	151,167.	62,909.	79,639.	8,619
13	Office expenses	112,756.	90,205.	10,193.	12,358
14	Information technology	112,750.	50,205.	10,155.	12,550
15 16	Royalties	227,387.	194,862.	13,821.	18,704
1 0	Occupancy	82,003.	65,603.	7,413.	8,987
8	Payments of travel or entertainment expenses	02,003.	03,003.	7,413.	0,501
10	'				
0	for any federal, state, or local public officials Conferences, conventions, and meetings	377,002.	301,601.	34,081.	41,320
19 20	· · · · · · · · · · · · · · · · · ·	511,002	301,001.	J=, UU1•	-1,520
:U !1	Payments to affiliates				
22	Depreciation, depletion, and amortization	187,215.	161,978.	10,578.	14,659
3		87,624.	70,100.	7,921.	9,603
.s :4	Other expenses. Itemize expenses not covered	07,024	, 5 , 1 5 5 6	, , , , , , ,	5,005
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	273,220.	215,316.	26,179.	31,725
b	COLLECTION ACQUISITIONS	67,678.	67,678.	20,175.	31,723
C	RETIREE'S EXPENSES	39,217.	07,070.	39,217.	
d	MEMBERSHIPS	302.	242.	27.	33
	All other expenses	302.	2 - 2 - 6	41.	
е !5	Total functional expenses. Add lines 1 through 24e	4,308,119.	3,293,576.	596,233.	418,310
:5 :6	Joint costs. Complete this line only if the organization	-, ,	3,233,370.	330,2330	110,510
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,014,996.	1	955,826.
	2	Savings and temporary cash investments	220,388.	2	417,629.
	3	Pledges and grants receivable, net	381,043.	3	177,852.
	4	Accounts receivable, net	20,005.	4	1,385.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	59,921.	8	62,054.
Ä	9	Prepaid expenses and deferred charges	29,911.	9	60,325.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 6,914,735. 10b 4,612,612.			
	b	Less: accumulated depreciation 10b 4,612,612.	2,347,366.		2,302,123.
	11	Investments - publicly traded securities	23,107,715.		16,977,921.
	12	Investments - other securities. See Part IV, line 11	3,863,362.	12	12,141,581.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	21 044 707	15	22 006 606
	16	Total assets. Add lines 1 through 15 (must equal line 33)	31,044,707.	16	33,096,696.
	17	Accounts payable and accrued expenses	324,893.	17	314,276.
	18	Grants payable	248,336.	18	368,541.
	19	Deferred revenue	240,330.	19	300,341.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
bilit				22	
Lia	23			23	
	24	Unsecured notes and loans payable to unrelated third parties 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	332,200.	25	373,810.
	26	Total liabilities. Add lines 17 through 25	905,429.	26	1,056,627.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	15,042,207.	27	15,621,020.
Bal	28	Net assets with donor restrictions	15,097,071.	28	16,419,049.
pu		Organizations that do not follow FASB ASC 958, check here			
Ŧ.		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	30,139,278.	32	32,040,069.
	33	Total liabilities and net assets/fund balances	31,044,707.	33	33,096,696.

Form **990** (2023)

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 32</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>, 308</u>	8,1	19.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,01	6,4	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30	<u>,139</u>	9,2	78.
5	Net unrealized gains (losses) on investments	5		92	5,9	78.
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		-4	1,6	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	32	,04	0,0	69.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O	. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COCTETY OF THE CINCINNATI

Employer identification number 53-0205/23

		1115	POCTETT OF	IUD CINCINNA	-7 T T)	3-0203423	
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:	·				(
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
_		section 170(b)(1)(A)(iv). (C		,	•	, 0			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that normal	· ·				• •	nublic described in	
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	minoritar	unit of from the general p	public described in	
8		A community trust describe		1VAVvi) (Complete Bar	F II \				
	\vdash	•			•	nd in coni	unation with a land grant	collogo	
9		An agricultural research org				-	-	-	
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Of	
40		university:	U	there 00 1 /00/ of its accord					
10		An organization that normal							
		activities related to its exem		•				-	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor							
11	\square	An organization organized a	•		•				
12	Ш	An organization organized a	•	•	-		•	•	
		more publicly supported org	-					Check the box on	
		lines 12a through 12d that o	* *						
а			anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting	
	_	organization. You must c	complete Part IV, Se	ctions A and B.					
b	· L	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing	
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its supported organiz	zation(s)	
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	uirement and an attentiv	veness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported o							
g		ride the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
T	-1								

332021 12-21-23

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2141020.	2230389.	3703676.	2712072.	2113992.	12901149.	
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	2141020.	2230389.	3703676.	2712072.	2113992.	12901149.	
	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)						1119530.	
	Public support. Subtract line 5 from line 4.						11781619.	
	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	2141020.	2230389.	3703676.	2712072.		12901149.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	986,996.	1027839.	2027666.	569,359.	587,437.	5199297.	
	Net income from unrelated business	,				•		
	activities, whether or not the							
	business is regularly carried on							
	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. Add lines 7 through 10						18100446.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 3	,438,969.	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	65.09 %	
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	62.81 %	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition				
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	ganization			
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s	

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т			T	ı	_
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	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						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustisatis	
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,				16	%
	ction D. Computation of Inves					,	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	2		,	,			

Vas 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - 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.)

1		
2		
3a		
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4a		
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4c		
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8		
9a		
9b		
9c		
10a		
10b	. 000	0000
ule A (Forn	n 990)	2023

Sched

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	r		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	S,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	7		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructior	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	A 1.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ol-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

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Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

THE SOCIETY OF THE CINCINNATI

53-0205423

Organization type (check one):

Filers of:		Section:												
Form 990	or 990-EZ	X 501	(c)(3)(e	enter number) orga	anization									
		494	7(a)(1) none	exempt charitable	trust not t	treated as	a private	foundat	ion					
		527	political or	ganization										
Form 990	-PF	501	(c)(3) exem	pt private foundat	tion									
		494	7(a)(1) none	exempt charitable	trust treate	ed as a priv	/ate foun	dation						
		501	(c)(3) taxab	le private foundat	tion									
Ola a al. if.				vel Bule eve Coe	aial Dula									
•	our organization is ly a section 501(c)(7		•	-		th the Gene	eral Rule	and a S	pecial Ru	le. See i	instruc	ctions.		
General I	Rule													
	For an organization property) from any c	-							7	-		-	-	or
Special F	Rules													
:	For an organization sections 509(a)(1) ar contributor, during tor (ii) Form 990-EZ, I	id 170(b)(ne year, to	1)(A)(vi), tha otal contrib	t checked Schedutions of the great	ule A (Form	990), Part	II, line 13	3, 16a, c	or 16b, an	nd that re	eceive	ed from a	any one	
1	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.													
; i	For an organization year, contributions of the checked, enter he purpose. Don't com religious, charitable,	exclusively re the tota plete any	for religiou al contributi of the parts	s, charitable, etc. ons that were rec unless the Gene	, purposes, eived durin eral Rule ap	, but no suc g the year oplies to th	ch contri for an _{e.} is organi:	butions <i>xclusive</i> zation b	totaled m <i>ly</i> religiou ecause it	nore than is, charit received	n \$1,00 table, o d <i>non</i> e	00. If th etc.,	nis box	the
Caution:	An organization tha	isn't cov	ered by the	General Rule and	d/or the Spe	ecial Rules	doesn't 1	file Sche	edule B (F	orm 990	0), but	it mus	st	

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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>162,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 190,791.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 51,251.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$55,170.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SOCIETY OF THE CINCINNATI

53-0205423

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

Name of organization Employer identification number

E SC	OCIETY OF THE CINCINNATE Exclusively religious, charitable, etc., contribution		ection 50	1(c)(7) (8) or (10) +b;	53-0205423		
	from any one contributor. Complete columns (a)	through (e) and the following line er	ntry. For or	ganizations			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for th	e year. (Enter this info. or	nce.) \$		
No	Use duplicate copies of Part III if additional s	space is needed. I					
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
		(e) Transfer of g	ift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
No. om ort I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-		(e) Transfer of g	ift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
n) No. From Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
-							
		(e) Transfer of g	ift				
	Transferee's name, address, and ZIP + 4		R	elationship of trar	nsferor to transferee		
N.c.							
No. om rt I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
-		(e) Transfer of g	ift				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		si Silililat Futius (oi Accounts. Comple	ete if the	
	organization answered Tes Off Offi 330, Fattiv, iii	1	dvised funds	(b) Funds and other	accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the asse	ts held in donor advise	ed funds		
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal conti	ol?	L \	res No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be ι	used only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	or any other purpose o	conferring		
	impermissible private benefit?				res No	
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, P	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	pl <u>y).</u>			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important lar	nd area	
	Protection of natural habitat		Preservation of	a certified historic structur	re	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation co	ntribution in the form o	of a conservation easemen	nt on the last	
	day of the tax year.			Held at the E	nd 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 stru	ucture included on li	ne 2a	2c		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 20	006, and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel				x	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, handling of			
	violations, and enforcement of the conservation easements it	: holds?		\	res 🔲 No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing conse	ervation easements during	the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservati	ion easements during the	year	
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			\	res 🔲 No	
9	In Part XIII, describe how the organization reports conservation	on easements in its i	revenue and expense s	statement and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organizat	ion's financial stateme	ents that describes the		
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Oth	her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in fur	rtherance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	alance sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	erance of public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$_		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treatments					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-		\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions				(Form 990) 2023	

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

	t III Organizations Maintaining C	ollections of Art			er Si		^ Assets			age ∠		
3	Using the organization's acquisition, accession							COILLII	ueu)			
Ū	collection items (check all that apply).	on, and other records	s, officer arry of the f	onowing that make	oigiiii	iioaiii c	100 01 110					
а	77											
b	X Scholarly research	e	Other	nange program								
c	X Preservation for future generations	e										
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	emnt	nurnos	se in Part	XIII				
5	During the year, did the organization solicit or							,				
·	to be sold to raise funds rather than to be ma		•	•				Yes	X	No		
Par	t IV Escrow and Custodial Arrang											
	reported an amount on Form 990, Par		on the organization	ranoworda roo o		000,	i airiv, ii	,				
1a	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets no	ot incl	luded						
	on Form 990, Part X?							Yes		No		
b	If "Yes," explain the arrangement in Part XIII									,		
	gg		- · · · · · · · · · · · · · · · · · · ·					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 Fo							Yes		No		
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII											
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.							
		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three y	ears back	(e) Four years ba		back		
1a	Beginning of year balance	22,941,505.	22,033,182.	28,876,367		22,6	80,016.	23,060,9		915.		
b	Contributions	16,667.	18,604.	498,657		56,750.		56,		100.		
С	Net investment earnings, gains, and losses	2,152,873.	1,568,229.	-6,755,217	17. 6,710,84		10,848.	829		126.		
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	647,424.	678,510.	586,625	586,625.		571,247		71,247.		407,	873.
f	Administrative expenses											
g	End of year balance	24,463,621.	22,941,505.	22,033,182	28,876,36			22,	680,	016.		
2	Provide the estimated percentage of the curr	•	(line 1g, column (a))) held as:								
а	Board designated or quasi-endowment	52.4820	_%									
b	b Permanent endowment 16.8157 %											
С	Term endowment 30.7023	%										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	the			_				
	organization by:								Yes	No		
	(i) Unrelated organizations?							3a(i)		<u>X</u>		
								3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organization							3b				
4	Describe in Part XIII the intended uses of the		vment funds.									
Par	t VI Land, Buildings, and Equipm		Dart IV Bas 44 - O			40						
	Complete if the organization answered			i i								
	Description of property	' '	(a) Cost or other basis (investment) (b) Cost or other basis (other)		1 ' '		cumulated reciation		c value	Э		
		<u> </u>										
_	Land			1 020 465			2 071) F	1.0			
b	Buildings		6,11	12,977. 4,039,465.		22.	2,073	,5.	⊥⊿.			
	Leasehold improvements	I	F1	2 002	17	7 1	-	2 /	. 1	17		
	Equipment			3,882.		7,43			$\frac{5,4}{2}$			
	Other											
ıotal	 Add lines 1a through 1e. (Column (d) must el 	aual Form 990 Part 🕽	x line 10c column	(B))			I	⊿ , J∪⊿				

Schedule D (Form 990) 2023

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

Concadio D	(1 01111 000) =0=0	
Dart VII	Investments -	Other Secu

Part VIII Investments - Other Securities	F 000 D+ IV I' 4	dh. Oan Farra 000 Bart V. Para 40
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	(b) Doon raide	(c) monoco or randament coor or one or your marrier rando
(0) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	12,141,581.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	12,141,581.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (h) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<u>_</u>	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	15,543. 358,267.
(3)	RETIREE OBLIGATIONS	358,267.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	373,810.

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

	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	th Revenue per Re	turn	. ugo
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,645,054
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	925,978.		
b	Donated services and use of facilities	2b	475,709.		
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2 d			4 404 60
е	Add lines 2a through 2d			2e	1,401,687 5,243,367
3	Subtract line 2e from line 1			3	5,243,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	01 175		
_	Investment expenses not included on Form 990, Part VIII, line 7b		81,175.	-	
b	Other (Describe in Part XIII.)	4b		4.	01 175
	Add lines 4a and 4b			4c 5	81,175 5,324,542
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statement	nts W	ith Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		iiii Zapeiieee pei .		•
1	Total expenses and losses per audited financial statements			1	4,702,653
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	475,709.		
b	Prior year adjustments	2b	·		
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	475,709
3	Subtract line 2e from line 1			3	4,226,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	81,175.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	81,175
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,308,119
	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part)	X, line 2; Part XI,
ines .	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ioriai irii	iornation.		
PAR	T III, LINE 1A:				
	·				
THE	SOCIETY'S COLLECTIONS INCLUDE ARTIFACTS OF	F HI	STORICAL SIG	NIF	ICANCE AND
ART	OBJECTS THAT ARE HELD FOR EDUCATIONAL, RES	SEAR	CH, SCIENTIF	IC,	AND
				_	
CUR	ATORIAL PURPOSES. EACH OF THE ITEMS IS CATA	ALOG	ED, PRESERVE	D, .	AND CARED
E O D	AND ACMINIMITED WEDIEVING MUEID EVICHENGE	7 NTD	ACCECCINC T	прт	D
<u>r Or</u>	A, AND ACTIVITIES VERIFYING THEIR EXISTENCE	AND	ASSESSING I	пет.	<u> </u>
CON	DITION ARE PERFORMED CONTINUOUSLY. THE COL	Γ_{\bullet} ECT	TONS ARE SUP	TEC	т то а
<u></u>	DITION THE TENTONIED CONTINUOUSET. THE COL		TOND THE BOL	010	1 10 11
POL	ICY THAT REQUIRES PROCEEDS FROM THEIR SALES	s TO	BE USED TO	ACO	UIRE OTHER
					
ITE	MS FOR COLLECTIONS.				
PAR	T III, LINE 4:				
mur	' COCTEMA'S COLLEGELONS YEE OF HIGHORICAL S	TCNTT		יםט	
1115	SOCIETY'S COLLECTIONS ARE OF HISTORICAL S	TANT	TICANCE IO I	116	

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

332054 09-28-23

Part XIII | Supplemental Information (continued)

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

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 PLACE.

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.

THE STUART GALLERY FUND WAS ESTABLISHED IN 1971 TO SUPPORT ACQUISITIONS

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

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

CURRENTLY CONSTRUES THE MODERN LIBRARY AS THE STUART GALLERY OF THE

AMERICAN REVOLUTION.

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

THAT HAVE BEEN ACCUMULATED FROM THE 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.

Part XIII Supplemental Information (continued)
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, 2024, THE SOCIETY HAD NO UNCERTAIN TAX
POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN ITS
FINANCIAL STATEMENTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE SOCIE	TY OF THE	CINCINNATI					53-0205423
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pre	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part IV	, line 21, for any
recipient that received more than	T		T		(f) Method of		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a							
3 Enter total number of other organization	s listed in the line '	1 table					

(a) Type of grant or assistance	(b) Number of recipients	(c) 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	10	22,500.	0.		TO SUPPORT RESEARCH OF THE COLONIAL AND REVOLUTIONARY ERA IN AMERICA.
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
APPLICATIONS FOR THE LIBRARY FELLO	WSHIP GRA	NTS ARE RE	ECEIVED AND	REVIEWED BY	
MANAGEMENT OF THE SOCIETY AND VETT	ED BY A S	UB-COMMITT	TEE OF THE	LIBRARY	
COMMITTEE. IN ADDITION, REGULAR CO	MMUNICATI	ON WITH TH	HE GRANTEE	IS	
MAINTAINED, INCLUDING AN ANNUAL GR	ANT REPOR	T, IN ORDE	ER TO MAKE	SURE EACH	
FELLOWSHIP ALIGNS WITH THE EXPECTA	TIONS OF	THE GRANT	AS WELL AS	THE	
SOCIETY'S STANDARDS.					
<u> </u>					

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pá	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
D	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6				
_	contingent on the net earnings of:	6-		Х
	The organization?	6a		X
D	Any related organization?	6b		-25
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	-		
8				Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		- 41
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	neuriations section 33.4930-0101?	. 9	1	

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

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) F. ANDERSON MORSE	(i)	225,650.	0.	0.	9,146.	20,250.	255,046.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SUSAN BENJAMIN	(i)	152,481.	0.	0.	19,264.	20,150.	191,895.	0.
DIRECTOR OF FIN AND ADMIN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GLENN HENNESSEY	(i)	101,231.	0.	0.	30,000.	20,050.	151,281.	0.
DIRECTOR OF MKT AND COMM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
(i								
	(i)							
	(ii)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

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

2023
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Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

Pai	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_1_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	tion amou	nts
1	Art - Works of art	Х	48		COLLECTIONS	ACCT	ING
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	18	54,108.	FAIR MARKET	VALU]	3
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	-					
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			Τ
00-	Design the constraint to the constraint to the constraint to			and and the David I. Physical deliberation	1- 00 411 11	Ye	s No
зua	During the year, did the organization receive by						
	must hold for at least 3 years from the date of t					200	Х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a	
ь 31	Does the organization have a gift acceptance p	olicy that re	acuires the review o	of any nonstandard contribut	ions?	31 X	
	Does the organization have a gift acceptance p					31 1	
uza			_	•		32a	X
b	If "Yes," describe in Part II.					0Za	+
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked		
-	describe in Part II.	2.diriir (0 <i>)</i> 101	a type of property	13. Willott Goldifili (a) 13 Offer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE SOCIETY OF THE CINCINNATI

Employer identification number 53-0205423

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MEN WHO LED THE AMERICAN AND FRENCH FORCES TO VICTORY IN THE

REVOLUTIONARY WAR THROUGH MUSEUM, LIBRARY AND EDUCATIONAL PROGRAMS AT

ANDERSON HOUSE, THE SOCIETY'S HEADQUARTERS.

LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, SERIES COMPOSED BY INSTITUTE STAFF AND MASTER TEACHERS, CLASSROOM 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." 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, AND TEACHERS, SCHOLARS, 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 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 \$ 486,498. INCLUDING GRANTS OF \$ 22,500. 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 SOCIETES AND THE FRENCH SOCIETY ELECT THE

OFFICERS OF THE CORPORATION FOR THREE-YEAR TERMS AT MEETINGS THAT OCCUR

EVERY THREE YEARS.

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

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization THE SOCIETY OF THE CINCINNATI 53-0205423 A COPY OF THE 990 DRAFT WILL BE SENT TO THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE BEFORE BEING MADE PUBLIC. FORM 990, PART VI, SECTION B, LINE 12C: EXISTING OR POTENTIAL CONFLICTS OF INTEREST, IF ANY, ARE MONITORED AND ADDRESSED REGULARLY DURING MEETINGS OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR MAKES A RECOMMENDATION TO THE PRESIDENT AND TREASURER. THE TREASURER THEN PRESENTS THE RECOMMENDATIONS TO THE BOARD FOR APPROVAL. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NH, MA, RI, CT, NY, NJ, PA, DE, MD, VA, NC, SC, GA

FORM 990, PART VI, SECTION C, LINE 19:

THE 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 -41,610.

FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS
FROM THE PRIOR YEAR.