efile GRAPHIC print Submission Date - 2022-07-25 DLN: 93493206014092 OMB No. 1545-0047 **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 ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury **∮**er√fee the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021 D Employer identification number C Name of organization

MUHAMMAD ALI MUSEUM AND EDUCATION CENTER **B** Check if applicable: ☐ Address change 61-1323046 O Name change Doing business as ☐ Initial return O Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 144 NORTH SIXTH STREET ∆mended return Application (502) 584-9254 Gending City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202 **G** Gross receipts \$ 4,937,738 Name and address of principal officer: **H(a)** Is this a group return for MARILYN JACKSON ☐Yes ✓ No subordinates? 144 NORTH SIXTH STREET Are all subordinates LOUISVILLE, KY 40202 ☐ Yes ☐No included? Tax-exempt status: 527 4947(a)(1) or If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ▶ WWW.ALICENTER.ORG L Year of formation: 1997 M State of legal domicile: KY **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: TO PRESERVE AND SHARE THE LEGACY AND IDEALS OF MUHAMMAD ALI Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 30 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. Part I. line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 1.872.143 3.265.585 496,935 Program service revenue (Part VIII, line 2g) . 203.883 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 90,991 235,336 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 228,175 565,332 2.395.192 4.563.188 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 Benefits paid to or for members (Part IX, column (A), line 4) . 14 1,505,685 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,986,003 **16a** Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 198,578 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,569,281 2,659,777 4,555,284 4,165,462 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -2.160.092 397.726 Assets or d Balances Beginning of Current Year **End of Year** 31,421,357 31,131,591 20 Total assets (Part X. line 16) . 428,874 21 Total liabilities (Part X, line 26) . 1,274,745 Net assets or fund balances. Subtract line 21 from line 20 30.146.612 30.702.717 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2022-07-14 Signature of officer Sign Here MARILYN JACKSON PRESIDENT/ CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 if P01272254 Paid self-employed ▶ JONES NALE & MATTINGLY PLC Firm's name Firm's EIN > 61-0420207 Preparer Firm's address > 401 WEST MAIN STREET SUITE 1100 Use Only Phone no. (502) 583-0248 LOUISVILLE, KY 40202 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2021) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y

orm	990 (2021)						Page 2
Pa	rt III Statement o	of Program Servi	ce Accomplis	hments			
	Check if Sched	ule O contains a respo	onse or note to a	any line in this Part III			<b>✓</b>
1	Briefly describe the or			,			
RESF NTE	ECT, HOPE AND UNDER	STANDING, AND TO IN AND CULTURAL CENT	ISPIRE ADULTS A ER FEATURING 2	AND CHILDREN EVERY\ 2 1/2 LEVELS OF INTER	EGACY AND IDEALS OF MUH, VHERE TO BE AS GREAT AS T ACTIVE MEDIA EXHIBITS, PUB SS WITHIN OURSELVES.	HEY CAN BE. THE MAC IS .	
2	Did the organization u	ndertake any significa	ant program ser	vices during the year v	which were not listed on		
	the prior Form 990 or	990-EZ?				. Yes 🛂 I	No
	If "Yes," describe these	e new services on Sch	edule O.				
3	Did the organization c	ease conducting, or m	nake significant	changes in how it cond	lucts, any program		
	services? If "Yes," describe these	changes on Schedul				🗆 Yes	✓ No
4	Describe the organizat	tion's program service 501(c)(4) organization	e accomplishme		e largest program services, a f grants and allocations to ot		
4a	(Code:	) (Expenses \$	29,848	including grants of \$	) (Revenue \$	9,436 )	
	PRIMARILY IN GRADES K-1 ON THE TEMPORARY EXHI CONFIDENCE, CONVICTIO HIGH SCHOOL YOUTH. TH	2. PROGRAMMING THEME BITS ON DISPLAY AT THE N, DEDICATION, GIVING, I ESE PROGRAMS FOCUS O	ES INCLUDE CIVICS CENTER. THEY INC RESPECT, AND SPI IN LEADERSHIP DE	AND CITIZENSHIP, CIVIL R CORPORATE THE LEGACY C RITUALITY. IN ADDITION, TI VELOPMENT AND SERVICE	REACH AND EDUCATIONAL TOUR, IGHTS, CHARACTER EDUCATION, F MUHAMMAD ALI AND THE SIX CHE MAC OFFERS COMPREHENSIVE-LEARNING WHERE STUDENTS EXD CORE PRINCIPLES OF MUHAMM,	AND OTHER TOPICS THAT ARE ORE PRINCIPLES OF THE CENT AFTER-SCHOOL PROGRAMS F PLORE STRATEGIES FOR POSIT	BASED ER: OR
4b	(Code:	) (Expenses \$	19,729	including grants of \$	) (Revenue \$	5,600)	
	TYPICAL "COMMON READ! PROVIDED STUDENTS WIT THE CENTER'S MUHAMMA CURRICULUM IS DESIGNEI BOXER'S SIX CORE PRINC	ING" EXPERIENCE HOSTEI FH THE OPPORTUNITY TO ID ALI CURRICULUM WAS D TO INSPIRE RACIAL AND IPLES FOCUSED ON CRITI	D BY MOST UNIVER ENGAGE WITH THI INCORPORATED IN D SOCIAL JUSTICE A	RSITIES WITH A "COMMON E CENTER THROUGH A TAI TO THE COLLEGE'S REQUI ACTION BY PARTICIPANTS." ESS EDUCATION: CONFIDE	N INNOVATIVE, FRESHMAN CURRIC EXPERIENCE" AT THE MUHAMMAD LORED TOUR AND A COMMUNITY-I RED 101 COURSE FOR ALL FIRST-I THE COURSEWORK CONTAINS LES NCE, CONVICTION, DEDICATION, O TUDENTS UNDERSTAND SYSTEMS NG FROM THE MAC'S EDUCATION	ALI CENTER. THIS EXPERIENCE BUILDING WORKSHOP. ADDITION EAR STUDENTS. THE ALI CENTER SONS FOR EACH OF THE FAME BUILDING RESPECT AND SPIRITION	CE ONALLY, TER'S ED ALITY
4c	(Code:	) (Expenses \$	3,515,898	including grants of \$	) (Revenue \$	760,818 )	
- •	PUBLIC PROGRAMS AND E MISSION AND SIX CORE P ATHLETES AND SOCIAL CH TO ADVANCE THE REALM SPACE AND VOICE TO COI	EVENTSPROVIDED TO OUF RINCIPLES, AS WELL AS R HANGE FORUM. THE PROV OF SPORT AND SOCIAL C LLECTIVE ACTION AND TH	R DAY-TO-DAY VISIT ACIAL AND SOCIAI GRAM CONVENES A HANGE THROUGH IE POLITICAL POWI	TORS TO THE CENTER, THE L JUSTICE. NOTABLY, IN 201 ATHLETES, SCHOLARS, PRA THE PRACTICE OF MUHAM ER OF ATHLETES AND SPOI	SE VARIOUS PROGRAMS GENERAL 21, THE MUHAMMAD ALI CENTER ( ICTITIONERS, POLICYMAKERS AND MAD ALI'S SIX CORE PRINCIPLES. XT. SPECIFIC FOCUS AREAS INCLUI CE; AND 3. MOBILIZING AND ORG	LY REFLECT ON THE CENTER". CURATED AND HOSTED ITS AN ADVOCATES WHO ARE ALL W THE 2021 FORUM SOUGHT TO DED: 1. ENGAGING SPORT TO	ORKING GIVE
	(Code:	) (Expenses \$	107,018	including grants of \$	) (Revenue \$	207,722 )	
	•	JE GENERATED FROM COI		= = :	INDIVIDUALS HOLDING EVENTS I		ES AT
4d	Other program service	es (Describe in Schedu	ıle O.)				
	(Expenses \$	107,018 incl	uding grants of	\$	) (Revenue \$	207,722)	

3,672,493

Total program service expenses ▶

4e

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 **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 No 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 No 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Yes Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a **b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b c Did the organization report an amount for investments—program related in Part X. line 13 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . . . 11c 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 No **11d** e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No 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 Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes **b** Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . 14a No **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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Yes Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Nο 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

Checklist of Required Schedules (continued) Yes Nο Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 No column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current Yes and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 Schedule I . 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 No 24a **b** 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 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . . 25a No Is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25b No . . . . . . . . . . . . Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family 26 Nο member of any of these persons? If "Yes," complete Schedule L, Part II . . . . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% 27 No controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 28a No **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . 28b No A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Nο 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29 Yes Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Yes 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 No Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule 32 No Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections Nο 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 No 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? No If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related No 36 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 Nο 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. Yes 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . Yes Nο 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . **1**a 13 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . **1**b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c Yes

orm	990 (2021)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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 any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did 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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	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.			
12				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
r				
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		.10
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		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Page 6

Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	•	-	•	•	-	•	-	•	•	•	•	÷
Section A. Governing body and management												

Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 30 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 30 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 Nο Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . No 6 Did the organization have members or stockholders? . . Nο 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? . 7a No . . . . . . . . . 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **a** The governing body? . 8a Yes **b** Each committee with authority to act on behalf of the governing body? . . . . 8b Yes 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 in Schedule O 9 Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No **10a** Did the organization have local chapters, branches, or affiliates? . . . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a No **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 Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b conflicts? . Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c Yes 13 Yes 13 Did the organization have a written whistleblower policy? . . . 14 Did the organization have a written document retention and destruction policy? . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . 15a Yes **b** Other officers or key employees of the organization . . . . . 15b Nο 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 16a taxable entity during the year? . No

## Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 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.

**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 exempt

- Another's website Describe in 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 144 NORTH SIXTH STREET LOUISVILLE, KY 40202 (502) 584-9254

16b

#### Form 990 (2021) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII

and Independent Contractors

Page 7

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or 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 <b>former director</b> organization, more than \$10,000 of reportable co										
See the instructions for the order in which to list t	•									
Check this box if neither the organization not  (A)  Name and title	(B) Average hours per week (list any hours for related organizations	Position than o	on (do ne bo oth a direct	(C) not ox, u n off or/ti	che nles icer rust	eck m ss per and a ee)	ore son a	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT CROFT JR	2.00	х		х				0	0	0
CHAIR (2) INA BOND	2.00									
CHAIR EMERITUS		Х						0	0	0
(3) BENNIE IVORY	2.00	х		х					0	
VICE-CHAIR		^		^				O	0	0
(4) LONNIE ALI VICE-CHAIR AND FOUNDER	2.00	х		х				0	0	0
(5) ALAN J BAILEY	2.00	· ·								
MEMBER-AT-LARGE		Х						0	0	0
(6) ROBERT L DECKER SECRETARY/TREASURER	2.00	x		х				0	0	0
(7) DAVID BOWLING MEMBER-AT-LARGE	2.00	Х						0	0	0
(8) DR SUSAN DONOVAN MEMBER-AT-LARGE	2.00	Х						0	0	0
(9) EMILIE DEUTSCH MEMBER-AT-LARGE	2.00	Х						0	0	0
(10) ENID TRUCIOS-HAYNES MEMBER-AT-LARGE	2.00	Х						0	0	0
(11) INGRID GENTRY MEMBER-AT-LARGE	2.00	х						0	0	0
(12) JOHN RAMSEY MEMBER-AT-LARGE	2.00	Х						0	0	0
(13) JOHN Y BROWN MEMBER-AT-LARGE	2.00	Х						0	0	0
(14) KIM BAKER MEMBER-AT-LARGE	2.00	х						0	0	0
(15) LAURIE SCHALOW MEMBER-AT-LARGE	2.00	Х						0	0	0
(16) NEVILLE BLAKEMORE MEMBER-AT-LARGE	2.00	х						0	0	0
(17) PAUL WOOD	2.00	х						0	0	0
MEMBER-AT-LARGE								Ŭ	Ü	
	<u> </u>									Form <b>990</b> (2021)

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related			x, u n off or/tr	che nles icer ruste	s pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations
(18) RALPH DE CHABERT  MEMBER-AT-LARGE	2.00	х						0	0	0
(19) RAMA TAMIMI	2.00							_	_	_
MEMBER-AT-LARGE	2.00	X						0	0	0
(20) BRAD SEIGEL	2.00	х						0	0	0
MEMBER-AT-LARGE (21) ROULA ALLOUCH	2.00									
MEMBER-AT-LARGE	2.00	ХХ						0	0	0
(22) RUFUS FRIDAY	2.00	Y						0	0	0
MEMBER-AT-LARGE	•••••	X						0	0	0
(23) WILLIAM C CARROLL	2.00	Х						0	0	0
(24) DR MUHAMMATD BARAR										
MEMBER-AT-LARGE	2.00	X						0	0	0
(25) MICHAEL BAER	2.00	Х						0	0	0
MEMBER-AI-LARGE		:`						,		
(26) BRAD BLACKWELL MEMBER-AT-LARGE	2.00	Х						0	0	0
(27) DR CHRISTOPHER IONES	2.00							_	_	_
MEMBER-AT-LARGE		X						0	0	0
(28) DR AMANI KETTANEH	2.00	Х						0	0	0
(20) KDIS SIDCHIO										
MEMBER-AT-LARGE	2.00	X						0	0	0
(30) JEAN WEST	2.00							0	0	0
MEMBER-AT-LARGE		X						0	0	0
(31) LAURA DOUGLAS	40.00	<u> </u>		Х				137,981	0	0
INTERIM PRESIDENT/CEO (32) ELIZABETH VISSING	40.00									
SENIOR DIRECTOR EVENTS & O (33) JEANIE B KAHNKE	•••:::					Х		106,115	0	16,338
SENIOR DIRECTOR OF PR AND	40.00	<b>.</b>				Х		109,434	0	10,806
(34) DONALD LASSERE	40.00						Х	91,249	0	0
FORMER PRESIDENT/CEO		• • • • • • • • • • • • • • • • • • • •				<u> </u>	^	31,243	<u> </u>	· ·
to Sub-Total	-		•	•	,			444.770		27.144
d Total (add lines 1b and 1c)	not limited to t			201/6	-\ w	ho roc	oive	444,779	0 000 of	27,144
reportable compensation from the organic		.11036 113	teu ai	JO V C	5) VV	110 160	.CIVC	su more than \$100,	000 01	
									_	Yes No
Did the organization list any <b>former</b> offic line 1a? If "Yes," complete Schedule J for s			•		-		_	est compensated en	nployee on 3	Yes
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual									ne <b>4</b>	No
5 Did any person listed on line 1a receive o services rendered to the organization?!f"										No
Section B. Independent Contractors										INO
1 Complete this table for your five highest of		depend	ent co	ontr	acto	rs tha	t re	ceived more than \$	100,000 of compen	sation from
the organization. Report compensation fo	r the calendar y								ear.	
Name and I	(A) ousiness address							Descrip	( <b>B</b> ) otion of services	<b>(C)</b> Compensation
								I		1

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 990 (2021)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. A	All other organization	s must complete colu	mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			$\square$
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> 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	1	I		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	229,230	91,692	45,846	91,692
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	936,766	892,511	26,829	17,426
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,469	28,251	2,086	3,132
9 Other employee benefits	200,976	169,641	12,527	18,808
<b>10</b> Payroll taxes	105,244	88,835	6,560	9,849
11 Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	32,268	27,237	2,011	3,020
<b>c</b> Accounting	21,600	6,480	12,960	2,160
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	239,262	214,011	10,095	15,156
12 Advertising and promotion	39,667	39,667		
13 Office expenses	314,063	264,053	32,535	17,475
14 Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	310,152	286,032	21,708	2,412
<b>17</b> Travel	1,288	1,285		3
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	22,380	15,305	5,306	1,769

9,865

1,399,326

116,306

112,884

16,339

8,695

8,156

7,526

4,165,462

20 Interest .

23 Insurance .

**d** PRINTING

21 Payments to affiliates .

expenses on Schedule O.)

c POSTAGE AND SHIPPING

**b** PUBLIC RELATIONS

e All other expenses

a BUILDING SUPPLIES AND M

22 Depreciation, depletion, and amortization

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here if following SOP 98-2 (ASC 958-720).

9,098

1,290,504

107,262

104,105

16,049

4,939

8,010

7,526

3,672,493

690

97,940

8,140

7,901

1,257

294,391

77

10,882

904

878

290

2,499

146

198,578

Form 990 (2021) Page **11** Part X Balance Sheet Check if Schedule O contains a

		2	
	9		
	000	/	

		Check if Schedule O contains a response or note	e to any	line in this Part IX			<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			276,069	1	1,303,447
	2	Savings and temporary cash investments		[	128,087	2	1,660
	3	Pledges and grants receivable, net			60,000	3	12,000
	4	Accounts receivable, net		[	21,800	4	11,906
	5 6	Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of the Loans and other receivables from other disqualif section 4958(f)(1)), and persons described in sec	antial on se pers fied per	ontributor, or 35% ons sons (as defined under		5	
	7	Notes and loans receivable, net	CC1011 12	-		6 7	
əts	8	Inventories for sale or use			77,366	8	72,720
Assets	9				11,081	9	
Ä		Prepaid expenses and deferred charges	 I I		11,081	9	14,516
	тиа	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	55,656,570			
	b	Less: accumulated depreciation	10b	28,138,243	28,697,706	10c	27,518,327
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line 3	11 .		2,149,248	12	2,197,015
	13	Investments—program-related. See Part IV, line		_		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equ		<u> </u>	31,421,357	16	31,131,591
1	17	Accounts payable and accrued expenses			434,675	17	385,941
	18	Grants payable	,	-	12 1,070	18	
	19	Deferred revenue		-	59,170	19	42,933
	20	Tax-exempt bond liabilities		<b>-</b>	33,170	20	12,555
	21	Escrow or custodial account liability. Complete Pa		-		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contrib or family member of any of these persons	er offic	er, director, trustee, key		22	
.00	22		tad th:-	d parties		23	
	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· •		24	
	24 25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables	<u> </u>	780,900	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25	<u>.                                    </u>		1,274,745	26	428,874
or Fund Balances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	eck he	ere 🕨 🗹 and	27,937,364	27	28,437,702
Ba	- <i>,</i> 28	Net assets with donor restrictions			2,209,248	28	2,265,015
Pu			•		2,203,240		2,203,013
or Fu	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	958, c	heck here  and and		29	
Sts	30	Paid-in or capital surplus, or land, building or equ	uipment	fund		30	
Net Assets	31	Retained earnings, endowment, accumulated inc	come, o	r other funds		31	
t A	32	Total net assets or fund balances			30,146,612	32	30,702,717
Ne	33	Total liabilities and net assets/fund balances .		片	31,421,357	33	31,131,591
		in the second se	- •	<u> </u>	32, .22,337		Form <b>990</b> (2021)
							101111 330 (2021)

efi	le GR	APHIC prin	t Sub	mission Date	- 2022-07-25			DLN:	93493206014092
	HED	ULE A 990)			narity Statu	tion 501(c)(3)	organization or		OMB No. 1545-0047
		t of the	_		4947(a)(1) nonexe ► Attach to Form	990 or Form 99	90-EZ.		
Trea Inter	sury mal Re	venue	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	structions and	d the latest info	rmation.	Open to Public Inspection
		<b>le organizati</b> ALI MUSEUM AI		I CENTER				Employer identification 61-1323046	ation number
	a <b>rt l</b> organiz				<b>us</b> (All organization it is: (For lines 1 thro			ee instructions.	
1		A church, c	onvention of	f churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)(	A)(i).	
2		A school de	scribed in <b>s</b> e	ection 170(b)(	1)(A)(ii). (Attach Sche	edule E (Form 99	90).)		
3		A hospital of	r a coopera	tive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(ii	ii).	
4		A medical r name, city,		anization operat	ed in conjunction with	a hospital descr	ribed in <b>section</b> :	170(b)(1)(A)(iii). En	ter the hospital's
5				ed for the benef nplete Part II.)	it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descri	ibed in <b>section</b>
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A)	(v).	
7	<b>~</b>			rmally receives (vi). (Complete	a substantial part of its Part II.)	s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust desc	cribed in <b>sectio</b>	n 170(b)(1)(A)(vi). (C	Complete Part II.	)		
9					escribed in <b>170(b)(1)</b> (ee instructions. Enter t				ge or university or a
10		activities re income and	lated to its of unrelated by	exempt function	s—subject to certain e income (less section 5	xceptions, and (	2) no more than	33 1/3% of its support	nd gross receipts from from gross investment after June 30, 1975.
11		An organiza	tion organiz	ed and operate	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ly supporte	d organizations	d exclusively for the be described in <b>section 5</b> te type of supporting o	609(a)(1) or sec	ction 509(a)(2).	See section 509(a)	e purposes of one or (3). Check the box on
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup						ing control or anization(s). <b>You must</b>
c		Type III fu	nctionally i	i <b>ntegrated.</b> A s				d functionally integra	ted with, its supported
d		Type III not functionally	<b>n-function</b> integrated.	ally integrated The organization	I. A supporting organized	ration operated i fy a distribution	in connection wit requirement and		
e		Check this	oox if the or	ganization recei	ved a written determin	ation from the I		e I, Type II, Type III fu	nctionally integrated,
f	Enter	,,		, ,	· · · · · · · · · · · · ·			<u> </u>	
<u>g</u>	Jamoo	Provide the of supported			the supported organiz		anization listed	(v) Amount of	(vi) Amount of
(1)	varrie o	i supported	nganization	(II) EIN	organization (described on lines 1- 10 above (see instructions))		ning document?	monetary support (see instructions)	other support (see instructions)
						Yes	No		
				1					
Tota	ıl								
For	Paperv	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedu	le A (Form 990) 2021

Page 2

the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (e) 2021 (d) 2020 (f) Total (or fiscal vear beginning in) Gifts, grants, contributions, and membership fees received. (Do not 5.959.663 4.971.970 3.631.777 2.278.186 3.997.745 20.839.341 include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . The value of services or facilities furnished by a governmental unit to the organization without charge... 2,278,186 20,839,341 Total. Add lines 1 through 3 5,959,663 4,971,970 3,631,777 3,997,745 The portion of total contributions by each person (other than a 36 05 41

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

6	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from						6,684,836
_	line 4.						14,154,505
	Section B. Total Support		_		_		
	llendar year r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	5,959,663	4,971,970	3,631,777	2,278,186	3,997,745	20,839,341
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	588,047	576,063	667,926	143,767	443,058	2,418,861
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	<b>Total support.</b> Add lines 7 through 10						23,258,202
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	496,935
13	First 5 years. If the Form 990 is for the	•			•		ation, check
	this box and <b>stop here</b>	<u></u>	<u></u>	<u></u>	<u> </u>	<u> ▶ □</u>	
9	Section C. Computation of Publi	c Support Per	centage				

if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the 10%-facts-and-circumstances test—2020. 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

20

	Support Schedule fo (Complete only if you conganization fails to qu	hecked the box	on line 10 of	Part I or if the	organization fai	ed to qualify un	der Part II. If the
Se	ection A. Public Support	ally under the	tests listed be	elow, piease coi	ilpiete Fait II.)		
	endar year						
	fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose		1				
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf		1				
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.) ection B. Total Support						
		T	_				
	endar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	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						
С	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.						
c 11	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business						
	(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,						
	(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						
	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
11	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets						
11	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,						
11 12 13	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's	first, second, th	ird, fourth, or fifth	n tax year as a sec	ction 501(c)(3) org	anization, check this
11	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the	3			•		- 0
11 12 13 14	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here.				•	ction 501(c)(3) org	- 0
11 12 13 14 Se	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the	Support Perc	entage	<u> </u>	<u> </u>		- 0
11 12 13 14 See 15	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here.  Ection C. Computation of Public Public support percentage for 2021 (line of the support percentage for	Support Percone 8, column (f) d	entage ivided by line 1	3, column (f))		15	- 0
11 12 13 14 See 15 16	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage from 2020 Section 2021 (ling Public support percentage from 2020 Section 2021)	Support Perc ne 8, column (f) d Schedule A, Part I	entage ivided by line 1	3, column (f))			- 0
11 12 13 14 Se 15 16 Se	(less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First 5 years. If the Form 990 is for the box and stop here. Ection C. Computation of Public Public support percentage from 2020 Section D. Computation of Invest	Support Perc ne 8, column (f) d Schedule A, Part I ment Income	entage ivided by line 1 II, line 15 Percentage	3, column (f))		15 16	- 0
11 12 13 14 Se 15 16 Se 17	(less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 section D. Computation of Invest Investment income percentage for 2020.	Support Perc ne 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu	entage ivided by line 1 II, line 15 Percentage mn (f) divided by	3, column (f))		15 16	- 0
11 12 13 14 Se 15 16 Se 17 18	(less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  Ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2020 Investment Income percentage	Support Perc be 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A,	entage ivided by line 1 II, line 15 Percentage mn (f) divided by Part III, line 17	3, column (f))	(f)	15 16 17 18	▶0
11 12 13 14 Se 15 16 Se 17 18	(less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2020 Investment income percentage from 2020 Section 31/3% support tests-2021. If the o	Support Perc be 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, rganization did no	entage ivided by line 1 II, line 15  Percentage mn (f) divided by Part III, line 17 of check the box	3, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin	e 17 is not more
11  12  13  14  See 15 16  See 17 18 19a	(less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  Ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 2021 (line Support Percentage from 2021). If the othan 33 1/3%, check this box and stop	Support Perc to 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, rganization did no here. The organi	entage ivided by line 1 II, line 15  Percentage mn (f) divided by Part III, line 17 of check the box ization qualifies	3, column (f))	(f))	15 16 17 18 an 33 1/3%, and lin	e 17 is not more
11  12  13  14  See 15 16  See 17 18 19a	(less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First 5 years. If the Form 990 is for the box and stop here.  Ection C. Computation of Public Public support percentage for 2021 (line Public support percentage from 2020 Section D. Computation of Invest Investment income percentage from 203 1/3% support tests-2021. If the othan 33 1/3%, check this box and stop	Support Perc ne 8, column (f) d Schedule A, Part I ment Income 21 (line 10c, colu 020 Schedule A, rganization did no here. The organi organization did	entage ivided by line 1 II, line 15  Percentage mn (f) divided by Part III, line 17 of check the box ization qualifies not check a box	as a publicly sup on line 14 or line	(f))	15 16 17 18 an 33 1/3%, and lin on	e 17 is not more

5a

5b

5c

6

7

8

9a

9b

9c

10a

### Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box

12d, of Part I, complete Sections A and D, and complete Part V.)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. It historic and community relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 509(a)(1) or (2).	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.	2-		
_		3a		
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 <b>Part VI</b> when and how the organization made the determination.			
	determination.	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
	We will be a significant to the Heiland State (1965) and the Heiland State	30		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
	checked box 120 of 120 m fact, answer mes 40 and 40 below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			

b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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). 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? 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 6

  - 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

  - 7
  - - organization's supported organizations? If "Yes," provide detail in Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).

    - 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,"
    - 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,"

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,"

- 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.
- provide detail in Part VI.

- - Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9a

- which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

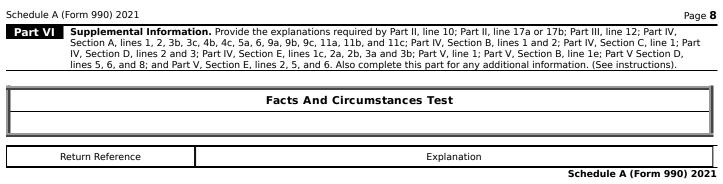
answer line 10b below.

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).	10b		
Schedule A	A (Forr	m 990	2021

P	art IV	Supporting Organizations (continued)			
				Yes	No
11	. Has	the organization accepted a gift or contribution from any of the following persons?			
ā		erson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the erning body of a supported organization?	11a		
	<b>A</b> fa	mily member of a person described on 11a above?	11b		
		5% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
	VI.		110		
	Sectio	n B. Type I Supporting Organizations		1	
				Yes	No
1	app des acti dire	the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly oint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," cribe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's vities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to h 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	_		
_	ope	rated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit ried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	orga	anization.	2		
_	Sectio	n C. Type II Supporting Organizations			
				Yes	No
1	Wer	e a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
		h of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Sectio	n D. All Type III Supporting Organizations			
				Yes	No
1	tax Forr	the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the m 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	doc	uments in effect on the date of notification, to the extent not previously provided?	1		
2	or (i	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization ntained a close and continuous working relationship with the supported organization(s).			
_	D	seem of the valetionable described in line 2 above did the averagination/a supported averaginations have a simiffeent	2		
3		reason of the relationship described in line 2 above, did the organization's supported organizations have a significant see in the organization's investment policies and in directing the use of the organization's income or assets at all times			
		ng the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_	Sectio	n E. Type III Functionally-Integrated Supporting Organizations			
1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns):		
	a _	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> _	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	<b>c</b>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruct	tions)	
2	Acti	vities Test. Answer lines 2a and 2b below.		Yes	No
	orga <b>org</b> resp	substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported anization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> anizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted stantially all of its activities.	2a		
	of th	the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more ne organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the anization's position that its supported organization(s) would have engaged in these activities but for the organization's solvement.	2b		
3	Pare	ent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	a Did	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of supported organizations?If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
		the organization exercise a substantial degree of direction over the policies, programs and activities of each of its ported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3h		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integrated	509(a)(3) Supporting O	rganizations (c	ontinue	d)
Section D - Distributions				Current Year
Amounts paid to supported organizations to accomplish	exempt purposes		1	_
Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5	
6 Other distributions (describe in <b>Part VI</b> ). See instruction	•		6	
7 Total annual distributions. Add lines 1 through 6.	<u>-</u>		7	
Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016				
<b>b</b> From 2017				
<b>c</b> From 2018				
<b>d</b> From 2019				
e From 2020				
f Total of lines 3a through e g Applied to underdistributions of prior years				
h Applied to 2021 distributions of prior years				
i Carryover from 2016 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2021 from Section D, line 7:				
Applied to underdistributions of prior years				
<b>b</b> Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.				
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2017				
<b>b</b> Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021			S	 chedule A (Form 990) (2021)



efile GRAPHIC print

Name of the organization

Submission Date - 2022-07-25

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

DLN: 93493206014092

Employer identification number

OMB No. 1545-0047

## **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 <u>www.irs.gov/Form990</u> for instructions and the latest information. Open to Public Inspection

MU	HAMMAD	ALI MUSEUM AND EDUCATION CENTER			61-13	323046		
Pa	art I	Organizations Maintaining Donor Adv Complete if the organization answered "Ye						
			(a) Donor	advised funds		(b) Funds and o	ther accou	unts
1	Total n	umber at end of year						
2	Aggreg	gate value of contributions to (during year)						
3	Aggreg	gate value of grants from (during year)						
4	Aggreg	gate value at end of year						
5		e organization inform all donors and donor adviso ization's property, subject to the organization's ex				inds are the	☐ Yes	□ No
6	charita	e organization inform all grantees, donors, and do able purposes and not for the benefit of the donor e benefit?	or donor advisor, or	for any other purpose c			☐ Yes	□ No
Pa	rt II	Conservation Easements.						<u> </u>
		Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 7.				
1	Purpos	se(s) of conservation easements held by the orga	nization (check all tha	it apply).				
	☐ P	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historio	cally important la	ind area	
	☐ P	Protection of natural habitat		Preservation of a c	ertified	historic structur	e	
	☐ F	Preservation of open space						
2		lete lines 2a through 2d if the organization held a nent on the last day of the tax year.	qualified conservatio	n contribution in the for	m of a	conservation  Held at the E	nd of the	e Year
а	Total n	umber of conservation easements			2a			
b	Total a	creage restricted by conservation easements			2b			
c	Numbe	er of conservation easements on a certified histor	ic structure included i	n (a)	2c			
d		er of conservation easements included in (c) acqu ure listed in the National Register	ired after 7/25/06, an	d not on a historic	2d			
3	Numbe tax ye	er of conservation easements modified, transferre ear •	ed, released, extinguis	shed, or terminated by t	the orga	anization during	the	
4	Numb	er of states where property subject to conservation	on easement is locate	d <b>▶</b>				
5		the organization have a written policy regarding the cement of the conservation easements it holds? .			of violat	tions, and	·s	No
6	Staff a	and volunteer hours devoted to monitoring, inspec	cting, handling of viol	ations, and enforcing co	nservat		_	
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspecting,	handling of violations	s, and enforcing conserv	vation e	easements during	the year	
В		each conservation easement reported on line 2(d) ection 170(h)(4)(B)(ii)?			70(h)(4)	)(B)(i)	·s	No
9	balanc	t XIII, describe how the organization reports conse ce sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer	footnote to the organ			ement, and		
Pa	rt III	Organizations Maintaining Collections Complete if the organization answered "Ye			ner Sii	milar Assets.		
1a	histori	organization elected, as permitted under FASB AS ical treasures, or other similar assets held for pub III, the text of the footnote to its financial stateme	lic exhibition, educati	on, or research in furthe				in
b	histori	organization elected, as permitted under FASB AS ical treasures, or other similar assets held for publing amounts relating to these items:						he
(	(i) Reve	nue included on Form 990, Part VIII, line $1\ .\ .\ .\ .$			. ▶	\$		
(i	ii) Asset	s included in Form 990, Part X				*\$		
2	If the	organization received or held works of art, historic ing amounts required to be reported under FASB A	cal treasures, or other	similar assets for finan				_ <del>_</del>
а	Reven	ue included on Form 990, Part VIII, line $1 \ \ldots \ \ldots$			▶	\$	171,92	20
b	Assets	s included in Form 990, Part X				*\$	1,837,5	02

Cat. No. 52283D

Schedule D (Form 990) 2021

Pai	rt III	Organizations M	aintaining Co	llections of Art,	Histor	rical 1	reas	ures,	or Othe	er Similar A	Assets (d	continued)	
3		ng the organization's acquas (check all that apply):	<del>-</del>										
а	<b>✓</b>	Public exhibition			d		Loan	or exch	ange pro	grams			
b		Scholarly research			e		Othe	r					
c	<b>✓</b>	Preservation for future	generations										
4		vide a description of the o	organization's coll	ections and explain h	now the	y furth	er the	e organiz	zation's e	exempt purpo	ose in		
5		ing the year, did the orga ets to be sold to raise fun									Yes	✓ No	
Pa	rt IV	Complete if the org line 21.			า 990,	Part I	V, line	e 9, or	reporte	d an amour	nt on Forn	n 990, Part	: X,
1a		ne organization an agent, uded on Form 990, Part X									☐ Yes	□ No	
b	If "Y	es," explain the arrangen	nent in Part XIII aı	nd complete the follo	wing ta	able:				Δ.	mount		
c	Beg	inning balance							1c				
d	Add	itions during the year							1d				
e	Dist	ributions during the year							1e				
f	End	ing balance							<b>1</b> f				
2a	Did	the organization include	an amount on For	m 990, Part X, line 2	1, for e	scrow	or cus	todial ad	ccount lia	ability?	☐ Yes	☐ No	
b	If "Y	es," explain the arrangen	nent in Part XIII. C	heck here if the expl	anation	n has b	een pi	rovided	in Part X	ıı C			
Pa	rt V	Endowment Fund											
		Complete if the org	janization answ	ered "Yes" on Form (a) Current year		Part I			ears back	(d) Three ye	arc back 1	e) Four years	hack
1a	Begin	nning of year balance .		2,149,248	(6)	1,904		(c) iwo y	1,538,81		,601,744		8,253
	-	ibutions											
c	Net ir	nvestment earnings, gain:	s, and losses	47,767		245	,081		365,35	3	-62,930	21	3,491
d	Grant	ts or scholarships											
е		r expenditures for facilitie	es										
f	Admi	nistrative expenses .											
g	End o	of year balance		2,197,015		2,149	,248		1,904,16	7 1	,538,814	1,60	1,744
2	Prov	vide the estimated percer	ntage of the curre	nt year end balance	(line 1g	g, colur	nn (a)	) held as	s:		-		
а	Boa	rd designated or quasi-er											
b	Perr	manent endowment 🕨											
c	Tern	n endowment 🕨											
		percentages on lines 2a,	•	•									
3а	orga	there endowment funds ranization by:	•	sion of the organization	on that	are he	ld and	d admini	istered fo	or the			No
		Jnrelated organizations				•					3a(		No No
b		Related organizations . 'es" on 3a(ii), are the related			 Sched	 ule R?	•				3k	-	INO
4		cribe in Part XIII the inten	-	·			•	•				<u> </u>	
	rt VI												
		Complete if the org	janization answ	ered "Yes" on Forn									
	Desc	ription of property	(a) Cost or othe (investmen		or other	basis (c	ther)	(c) Acc	cumulated	depreciation	(d)	Book value	
1a	Land												
b	Buildi	ings				52,36	9,052			25,837,356		26,53	31,696
c	Lease	ehold improvements				1	2,657			8,669			3,988
d	Equip	oment				3,27	4,861			2,292,218		98	32,643
_	Othor	<u>,</u>											

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

27,518,327

Complete if the organization answered "Yes" on Form  (a) Description of security or category (including name of security)  derivatives eld equity interests	(b) Book value		(c) Method of vat t or end-of-year i	aluation:
derivatives		Cos	t or end-of-year i	narket value
NDOWMENT FUND - BAIRD	2,197,01	5	F	
(b) must equal Form 990, Part X, col. (B) line 12.)	2,197,01	5		
	rm 990, Part IV, lir	ne 11c. See Forr	n 990, Part X, I	ine 13.
(a) Description of investment		(b) Book value	(c) Meth	nod of valuation: of-year market value
			COSE OF CHA	or year market value
4)				
Other Assets.	٠			
	m 990, Part IV, lin	e 11d. See Form	n 990, Part X, li	ne 15. (b) Book value
nn (b) must equal Form 990, Part X, col.(B) line 15.)			>	
Other Liabilities.			•	+ V line 2E
		e 11e 0f 11f.5ee	e FOITH 990, Par	(b) Book value
come taxes				
	Investments - Program Related. Complete if the organization answered 'Yes' on Fo  (a) Description of investment  (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets. Complete if the organization answered 'Yes' on For  (a) Description  on (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities. Complete if the organization answered 'Yes' on For  (a) Descriptio	Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, lin  (a) Description of investment  (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, lin  (a) Description  in (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, lin  (a) Description of liability	Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form  (a) Description of investment  (b) Book value  (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See (a) Description of liability	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, III (a) Description of investment (b) Book value (c) Method Cost or end-  (b) must equal Form 990, Part X, col.(B) line 13.)  (a) Description  (b) must equal Form 990, Part X, col.(B) line 13.)  (a) Description  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.)  (c) must equal Form 990, Part X, col.(B) line 15.)  (d) Description of liabilities.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part (a) Description of liability

Return.

1

2

4.873.832

1

158,378

c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d	152,266		
e	Add lines 2a through 2d				2e	310,644
3	Subtract line <b>2e</b> from line <b>1</b>				3	4,563,188
4	Amounts included on Form 990, Pa	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	0
5	Total revenue. Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12.)			5	4,563,188
Par		penses per Audited Financial Stater zation answered 'Yes' on Form 990, Part		•	Retu	rn.
<del>1</del>		dited financial statements			1	4,317,728
2	Amounts included on line 1 but no				_	.,,,,,,,
a		ities	2a			
b			2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.)		2d	152.266		
e	Add lines <b>2a</b> through <b>2d</b>				2e	152.266
3	, and the second				3	4,165,462
4	Amounts included on Form 990, Pa		•			1,200,102
a	•	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	·	4b		-	
c	Add lines <b>4a</b> and <b>4b</b>				4c	0
5		c. (This must equal Form 990, Part I, line 18.)	•		5	4.165.462
	rt XIII Supplemental Info	•	•			4,103,402
		art II, lines 3, 5, and 9; Part III, lines 1a and 4;	Dort I	/ lines 1h and 2h, Part //	lina 1:	Dort V. line 2. Dort VI. lines
		o. Also complete this part to provide any addi			iine 4;	rait A, line 2; Part AI, lines
	Return Reference		Ex	planation		

Reconciliation of Revenue per Audited Financial Statements With Revenue per

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

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

PART V, LINE 4: ENDOWMENT CORPUS WILL BE HELD IN PERPETUITY AND INCOME USED TO SUPPORT OPERATIONS. THE ORGANIZATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE PART X, LINE 2: INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE INCOME TAXES HAS BEEN MADE IN THESE STATEMENTS. THE ORGANIZATION'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY

RELATED APPEALS OR LITIGATIONS PROCESSES, BASED ON THE TECHNICAL MERITS. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF A TAX EXPENSE OR BENEFIT. THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IS SUBJECT TO

EXAMINATION BY THE TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED STATUTE OF LIMITATIONS ON THE RETURN, WHICH IS GENERALLY THREE YEARS.

COST OF GOODS SOLD - 152,266

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

PART XII, LINE 2D - OTHER COST OF GOODS SOLD - 152,266 ADJUSTMENTS: Schedule D (Form 990) 2021

efile GRAPHIC print Submission Date - 2022-07-25 DLN: 93493206014092 OMB No. 1545-0047 **Supplemental Information Regarding** SCHEDULE G (Form 990) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Attach to Form 990 or Form 990-EZ. Inspection Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** MUHAMMAD ALI MUSEUM AND EDUCATION CENTER 61-1323046 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants

c	Phone solicitations			g	Special fundraising	g events	
d	☐ In-person solicitations						
2a	Did the organization have a wr or key employees listed in Forr						es 🗆 No
b	If "Yes," list the 10 highest paid to be compensated at least \$5			raisers) p	ursuant to agreements ເ		
(i) N	lame and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont contrib	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tota	1			•			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	<b>Fundraising Events.</b> Complet than \$15,000 of fundraising ev gross receipts greater than \$5,	ent contributions and			
		(a)Event #1  MAHA (event type)	(b) Event #2	(c)Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue					
	1 Gross receipts	378,475			378,475
	2 Less: Contributions	77,500			77,500
	3 Gross income (line 1 minus line 2)	300,975			300,975
	4 Cash prizes				
SS	5 Noncash prizes	10,380			10,380
Direct Expenses	6 Rent/facility costs	76,117			76,117
ă	7 Food and beverages	34,378			34,378
e G	8 Entertainment	4,000			4,000
ä	9 Other direct expenses	97,409			97,409
	10 Direct expense summary. Add lines 4 thi				222,284
Pa	11 Net income summary. Subtract line 10 fr				78,691
	danning. Complete il the organ	nization answered "Ye	s" on Form 990, Part IV	/, line 19, or reported	more than \$15,000
nue	on Form 990-EZ, line 6a.	nization answered "Ye	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
evenue					
			(b) Pull tabs/Instant		(d) Total gaming (add col.
60	on Form 990-EZ, line 6a.		(b) Pull tabs/Instant		(d) Total gaming (add col.
60	on Form 990-EZ, line 6a.  1 Gross revenue		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes		(b) Pull tabs/Instant		(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo  Yes %	(c) Other gaming	(d) Total gaming (add col.
Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses	(a) Bingo  Yes %  No  rough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes %  No	(d) Total gaming (add col.
Direct Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 thi	(a) Bingo  Yes %  No  rough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col.(c))
Direct Expenses	on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 the lines 1 summary. Subtract I lines the organization licensed to conduct gar	(a) Bingo  Yes %  No  rough 5 in column (d)  line 7 from line 1, column in conducts gaming activitioning activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No (d)	(c) Other gaming  Yes %  No	(d) Total gaming (add col. (a) through col.(c))
olirect Expenses	on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes%  No  rough 5 in column (d)  line 7 from line 1, column n conducts gaming activiting activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes%  No	(d) Total gaming (add col. (a) through col.(c))
Direct Expense	on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  rough 5 in column (d) line 7 from line 1, column n conducts gaming activitioning activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No (d)	(c) Other gaming  Yes %  No  tax year?	(d) Total gaming (add col. (a) through col.(c))
d a b	on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No  rough 5 in column (d)  line 7 from line 1, column n conducts gaming activition in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No (d)	(c) Other gaming  Yes %  No  tax year?	(d) Total gaming (add col. (a) through col.(c))  Yes No

Sche	dule G (Form 990) 2021						Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmembe	rs?		☐ Yes	□No	
12	Is the organization a grantor, beneficial formed to administer charitable gaming		member of a partnership or other entit	у	Yes	_	
13	Indicate the percentage of gaming acti	vity conducted in:			_ 103		
а	The organization's facility			. 13a			%
b	An outside facility			. 13b			%
14	Enter the name and address of the per-	son who prepares the orga	nization's gaming/special events books	and records:			
	Name						
	Address						
15a		with a third party from who	3 3		☐ Yes	□ No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			and the			
С	If "Yes," enter name and address of the	third party:					
	Name Name						
	Address						
16	Gaming manager information:						
	Name Name						
	Gaming manager compensation ► \$						
	Description of services provided						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	Is the organization required under state retain the state gaming license? .		istributions from the gaming proceeds to		Yes	□ N.	
b	Enter the amount of distributions requi	red under state law distrib	uted to other exempt organizations or s	pent	∪ res	∪ N0	
	in the organization's own exempt activi	-					
Pai			tions required by Part I, line 2b, col ble. Also provide any additional info				,
	Return Reference		Explanation				
				Schedule G (Fe	orm 990) 20	021	

efile GRAPHIC print Submission Date - 2022-07-25 DLN: 93493206014092 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) 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. Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** MUHAMMAD ALI MÜSEUM AND EDUCATION CENTER 61-1323046 **Questions Regarding Compensation** Yes No 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: No 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? . 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization?. 5a Nο Any related organization? . 5b No 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: 6a No The organization?. No Any related organization?. If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . 7 No 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . 8 No

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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

Cat. No. 50053T

Schedule J (Form 990) 2021

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

Omcers, Directors, Trustees, Key Employees, and								
For each individual whose compensation must be reported on Schedule J, repo	ort co	mpensation from t	the organization of	n row (i) and from	related organization	ons, described in	the	
instructions, on row (ii). Do not list any individuals that are not listed on Form <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal the	total	Part vii. Lamount of Form 9	90. Part VII. Section	n A. line 1a, applic	able column (D) a	nd (E) amounts fo	or that individu	ıal.
(A) Name and Title	(B) Breakdown	of W-2, 1099-MISC and/or 1099-NEC	compensation,	(C) Retirement and other		(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DONALD LASSERE FORMER PRESIDENT/CEO	(i)	91,249	0	0	0	0	91,249	0
TORMER PRESIDENT/SEE	(ii)	0	0	0	0	0	0	0
			<u> </u>					

Schedule J (Form 990) 2021

Schedule I (Form 990) 2021 Page 3 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. Return Reference Explanation

Schedule J (Form 990) 2021

Department of the Treasury

Internal Revenue

# **Noncash Contributions**

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

▶Go to  $\underline{www.irs.gov/Form990}$  for the latest information.

**DLN: 93493206014092**OMB No. 1545-0047

2021

Open to Public Inspection

Serv	vice				
Nam	ne of the organization AMMAD ALI MUSEUM AND EDUCATION CENTE	D			Employer identification number
МОП	AMMAD ALI MUSEUM AND EDUCATION CENTE	ĸ			61-1323046
Đ	art I Types of Property				01 1323040
	турев ет теретсу	(a)	(b)	(c)	(d)
			Number of contributions or		Method of determining
		applicable		amounts reported on	noncash contribution amounts
				Form 990, Part VIII, line 1	-
1	Art—Works of art	Х	54	171,9	20 APPRAISAL
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
6	goods				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .				
10	Securities—Fublicity traded .  Securities—Closely held stock .				
	Securities—Partnership, LLC,				
	or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation				
	contribution—Historic				
14	structures Oualified conservation				
14	contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ()				
28	Other ▶ ( )				1
29	Number of Forms 8283 received by the	ne organizat	tion during the tax year for c	ontributions	1 [

	· · · · · · · · · · · · · · · · · · ·							
29	Number of Forms 8283 received by the for which the organization completed				29			
								Yes
30a	During the year, did the organization hold for at least three years from the for the entire holding period?	date of the	initial contribution, and which	h isn't required to be used				
	for the entire holding period?						30a	
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?						31	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						32a	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an an	nount in col	umn (c) for a type of property	for which column (a) is ch	ecked	l,		

describe in Part II.

No

No

No

No

Schedule M (Fo	orm 990) (2021)		Page <b>2</b>					
	<b>Part II Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference Explanation								
		Schedule M (Form 990)	(2021)					

efile GRAPH	IC print		Submission Date -	2022-07-25		DLN	I: 93493206014092
SCHEDULE O (Form 990)  Department of the Treasury Internal Revenue		Su	Complete to prov Form 990 or	ride informatio 990-EZ or to p Attach to	tion to Form 99 In for responses to specific querovide any additional inform 990 or 990-EZ. In 1990 or 1990-EZ. In 1990 for the latest information in the latest in the latest information in the latest information in the latest information in the latest	uestions on nation.	OMB No. 1545-0047  2021 Open to Public Inspection
Name of the org MUHAMMAD ALI MU	anization ISEUM AND	n D EDU	CATION CENTER			Employer identif 61-1323046	ication number
Return Reference					Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE, A DRAFT IS MADE AVAILABLE FOR REVIEW BY						
FORM 990, PART VI, SECTION B, LINE 12C	CONFIRMS THAT THEY HAVE NO CONFLICT. EMPLOYEES ARE GIVEN A COPY OF THE POLICY WHEN THEY A						
FORM 990, PART VI, SECTION B, LINE 15A	RT VI, APPOINTED BY THE BOARD OF DIRECTORS. NATIONWIDE SURVEYS ARE USED WHICH INCLUDE THE STATE CTION B, KENTUCKY AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE EXECUTIVE COMMITTEE OF THE BOARD						JDE THE STATE OF THE BOARD
FORM 990, PART VI, SECTION C, LINE 19	i, `N C,						
FORM 990, PART XII, LINE 2C:			SES FROM PRIOR PER		<b>90 or</b> Cat No 51056K		dula O (Form 990) 2021

990-EZ.