Form <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						
	, , ,	<b>2</b> 018					
· /	For calendar year 2018 or other tax year beginning  Go to www irs gov/Form990T for ir	20:0					
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may	Open to Public Inspection for 501(c)(3) Organizations Only					
A Check box if address changed	Name of organization ( Leek box if name of	changed and see instructions )	_ (Em	oloyer identification number ployees' trust, see ructions )			
B Exempt under section	Print TAMPA MUSEUM OF ART, I	INC.		59-1934721			
X = 501(c)(3)	or Number, street, and room or suite no. If a P.O. bo			elated business activity code instructions)			
408(e) 220(e)	120 W GASPARILLA PLAZA						
408A	City or town, state or province, country, and ZIP of TAMPA, FL 33602	480	0000				
C Book value of all assets at end of year	F Group exemption number (See instructions )						
20,773,2	63. G Check organization type ► X 501(c) cor	_	401(a) trust				
	organization's unrelated trades or businesses.	<del></del>	he only (or first) unrelate				
	► EMPLOYEE PARKING		complete Parts I-V. If mo				
	lank space at the end of the previous sentence, complete P	arts I and II, complete a Schedule	w for each additional tra-	de or			
business, then complete	Parts III-V. the corporation a subsidiary in an affiliated group or a pare	nt cuboidiani controllod aroun?		res X No			
• • • •	ind identifying number of the parent corporation	m-subsidiary controlled group.		C5 _21 NO			
	► DEBORAH MCCARTHY	Telepho	ne number ▶ 813	-421-8363			
	d Trade or Business Income	(A) Income	(B) Expenses	(C) Net			
1a Gross receipts or sale	s		•	,			
b Less returns and allow		10					
2 Cost of goods sold (S		2					
3 Gross profit. Subtract	line 2 from line 1c	3					
4 a Capital gain net incon	ne (attach Schedule D)	4a					
<b>b</b> Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b					
<ul> <li>Capital loss deduction</li> </ul>	n for trusts	4c					
, .	partnership or an S corporation (attach statement)	5					
6 Rent income (Schedu		6	<u>.</u>				
	ed income (Schedule E)	7	· <del>-</del>				
	yatties, and rents from a controlled organization (Schedule F)			-			
	f a section 501(c)(7), (9), or (17) organization (Schedule G						
· · · · · · · · · · · · · · · · · · ·	ploited exempt activity income (Schedule I)  Independent of the state						
,	•	12	· · · · · · · · · · · · · · · · · · ·	-			
·	2 Other income (See instructions; attach schedule)  12						
	ns Not Taken Elsewhere (See instructions f	<del></del>	· · · · · · · · · · · · · · · · · · ·				
	contributions, deductions must be directly connected	ed with the unrelated business	income)				
14 Compensation of off	icers, directors, and trustees (Schedule K)	RECEIVED	14				
15 Salaries and wages		NOV 5 2019 050-58	15				
16 Repairs and mainter	nance \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NOV 2019   W	16				
17 Bad debts	(%)	0GDEN, UT	17				
•	dule) (see instructions)	OGDEN, UT	18				
19 Taxes and licenses		OODL	19				
2 -	ons (See instructions for limitation rules)	Lail	20				
21 Depreciation attach		21					
	aimed on Schedule A and elsewhere on return	22a	22t				
23 Depletion	erred compensation plans		23				
			25				
<ul><li>25 Employeerbenefit pro</li><li>26 Excess exempt expenses</li></ul>			26				
27 Excess readership c			27				
28 Other deductions (at			28				
-49	dd lines 14 through 28		29	<del></del>			
~	axable income before net operating loss deduction. Subtra	ct line 29 from line 13	30				
	erating loss arising in tax years beginning on or after Janu		31	· · · · · · · · · · · · · · · · · · ·			
	axable income. Subtract line 31 from line 30	<u> </u>	32				
	or Panerwork Reduction Act Notice, see instructions	-	~	Form <b>990-T</b> (2018)			

		,			•
orm 990-		TAMPA MUSEUM OF ART, INC. 59-1934	1721		Page 2
<u>Part Ì</u>		otal Unrelated Business Taxable Income			
, 33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		0.
34		nts paid for disallowed fringes	34	26,7	<u>/12.</u>
35	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
		33 and 34 [acceptance of the second of the s	36	26,7	
37		37	1,(	000.	
38	Unrela		0		
		the smaller of zero or line 36	38	25,7	12.
Part I		ax Computation			
39	-	izations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	5,4	100.
40		Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			
		Tax rate schedule or Schedule D (Form 1041)	40		
41	-	tax See instructions	41		
42		ative minimum tax (trusts only)	42		
43		n Noncompliant Facility Income. See instructions	43		
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	5,4	<u>100.</u>
Part \		ax and Payments			
	•	in tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a			
		credits (see instructions)			
		al business credit Attach Form 3800	1		
		for prior year minimum tax (attach Form 8801 or 8827)			
е		credits Add lines 45a through 45d	45e		
46		act line 45e from line 44	46	_ 5,4	<u> 100.</u>
47		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		100
48		tax Add lines 46 and 47 (see instructions)	48	5,4	100.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		<u> </u>
		ents: A 2017 overpayment credited to 2018			
		estimated tax payments 5,400.			
		eposited with Form 8868			
	_	n organizations Tax paid or withheld at source (see instructions)  50d			
		p withholding (see instructions) 50e			
		for small employer health insurance premiums (attach Form 8941)	l		
g		credits, adjustments, and payments: Form 2439			
		Form 4136		_	400
51		payments. Add lines 50a through 50g	51		100.
52		ated tax penalty (see instructions). Check if Form 2220 is attached	52		$\frac{227.}{227.}$
53		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		441.
54	•	ayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55 Part \		the amount of line 54 you want: Credited to 2019 estimated tax  Refunded  Refunded  Returned  Refunded	55		
				Van	No
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes	No No
		I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			v
	here				$\frac{\mathbf{x}}{\mathbf{x}}$
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			+^-
		s," see instructions for other forms the organization may have to file.			
58		the amount of tax-exempt interest received or accrued during the tax year  \$ deriverselves of perjusy, I declare that have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and b	petief, it is true.	
Sign	cor	rect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	.00g0 a.r		
Here				scuss this return	
			ructions)?	own below (see	- No I
			PTIN	A 103	140
			FILIN		
Paid		SAM A LAZZARA De Cr. W. 13/19 self-employed	D01	134292	9
Prepa	1161	SAM A. LAZZARA		-30407	
Use (	Only	Firm's name ► RIVERO, GORDIMER & COMPANY, P.A. Firm's EIN ►  P. O. BOX 172359	23-	3040/	ر پ
			813)	875-7	774
		THIT S AUGUS TAPER, FLI 330/2	<u> </u>	015 1	<u>, , = </u>

823711 01-09-19

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Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation > N/A				
1 Inventory at beginning of year	6	Inventory at end of year	ar6			<u></u>		
2 Purchases	2		7	Cost of goods sold Su	btract li	ne 6	16	
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		1	the organization?				
Schedule C - Rent Income	(From Real	Property and	Pe		Lease	ed With Real Pro	pert	y)
(see instructions)	•	•						
1 Description of property						<u> </u>		
(1)				****				
(2)		-						
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	ersonai	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)	<u> </u>							
(3)								
(4)			·					
Total	0.	Total			0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	ınstru	ctions)				
		12	2	. Gross income from		3 Deductions directly cor to debt-finance		
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	€	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)		-		%				
(3)				%				
(4)				%				
		,				nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				<b>•</b>		0		0 .
Total dividends-received deductions in	cluded in columi	า 8				<b>&gt;</b>	•	0 .

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			, 1							•	•
Form 99	00-T (2018) <b>TAMPA</b>	MUSEUM OF	ART INC.					59-19	3472	1	Page
Sche	dule F - Interest,	Annuities, Roya	Ities, and Rent	s From Co	ntroll	ed Organiz	zation	S (see ins	truction	 s)	
_				Controlled Or							
1	Name of controlled organizat	ion 2 Emj identifi num	cation (loss) (se	related income e instructions)		tal of specified ments made	include	of column 4 d in the conti tion's gross i	rolling	6 Deductions connected with in column	ıncome
(1)				<u> </u>			<u> </u>				
(2)											
(3)						_					
(4)										_	
	empt Controlled Organi	zations									
	7 Taxable Income	8. Net unrelated incon (see instructions		l of specified payr made	nents	10 Part of colu in the controll gros				ductions directly income in colum	
(1)			<u></u>								
(2)											
(3)						1					
(4)											
Totals Sche	dule G - Investme		Section 501(c)	(7), (9), or	<u>►</u> (17) O	Ì	column (A	0.		line 8, column (B	) 0
		ription of income	u — ı	2 Amount of	income	3 Deduction directly connected (attach scheen	ected	4. Set-	asides schedule)		eductions -asides us col 4)
(1)	. <u>.</u> .					,			-		
(2)		<del></del>									
(3)		-									
(4)											
Totals		•		Enter here and Part I, line 9, co				THE COURT OF THE C	FREEZE WEST	Enter here and Part I, line 9, o	
	dule I - Exploited	Exempt Activity	/ Income. Othe	r Than Ad		L		w/a a Pelina x Xa	AKPEN NATA TA	**	
	(see instru										
	1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inc from activity is not unrela business inc	that ited	6 Exp attribut colui		7 Excess expenses 6 minus or but not m colum	(column olumn 5, ore than
(1)											
(2)											
(3)											
(4)											
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	TOTAL AND PROPERTY OF THE PROP			- 2000			Enter he on pay Part II, I	ge 1,

Totals Schedule J - Advertising Income (see instructions)

## Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (cof 2 minus col 3) If a gain, compute cols 5 through 7		6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)			Fig. 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18			
(4)	<u> </u>		A A STATE OF THE S			PORT SERVICE AND SERVICE
Totals (carry to Part II, line (5))	0.	0.		-		0.

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0.

0.

0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)  1. Name of periodical  2 Gross advertising ocits advertising costs advertising costs advertising costs (column 6 minus costs or (loss) (col 2 minus of (loss) (col 2 minus of (loss) (col 2 minus ocit) (loss) (col 2 minus ocit) (loss) (column 6 minus costs or (loss) (column 6 minus costs or (loss) (loss	Form 990-T (2018) TAMPA MUS	EUM OF ART,	INC			59-193472	1 Page	
1. Name of periodical  2 Gross advertising osts advertising costs  3 Direct advertising costs col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals from Part I  Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 11, col (B)  O (toss) (col 2 minus or (toss) (col 2 minus or (toss))  S Circulation income  5 Circulation income  6. Readership costs  costs (column 6 minus column 4)  Costs  Costs (column 6 minus column 5, but not more than column 4)  Costs  Costs (column 6 minus column 5, but not more than column 4)  Costs  Costs (column 6 minus column 5, but not more than column 4)  Costs  Costs (column 6 minus column 6, but not more than column 4)  Costs  Costs  Costs (column 6 minus column 6, but not more than column 4)  Costs  Cos			on a Sepa	rate Basis (For eac	ch periodical liste	ed in Part II, fill in		
(2) (3) (4)  Totals from Part I  Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27	Name of periodical	advertising		or (loss) (col 2 minus col 3) If a gain, compute			costs (column 6 minus column 5, but not more	
(3) (4)  Totals from Part I  Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27	(1)							
(4)  Totals from Part I  Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27								
Totals from Part I  Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27	(3)							
Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27	(4)							
Enter here and on page 1, Part I, line 11, col (A)  Enter here and on page 1, Part I, line 11, col (B)  Enter here and on page 1, Part I, line 27	Totals from Part I	0.	0.	21.3	·		0	
		page 1, Part I,	page 1, Part I,				on page 1,	
	Totals, Part II (lines 1-5)	0.	0.				. 0	
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)	Schedule K - Compensatio	n of Officers, Dir	ectors, and	d Trustees (see in	structions)			
1 Name 2. Title 3 Percent of time devoted to business 4 Compensation attributable to unrelated business	1 Name			2. Title	time dev	evoted to to unrelated business		
(1) %	(1)	·	-			%		
(2) %						%		

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%

%

▶

(3)

(4)

Total Enter here and on page 1, Part II, line 14

TNO