_	ÆQrm	990-T	- E	žempt				ss Income T	ax Return	ı	OMB No 1545-0687
Š			For cal	lendar year 2018	=		under sec	ction 6033(e))	1812		2018
ا ا	ך ⊋epan	tment of the Treasury	4					ns and the latest inform		_	Open to Public Inspection 01(c)(3) Organizations O
	nterna	Check box if		Name of orga				and see instructions.)		DEmplo	yer identification number byees' trust, see
_		address changed	•	instruc	ctions)						
		kempt under section	Print or			M OF ART					9-1934721 ted business activity cor
	紟] 501(C)(3)] 408(e)220(e)	Туре			n or suite no. If a P ARILLA PL		aructions.			structions)
		408A 530(a)		City or town,	state or pro	ovince, country, and		postal code			
-		529(a)		TAMPA		33602				480	000
	C at e	ok value of all assets end of year 20,773,2	63.	G Check org	-	ber (See instruction Example 1997)		501(c) trust	401(a)	trust	Other trus
•		ter the number of the					1	_ 	the only (or first) un		
		de or business þere 🕨							complete Parts I-V.		•
					of the previo	ous sentence, comp	lete Parts I and	II, complete a Schedule	e M for each addition	al trade	or
•		siness, then complete			sidiary in an	affiliated group or	a parent-subsid	liary controlled group?	•	Yes	s X No
		Yes," enter the name a			-						
		e books are in care of						· · · · · · · · · · · · · · · · · · ·	one number > 8		
ı	- 54	rt Unrelated Gross receipts or sale	-	de or Bus	ness in	come	1	(A) Income	(B) Expenses ইন্তর্ভান্ত বার্ক ক্রিক্টেড	415 FEB	(C) Net
		Less returns and allow				c Balance	▶ 1c				
		Cost of goods sold (S		A, line 7)		,	2		经被洗涤	<i>130</i> 15	23,407070
		Gross profit. Subtract	<i>f</i> – – – – – – – – – – – – – – – – – – –						100 Carto Compressor &	1.000 Mg.	
		Capital gain net incom Net gain (loss) (Form	•			n 4797)	4a 4b			593397 2366	
		Capital loss deduction			(utuciii oii		4c		3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3	44 * * * * * * * * * * * * * * * * * *	7
	5	Income (loss) from a	partners	ship or an S co	orporation (a	attach statement)	5		KECEIVEL		
	6	Rent income (Schedu	le C) 6 6 ed income (Schedule E) 7								<u> </u>
	8	Interest, annuities, roy		,	•	l organization (Sche	 	C33	APR 0 6 2000		
	9	Investment income of				-				9	
		Exploited exempt activ	-	•	1)		10		GDEN, U		
		Advertising income (S Other income (See ins		•	dulol	`	11 12		数据的第三人称	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		Total. Combine lines		•	0010)		13	0.	# 244-45 mb 2 + 47# 75	7 7 481	
1	:Pa	rt ³ ll) Deductio	ns No	ot Taken I	Elsewhe	re (See instructi	ons for limita	tions on deductions)	,		
	1.1						nected with t	he unrelated busines	s income)	14	
	14 15	Compensation of off Salaries and wages	icers, ui	rectors, and th	usiees (Scii	eudie K)				15	
	16	Repairs and mainten	ance							16	
	17 Bad debts									17	
	18 19	Taxes and licenses	est (attach schedule) (see instructions) is and licenses itable contributions (See instructions for limitation rules)							18 19	
	20									20	
	21	Depreciation (attach						21		2.12	-
	22 Less depreciation claimed on Schedule A and elsewhere on return 22a							[22a]		22b 23	
,	23 24	Depletion Contributions to defe	erred co	mpensation p	ans					24	
	25	Employee benefit pro								25	
	26	Excess exempt expe	•	•						26	
	27 28	Excess readership co Other deductions (at	-	· ·						27	
	20 29	Total deductions. A		-	3					29	
	30	Unrelated business t	axable ı	ncome before	net operatin	-				30	Maria Maria (CO) and Care a
	31	Deduction for net op					January 1, 20	18 (see instructions)		31	
	32	Unrelated business t	axable i	ncome. Subtra	iot inte 3 i ff	VIII IIIIE 3U				J 32	Form 990-T (20

Com aso	TAMPA MUSEUM OF ART, INC.	23-T	934721	Page :
Part	III Total Unrelated Business Taxable Income	·		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		. 34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable Income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	····	38	0.
Part	V Tax Computation	-		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		▶ 39	0.
40	Trusts 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	Proxy tax. See instructions		► 41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		. 44	0.
Part \	/ Tax and Payments		···	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
ь			-	
C	General business credit, Attach Form 3800 45c	···	-	
d			⊣	
	Total credits. Add lines 45a through 45d		45e	
48	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (et	ach echeclule		
48	Total tax. Add lines 46 and 47 (see instructions)			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			0.
	Payments: A 2017 overpayment credited to 2018		" " 	<u>_</u>
	COAD and least the second to t	5,400	<u> </u>	
	Tax deposited with Form 8868 50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		-	
	Backup withholding (see instructions) 50e		-	
	Credit for small employer health insurance premiums (attach Form 8941) 507		-	
	Other eradite adjustments and narmanter Form 2429		-	
y	Form 4136 X Other 267. Total > 50g	267	,]	
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1		₅₁	5,667.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	···· ·······	•	3,007.
52 53			53	
54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpald		54	5,667.
65	Enter the amount of line 54 you want; Credited to 2019 estimated tax		55	5,667.
	Statements Regarding Certain Activities and Other Information (see instructi	·		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		$-\frac{1}{x}$
٠,	If "Yes," see instructions for other forms the organization may have to file.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••	···
58	Enter the amount of tax-exempt interest received or accrued during the tax year			1 1
	Under penalties of pertury, I declare that I have expedited this return, including accompanying schedules and statements, and to the correct, and complete. Decignation of prepare (where then texpayer) is based on all information of which prepare has any knowledge	best of my lu	nowledge and boile	f, it is true,
Sign	correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has any knowledge			
Here	on Hockbarl 3/28/20 TREASURER	1	May the IRS discus the preparer shows	
	Signature of Officer Date Title		Instructions)?	
		eck	if PTIN	
	1 time style proper a manual	if- employe	1	
Paid	CAM A TA77ABA \\A A \\\\\\\\\\\\\\\\\\\\\\\\\\\\	carpioye		42929
Prepa	rer Golden Parken CONDAME & COMPANY P. A.	irm's EIN)		040705
Use O	P. O. BOX 172359	ant S Ent 1		0 20 7 0 3
	1	hone no.	(813) 8	75-7771
823711 01-		none no.		990-T (2018)
es:34 17 Min	UNP 118		FAM:	1 22 2U- 1 17 17 KI

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation	N/A						
1 Inventory at beginning of year	1		6 Inventory at	end of year	r		6			
2 Purchases	2		7 Cost of good	ds sold. Su	btract li	пе 6	7			
3 Cost of labor	3	•	from line 5. I	Enter here a	and in P	art I,				
4a Additional section 263A costs			line 2			7				
(attach schedule)	4a		8 Do the rules	of section :	vith respect to	Yes No				
Other costs (attach schedule)	4b		property pro	duced or a	r acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?							
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Pr ———	operty i	Lease	ed With Real Prop	perty) 			
1. Description of property										
(1)										
(2)										
(3)										
(4)										
		ed or accrued				3/3\Deductions directly	connected with the income in			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` of rent for	and personal property (if personal property exceed nt is based on profit or it	ds 50% or if	ige	columns 2(a) an	d 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.		•			
(c) Total income. Add totals of columns here 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)	• 0.			
Schedule E - Unrelated Del		I Income (see	instructions)			, , , , , , , , , , , , , , , , , , , ,				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Gross incom			3. Deductions directly conr to debt-finance	nected with or allocable ed property			
1. Description of debt-fi	nanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)						·				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6. Column 4 di by column			7. Gross income reportable (column 2 x column 6)	8. Altocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
	_					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)			
Totals				▶		0	0.			
Total dividends-received deductions in	ncluded in columi	ı 8		- 1	_		0.			
	_					·-····	Form 990-T (2018)			

Schedule F - Interest,	Amunic	, Hoyai	tico, ai		Controlled O				io (see ins	itiaction	5)	
1. Name of controlled organiza	tion	2. Emp identific numb	ation	3. Net uni	related income e instructions)	4. то	tal of specified ments made	Includ	5 Part of column 4 included in the cont organization's gross		6. Deductions directly connected with income in column 5	
(1)								 				
(2)												
(3)		 	_ · _							1		
(4)				i -								
Nonexempt Controlled Organi	zations		•		•							
7 Taxable Income		elated incom instructions		9. Total	of specified pay made	ments	10 Part of colu in the controll gross		nization's		ductions directly connected income in column 10	
(1)											······································	
(2)												
(3)												
(4)												
		•				<u> </u>	Add colur Enter here and line 8,		e 1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme	ent Incom	ne of a S	Section	501(c)((7), (9), or	(17) O	rganization	1				
	ructions)											
1. Desc	cription of incom	e			2. Amount of	income	3. Deduction directly connected (attach schedule)	ected	4. Set- (attach s	asides chedule)	 Total deductions and set-asides (col 3 plus col 4) 	
(1)												
(2)												
(3)												
(4)												
Totals					Enter here and Part I, line 9, co	on page 1, olumn (A)					Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	Exempt.	Activity	Incom	e, Othe	r Than Ac		ing Incom	e B	1400m 114	470°0'2640'2	<u>~i</u>	
(see instr	uctions)				,						 	
1. Description of exploited activity	2. Gro unrelated b income trade or bi	usiness from	directly of with pro of unr	penses connected aduction related s income	4. Net incor from unrelated business (comminus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inc from activity is not unrela business inc	that ted	6. Exp attribut colui	enses able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)									 ·			
(2)												
(3)												
(4)												
Totals	Enter here page 1, I line 10, c	Part I,	page 1	re and on , Part I, col (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	na Incom		struction		1.48 m 1.40.40.2	(, a, y, C)(\$1000	Second Control of Control	₹v- × '\$.	755974 " "	1.5 2 18x 1/2		
Part Income From					solidated	Basis	<u> </u>		· ·			
<u></u>		т.ор.							_			
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7	5 Circula		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
· (1)					1200	<u>~</u>	ζŧ.					
(2)							\$					
(3)												
(4)					BAFE.		ř.					
Totals (carry to Part II, line (5))	▶	(o .).						0.	
					-						Form 990-T (2018	

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 income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)			,				
(4)							
Totals from Part I	•	0.	0.	2000年8月19日	Yaring Ref	\$7.5.2 \$4.45.00E	0.
		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 II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	Mary Charles			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER CREDITS AND E	PAYMENTS	STATEMENT	1
DESCRIPTION			AMOUNT	
FORM 2220 PENALTIES PAID ADDITIONAL INTEREST & PENA			27. 40.	
TOTAL INCLUDED ON FORM 99	0-т, PAGE 2, PART V	V, LINE 50G	2	67.