

Form **990**  
Department of the Treasury  
Internal Revenue Service

# 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
TAMPA MUSEUM OF ART INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
120 W GASPARILLA PLAZA

City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 33602

**D** Employer identification number  
59-1934721

**E** Telephone number  
(813) 421-8363

**G** Gross receipts \$ 2,570,651

**F** Name and address of principal officer:  
THOMAS HOCHHAUSLER  
120 W GASPARILLA PLAZA  
TAMPA, FL 33602

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.TAMPAMUSEUM.ORG

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1978

**M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO GATHER, STUDY, DISCUSS AND PRESENT THE FINEST VISUAL ARTS FOR A CURIOUS PUBLIC.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	52
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	51
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	62
<b>6</b> Total number of volunteers (estimate if necessary)	6	200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,348,742	1,285,331
<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	73,458	55,840
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,121,860	1,229,480
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,544,060	2,570,651

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,787,397	1,783,981
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶679,148		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,257,549	1,859,794
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,044,946	3,643,775
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,500,886	-1,073,124

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,715,044	21,797,267
<b>21</b> Total liabilities (Part X, line 26)	3,221,090	3,358,727
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,493,954	18,438,540

**Part II 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.

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2020-09-17  
THOMAS HOCHHAUSLER TREASURER  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: RIVERO GORDIMER & COMPANY PA  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P01342929  
Firm's EIN: 59-3040705  
Firm's address: P O BOX 172359 TAMPA, FL 33672  
Phone no. (813) 875-7774

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

THE MISSION OF THE TAMPA MUSEUM OF ART (MUSEUM) IS TO GATHER, STUDY, DISCUSS AND PRESENT THE FINEST VISUAL ARTS WITH AND FOR A CURIOUS PUBLIC. THE MUSEUM'S VISION IS TO CREATE AN ENVIRONMENT TO EXPLORE NEW IDEAS AND INNOVATIVE EXPERIENCES. THE MUSEUM SETS OUT TO ACCOMPLISH THIS MISSION AND ACHIEVE THIS VISION THROUGH A VAST ARRAY OF PUBLIC PROGRAMS AIMED AT AUDIENCES OF ALL AGES, BACKGROUNDS, ETHNICITIES AND INTERESTS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,527,341 including grants of \$ ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,527,341

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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		No
<b>5</b>	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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	Yes	
<b>9</b>	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? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
<b>11</b>	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.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	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	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b>	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 member of any of these persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**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	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, d, e, f, g, h). Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

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

Table with 5 main rows and 3 sub-columns (1a, 1b, and 2-9). Questions include: 1a Enter the number of voting members of the governing body at the end of the tax year (52); 1b Enter the number of voting members included in line 1a, above, who are independent (51); 2 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 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? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 16 rows and 3 columns. Questions include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (No); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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 status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [x] Upon request [ ] Other (explain in Schedule O)
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:
DEBORAH MCCARTHY 120 W GASPARILLA PLAZA TAMPA, FL 33602 (813) 421-8363

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets to Part VII, Section A, and Total (add lines 1b and 1c).

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	841,666		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	443,665		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,285,331		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .						

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		55,840			55,840	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents		(i) Real				
			(ii) Personal				
		<b>b</b> Less: rental expenses	<b>6b</b>				
		<b>c</b> Rental income or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>				
		<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss) . . . . .						
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
			<b>8a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
			<b>9a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
		<b>10a</b>					
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER INCOME	900099	1,229,480	1,229,480				
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .		1,229,480					
<b>12 Total revenue.</b> See instructions . . . . .		2,570,651	1,229,480	0	55,840		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> 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. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	175,951	139,001	36,950	
<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 . . . . .	1,362,907	815,811	178,114	368,982
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	24,261	16,618	4,168	3,475
<b>9</b> Other employee benefits . . . . .	118,973	77,364	14,987	26,622
<b>10</b> Payroll taxes . . . . .	101,889	65,671	10,069	26,149
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	31,016	25,743	3,412	1,861
<b>21</b> Payments to affiliates . . . . .	1,000,000	695,000	105,000	200,000
<b>22</b> Depreciation, depletion, and amortization . . . . .	757,037	628,341	83,273	45,423
<b>23</b> Insurance . . . . .				
<b>24</b> 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 expenses on Schedule O.)				
<b>a</b> MEMBER SERVICES	41,036	36,292	0	4,744
<b>b</b> ART PURCHASES	27,500	27,500	0	0
<b>c</b> OTHER EXPENSES	3,205		1,313	1,892
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,643,775	2,527,341	437,286	679,148
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	293,160	<b>1</b>	504,539
	<b>2</b> Savings and temporary cash investments . . . . .	26,877	<b>2</b>	26,932
	<b>3</b> Pledges and grants receivable, net . . . . .	90,487	<b>3</b>	58,712
	<b>4</b> Accounts receivable, net . . . . .	102,325	<b>4</b>	89,637
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	4,816,912	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	75,996	<b>8</b>	56,713
	<b>9</b> Prepaid expenses and deferred charges . . . . .	34,683	<b>9</b>	77,849
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,540,264		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,427,497	1,307,226	<b>10c</b> 1,112,767
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,967,378	<b>15</b>	19,870,118
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	21,715,044	<b>16</b>	21,797,267	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	284,443	<b>17</b>	200,226
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	158,075	<b>19</b>	117,865
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,836,791	<b>23</b>	1,750,691
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	941,781	<b>25</b>	1,289,945
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,221,090	<b>26</b>	3,358,727
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	7,075,192	<b>27</b>	7,260,482
	<b>28</b> Net assets with donor restrictions . . . . .	11,418,762	<b>28</b>	11,178,058
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	18,493,954	<b>32</b>	18,438,540	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,715,044	<b>33</b>	21,797,267	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,570,651
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,643,775
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,073,124
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,493,954
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,017,710
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,438,540

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1934721

**Name:** TAMPA MUSEUM OF ART INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

THE TAMPA MUSEUM OF ART IS A CULTURAL INSTITUTE THAT ADDS MEASURABLE VALUE TO PEOPLE'S LIVES. WE ARE A PLACE TO CELEBRATE ICONIC WORKS OF ART IN EXHIBITIONS FEATURING BREAKTHROUGHS IN ARTISTIC DIRECTIONS AND WE ARE A VENUE FOR COMMUNITY FORUMS AND DIALOGUES WITH INTERNATIONALLY RECOGNIZED ART AND SCHOLARS. THE TMA IS ALSO A REPOSITORY OF ART FOR CURRENT AND FUTURE GENERATIONS, AS WE PROVIDE STUDIO ART PROGRAMS, SCHOOL FIELD TRIPS FOR STUDENTS AND TOURS FOR ADULTS, AND OFFER OVER SIXTEEN DIFFERENT ART EDUCATION PROGRAMS AND WORKSHOPS FOCUSED ON ANCIENT, MODERN, AND CONTEMPORARY ART. CONTINUED AT SCHEDULE O.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK ANDERSON ..... BOARD CHAIR	1.00 ..... 2.00	X		X				0	0	0
CORNELIA CORBETT ..... VICE CHAIR	1.00 ..... 2.00	X		X				0	0	0
PENNY VINIK ..... VICE CHAIR	1.00 ..... 2.00	X		X				0	0	0
THOMAS HOCHHAUSLER ..... TREASURER	1.00 ..... 2.00	X		X				0	0	0
JAMIE FERNANDEZ ..... SECRETARY	1.00 ..... 2.00	X		X				0	0	0
ALLISON CASPER ADAMS ..... IMMEDIATE PAST CHAIR	1.00 ..... 2.00	X		X				0	0	0
MICHAEL A TOMOR ..... EXECUTIVE DIRECTOR	22.00 ..... 18.00	X						0	252,358	0
WALTER AYE ..... TRUSTEE	1.00 .....	X						0	0	0
BILL BLANCHARD ..... TRUSTEE	1.00 .....	X						0	0	0
FRANK BONSACK ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL BROWN ..... TRUSTEE	1.00 .....	X						0	0	0
YVONNE YOLIE CAPIN ..... TRUSTEE	1.00 .....	X						0	0	0
FRANK CARDINAL ..... TRUSTEE	1.00 .....	X						0	0	0
PAT CARTER ..... TRUSTEE	1.00 .....	X						0	0	0
JOSEPH CITRO ..... TRUSTEE	1.00 .....	X						0	0	0
MAUREEN COHN ..... TRUSTEE	1.00 .....	X						0	0	0
DEBBIE COOK ..... TRUSTEE	1.00 .....	X						0	0	0
SANTIAGO CORRADA ..... TRUSTEE	1.00 .....	X						0	0	0
ENRIQUE CRESPO ..... TRUSTEE	1.00 .....	X						0	0	0
NANCY DE WAART ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH DIMMITT ..... TRUSTEE	1.00 .....	X						0	0	0
AG JERRY DIVERS ..... TRUSTEE	1.00 .....	X						0	0	0
MARGO EURE ..... TRUSTEE	1.00 .....	X						0	0	0
HAL FLOWERS ..... TRUSTEE	1.00 .....	X						0	0	0
MICAH FOGARTY ..... TRUSTEE	1.00 .....	X						0	0	0
CATHY GRANT ..... TRUSTEE	1.00 .....	X						0	0	0
KEN GRIDER ..... TRUSTEE	1.00 .....	X						0	0	0
DEAN HAMRIC ..... TRUSTEE	1.00 .....	X						0	0	0
JACK HEISS ..... TRUSTEE	1.00 .....	X						0	0	0
PETER HEPNER ..... TRUSTEE	1.00 .....	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAY IFERT ..... TRUSTEE	1.00 .....	X						0	0	0
TYLER ILLER ..... TRUSTEE	1.00 .....	X						0	0	0
ROBERT ISBELL ..... TRUSTEE	1.00 .....	X						0	0	0
SONYA LITTLE ..... TRUSTEE	1.00 .....	X						0	0	0
LYRA LOGAN ..... TRUSTEE	1.00 .....	X						0	0	0
HOWARD MILLS ..... TRUSTEE	1.00 .....	X						0	0	0
SANDY MURMAN ..... TRUSTEE	1.00 .....	X						0	0	0
KENNY PAGES ..... TRUSTEE	1.00 .....	X						0	0	0
SUSIE RICE ..... TRUSTEE	1.00 .....	X						0	0	0
LYNDA REMUND ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS ROGERO ..... TRUSTEE	1.00 .....	X						0	0	0
CYNTHIA SASS ..... TRUSTEE	1.00 .....	X						0	0	0
MARK SENA ..... TRUSTEE	1.00 .....	X						0	0	0
LISA SIMINGTON ..... TRUSTEE	1.00 .....	X						0	0	0
BARBARA STUBBS ..... TRUSTEE	1.00 .....	X						0	0	0
SANDY JUSTER ..... TRUSTEE	1.00 .....	X						0	0	0
BARBARA KESKINER ..... TRUSTEE	1.00 .....	X						0	0	0
DIANNE JACOB ..... TRUSTEE	1.00 .....	X						0	0	0
MARTY LANAHAN ..... TRUSTEE	1.00 .....	X						0	0	0
KARENNE LEVY ..... TRUSTEE	1.00 .....	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELENA KETCHUM ..... TRUSTEE	1.00 .....	X						0	0	0
LINCOLN TAMAYO ..... TRUSTEE	1.00 .....	X						0	0	0
RENEE VAUGHN ..... TRUSTEE	1.00 .....	X						0	0	0
SUSANA WEYMOUTH ..... TRUSTEE	1.00 .....	X						0	0	0
PAM WYSOCKI ..... TRUSTEE	1.00 .....	X						0	0	0
DEBORAH MCCARTHY ..... CFO	22.00 ..... 18.00			X				0	107,159	0

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
TAMPA MUSEUM OF ART INC

**Employer identification number**  
59-1934721

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,711,231	2,242,075	1,852,492	1,348,742	1,285,331	8,439,871
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..	60,000	60,000	60,000	60,000	60,000	300,000
<b>4 Total.</b> Add lines 1 through 3	1,771,231	2,302,075	1,912,492	1,408,742	1,345,331	8,739,871
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						1,237,826
<b>6 Public support.</b> Subtract line 5 from line 4.						7,502,045

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	1,771,231	2,302,075	1,912,492	1,408,742	1,345,331	8,739,871
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	67,644	58,766	58,766	73,458	55,840	314,474
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						9,054,345
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	82.860 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	76.220 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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. . . . .						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
<b>c</b>	Add lines 10a and 10b. . . . .						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	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))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	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)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1934721

**Name:** TAMPA MUSEUM OF ART INC

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization TAMPA MUSEUM OF ART INC

Employer identification number 59-1934721

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		2,781,385	1,716,393	1,064,992
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		758,879	711,104	47,775
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,112,767

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) LEASEHOLD INTEREST	19,870,118
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	19,870,118

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,289,945

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	3,648,361
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	60,000	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	1,017,710	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,077,710
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,570,651
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	2,570,651

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	3,703,775
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	60,000	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	60,000
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,643,775
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	3,643,775

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-1934721  
**Name:** TAMPA MUSEUM OF ART INC

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. THE ORGANIZATION HAS IDENTIFIED ITS TAX STATUS AS A TAX -EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION; HOWEVER, THE ORGANIZATION HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION. THE ORGANIZATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GAIN ON NEW MARKETS TAX CREDIT TRANSACTION

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

Name of the organization  
TAMPA MUSEUM OF ART INC

Employer identification number  
59-1934721

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax idemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	<b>2</b>				
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>		No		
	<b>4b</b>		No		
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> 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 . . . . .</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued 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 . . . . .</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL A TOMOR EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	222,358	30,000	0	0	0	252,358	0

**Part III**    **Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TAMPA MUSEUM OF ART INC

Employer identification number  
59-1934721

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
<b>1</b> Art—Works of art . . . . .	X	27	132,701	FMV
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .				
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .				
<b>20</b> Drugs and medical supplies . . . . .				
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> Other ▶ ( _____ )				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

<b>29</b>	
-----------	--

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
<b>30a</b>		No
<b>31</b>		No
<b>32a</b>		No

**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?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
PART I, LINE 33:	<p>THE ORGANIZATION HAS SIGNIFICANT HOLDINGS, WHICH ARE NOT VALUED IN THE MUSEUMS FINANCIAL STATEMENTS, IN THREE MAJOR AREAS: GREEK AND ROMAN ANTIQUITIES, PHOTOGRAPHY, AND TWENTIETH CENTURY/CONTEMPORARY ART. THE COLLECTION OF GREEK AND ROMAN ANTIQUITIES IS ESPECIALLY STRONG IN PAINTED GREEK CERAMIC VASES OF THE SIXTH, FIFTH, AND FOURTH CENTURIES B.C. TWENTIETH CENTURY HOLDINGS CONSIST OF PRINTS, DRAWINGS, WATERCOLORS, SCULPTURES AND PAINTINGS, PRIMARILY BY U.S. ARTISTS. THE PHOTOGRAPHY COLLECTION INCLUDES NINETEENTH AND TWENTIETH CENTURY WORKS WITH AN EMPHASIS ON CONTEMPORARY PHOTOGRAPHY. FOR THE YEAR ENDED DECEMBER 31, 2019, THE MUSEUM ASSESSED DONATED ART, HAVING AN ESTIMATED FAIR VALUE OF \$132,701 INTO ITS COLLECTION.</p>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
TAMPA MUSEUM OF ART INC

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

59-1934721



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A:</p>	<p>IN 2019, THE TAMPA MUSEUM OF ART RAISED REVENUE AND ALLOCATED ITS RESOURCES TOWARD MANAGEMENT AND PRESENTATION OF COLLECTIONS, COLLECTIONS' CARE AND MANAGEMENT, AND A ROBUST SCHEDULE OF EXHIBITION AND EDUCATION PROGRAMS TO SERVE THE TAMPA BAY COMMUNITY. THE TAMPA MUSEUM OF ART'S 2019 PERMANENT COLLECTION COMPRISED OVER 8,362 OBJECTS. THE MUSEUM PRIMARILY COLLECTS CLASSICAL ANTIQUITIES (665 OBJECTS), 19TH-CENTURY PHOTOGRAPHY AND PRINTS EMPHASIZING WORKS THAT RELATE TO THE CLASSICAL COLLECTION (APPROXIMATELY 1,300 OBJECTS), MODERN AND CONTEMPORARY ART IN A VARIETY OF MEDIA (6,397 OBJECTS), WITH AN EMPHASIS ON PHOTOGRAPHY, ART CREATED AFTER 1970, AND NEW MEDIA. THE MUSEUM COLLECTS WORKS BY NATIONALLY AND INTERNATIONALLY RECOGNIZED ARTISTS IN A RANGE OF TECHNIQUES AND MEDIUMS, MANY OF WHOM HAVE TIES TO FLORIDA AND THE TAMPA BAY REGION. THE MUSEUM RECOGNIZES THAT ITS ACQUISITIONS TODAY ARE SETTING STANDARDS FOR FUTURE COLLECTING ACTIVITY AND BUILDING A FOUNDATION FOR EXHIBITIONS AND EDUCATION PROGRAMMING. IN 2019 WE FEATURED TEN IMPORTANT TRAVELING AND IN-HOUSE CURATED EXHIBITIONS FOR THE TAMPA BAY COMMUNITY AND BEYOND, EACH OUTLINED BRIEFLY BELOW. OSWALDO VIGAS: TRANSFORMATIONS (JANUARY 31 THROUGH MAY 27, 2019) OSWALDO VIGAS: TRANSFORMATIONS PRESENTS THE FIRST AMERICAN SURVEY OF ARTIST OSWALDO VIGAS (VENEZUELAN, 1923-2014). ORGANIZED BY THE GRAND RAPIDS ART MUSEUM, THE EXHIBITION EXAMINES VIGAS' INFLUENTIAL CAREER AND HIS CONTRIBUTIONS TO 20TH-CENTURY MODERNISM. A PROLIFIC ARTIST, VIGAS FOUND INSPIRATION IN BOTH THE NATURAL LANDSCAPE OF HIS NATIVE VENEZUELA AND THE EUROPEAN AVANT-GARDE. OSWALDO VIGAS: TRANSFORMATIONS FOCUSES ON WORKS CREATED BETWEEN 1940 AND 1980, AND DEMONSTRATES THE EVOLUTION OF VIGAS' DISTINCT ARTISTIC STYLE. IN THE LATE 1940S, VIGAS FOCUSED ON FIGURATIVE ABSTRACTION AND CREATED HIS VIBRANT SERIES OF BRUJA (OR WITCH) PAINTINGS. CUBISM AND CONSTRUCTIVISM INFLUENCED VIGAS AND BY THE 1950S, HE SHIFTED AWAY FROM FIGURATION AND MOVED TOWARDS GEOMETRIC ABSTRACTION. THE WORKS ON VIEW ILLUSTRATE THE SCOPE OF VIGAS' PROJECTS, FROM STUDIO PAINTER TO MURALIST, AND HIGHLIGHT THE IMPORTANCE OF HIS CREATIVE ACHIEVEMENTS. 14TH CONGRESSIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION 2019 (MARCH 16 -31) THIS ANNUAL HIGH SCHOOL ART EXHIBITION FEATURES EXEMPLARY WORK CREATED BY HIGH SCHOOL STUDENTS THROUGHOUT THE 14TH CONGRESSIONAL DISTRICT AND HILLSBOROUGH COUNTY. STUDENTS COMPETE FOR TWO TOP PRIZES: THE MUSEUM CHOICE AWARD AND THE CONGRESSIONAL CHOICE AWARD. THE ARTWORK SELECTED FOR THE CONGRESSIONAL CHOICE AWARD WILL CONTINUE TO REPRESENT THE DISTRICT IN THE NATIONAL CONGRESSIONAL HIGH SCHOOL ART COMPETITION, HANGING IN THE CANNON TUNNEL OF THE U.S. CAPITOL FOR ONE YEAR. ADDITIONALLY, THE RECIPIENT OF THIS AWARD RECEIVES A TRIP TO WASHINGTON, D.C. TO ATTEND THE NATIONAL AWARDS CEREMONY IN JUNE 2019. THE 14TH CONGRESSIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION IS PRESENTED IN PARTNERSHIP WITH THE OFFICE OF U.S. REPRESENTATIVE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>ESENTATIVE, KATHY CASTOR. ECHOING FORMS: AMERICAN ABSTRACTION FROM THE PERMANENT COLLECTIO N (APRIL 13 - AUGUST 18) ECHOING FORMS: AMERICAN ABSTRACTION FROM THE PERMANENT COLLECTION PRESENTS PAINTINGS, WORKS ON PAPER, AND PHOTOGRAPHY BY MAJOR ARTISTS ASSOCIATED WITH POST -WAR AMERICAN ABSTRACTION. ABSTRACT EXPRESSIONISM EMERGED AS THE DOMINANT GENRE OF PAINTIN G IN THE MID-1940S. FOR THE NEXT 40 YEARS, ARTISTS WORKING ACROSS MEDIA WOULD EXAMINE AND REDEFINE THE BOUNDARIES OF ABSTRACTION. FROM ROBERT MOTHERWELL'S SERIAL COMPOSITIONS OF RE PEATING OVOID AND GEOMETRIC FORMS, TO THE PATTERNED BRUSHWORK OF ALMA THOMAS, AND AARON SI SKIND'S PHOTOGRAPHIC STUDIES OF FOUND OBJECTS ECHOING GESTURAL PAINT STROKES, THE TAMPA MU SEUM OF ART'S COLLECTION INCLUDES WORK FROM INFLUENTIAL ARTISTS ASSOCIATED WITH THE RISE O F AMERICAN ABSTRACTION. ARTISTS FEATURED IN ECHOING FORMS ALSO INCLUDE JOSEPH ALBERS, HELE N FRANKENTHALER, ADOLPH GOTTLIEB, ELLSWORTH KELLY, ELAINE DE KOONING, KENNETH NOLAND, FRAN K STELLA, AND OTHERS. ECHOING FORMS: ABSTRACTION FROM THE PERMANENT COLLECTION IS A COMPAN ION SHOW TO THE SPECIAL EXHIBITION ABSTRACT EXPRESSIONISM: A SOCIAL REVOLUTION. ABSTRAC E XPRESSIONISM: A SOCIAL REVOLUTION, SELECTIONS FROM THE HASKELL COLLECTION (APRIL 11 - AUGU ST 11) ABSTRACT EXPRESSIONISM: A SOCIAL REVOLUTION PRESENTS TWENTY-FIVE WORKS FROM THE HAS KELL COLLECTION INDICATIVE OF ABSTRACT EXPRESSIONISM AS A UNIFYING DIRECTION IN POST-WORLD WAR II ART. THE EXHIBITION HIGHLIGHTS ARTISTS ASSOCIATED WITH THE INFLUENTIAL FIRST AND S ECOND GENERATIONS OF ABSTRACT EXPRESSIONIST PAINTERS INCLUDING WILLEM DE KOONING, HANS HOF MANN, HELEN FRANKENTHALER, FRANZ KLINE, MORRIS LOUIS, JOAN MITCHELL, ROBERT MOTHERWELL, KE NNETH NOLAND, MARK ROTHKO, AND THEODOROS STAMOS. LATER WORKS BY GERHARD RICHTER, JACK GOLD STEIN, ROBERT RAUSCHENBERG, AND FRANK STELLA RESPOND OR REFLECT ON THE LASTING LEGACY OF A BSTRACT EXPRESSIONISM IN BOTH THE US AND ABROAD. VIEWED TOGETHER, THE WORKS IN ABSTRACT EX PRESSIONISM: A SOCIAL REVOLUTION ADDRESS HOW INDIVIDUAL ARTISTIC EXPRESSION AND INDEPENDEN CE FROM INSTITUTIONAL VALUES ALTERED THE COURSE OF PAINTING. IN THIS EXHIBITION, VISUAL VO CABULARY WILL BE DISCUSSED IN RELATIONSHIP TO THE ARTISTS' COLLECTIVE OBJECTIVES AND INDIV IDUAL INTENTIONS. IN ADDITION TO THOSE MENTIONED ABOVE, ARTISTS REPRESENTED IN ABSTRACT EX PRESSIONISM: A SOCIAL REVOLUTION INCLUDE JOSEF ALBERS, RICHARD ANUSZKIEWICZ, KAREL APPEL, SAM FRANCIS, MICHAEL GOLDBERG, PAUL JENKINS, JEAN MIOTTE, JUDY PFAFF, JEAN-PAUL RIOPELLE, JAMES ROSENQUIST, AND JACK TWORKOV. UNLESS NOTED OTHERWISE, ALL WORKS FROM THE HASKELL COL LECTION. TABLEAU AND TRANSFORMATION: PHOTOGRAPHY FROM THE PERMANENT COLLECTION (JUNE 20 TH ROUGH OCTOBER 20) TABLEAU AND TRANSFORMATION PRESENTS AN OVERVIEW OF THE TAMPA MUSEUM OF A RT'S HOLDINGS IN 20TH-CENTURY PHOTOGRAPHY, A CORNERSTONE OF THE MUSEUM'S PERMANENT COLLECT ION. THE EXHIBITION LOOKS AT HOW ARTISTS HAVE USED DISTINCT DARKROOM EFFECTS AND STUDIO PR ACTICES TO CREATE NEW NARRATIV</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A:	<p>ES IN PHOTOGRAPHY. ARTISTS SUCH AS JAMES CASEBERE, ROBERT CUMMING, STEPHEN FRAILEY, SANDY SKOGLUND, AND WILLIAM WEGMAN CREATE CONSTRUCTED ENVIRONMENTS, OFTEN BLURRING THE BOUNDARIES OF TRUTH AND FICTION IN THEIR IMAGES. PHOTOGRAPHERS BLYTHE BOHNEN, DUANE MICHALS, ARNULF RAINER, LUCAS SAMARAS, CINDY SHERMAN EXAMINE THE TRANSFORMATION OF ONE'S SELF AS A MEANS TO EXPLORE IDENTITY, GENDER, AND PLACE. THIS EXHIBITION FEATURES APPROXIMATELY 50 PHOTOGRAPHS WITH OBJECTS RANGING IN DATE FROM THE MID-1960S TO THROUGH THE EARLY 2000S. PREDOMINATELY DRAWN FROM THE MUSEUM'S PERMANENT COLLECTION, TABLEAU AND TRANSFORMATION INCLUDES ARTISTS JOHN BALDESSARI, MORTON BARTLETT, ZEKE BERMAN, BLYTHE BOHNEN, VICTOR BURGIN, JAMES CASEBERE, EILEEN COWIN, ROBERT CUMMING, ROBERT FICHTER, STEPHEN FRAILEY, LES KRIMS, DUANE MICHALS, PATRICK NAGATANI AND ANDRE TRACEY, ARNULF RAINER, RICHARD ROSS, LUCAS SAMARAS, ANDRES SERRANO, CINDY SHERMAN, SANDY SKOGLUND, JOEL STERNFELD, AND WILLIAM WEGMAN. TABLEAU AND TRANSFORMATION ALSO FEATURES KEY LOANS FROM TRENAM LAW'S PHOTOGRAPHY COLLECTION AND INCLUDES COMPANION PHOTOGRAPHS BY SEVERAL OF THE ABOVE-MENTIONED ARTISTS, AS WELL AS LAURIE SIMMONS AND DOUG AND MIKE STARN.</p> <p>ROBERT RAUSCHENBERG: AMERICAN MIX-16 (AUGUST 9, 2019 - JANUARY 5, 2020) ONE OF THE 20TH CENTURY'S MOST INFLUENTIAL ARTISTS, ROBERT RAUSCHENBERG (AMERICAN, 1925-2008) DEFINED HIS OEUVRE BY USING ORDINARY, NON-TRADITIONAL MATERIALS TO CREATE DISTINCT WORKS OF ART. HIS "COMBINES" HOVERED BETWEEN PAINTING AND SCULPTURE, AND INCORPORATED A RANGE OF MEDIA AND TECHNIQUES. RAUSCHENBERG OFTEN USED PHOTOGRAPHY IN HIS WORK AND LAYERED IMAGES TO RENDER PROVOCATIVE NARRATIVES OR OBSERVATIONS ABOUT THE WORLD AROUND HIM. SUITE 1 FROM (AMERICAN MIX-16), 1983, A PORTFOLIO OF 16 PHOTOGRAVURES, FEATURES PHOTOGRAPHS OF FOUND VIGNETTES OR OBJECTS RAUSCHENBERG ENCOUNTERED DURING HIS TRAVELS AROUND THE US. HE FOUND BEAUTY IN THE MUNDANE, SUCH AS A DILAPIDATED RAG HANGING FROM THE GAS CAP OF AN ABANDONED TRUCK OR THE INADVERTENT STILL LIFE OF TRASHED OBJECTS RESTING ON THE CURB. RARELY EXHIBITED FROM THE TAMPA MUSEUM OF ART'S COLLECTION, THE ENTIRETY OF THIS PORTFOLIO WILL BE ON VIEW.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, CONTINUED:</p>	<p>ORDINARY/EXTRAORDINARY: ASSEMBLAGE IN THREE ACTS: JEAN-MICHEL BASQUIAT: ONE MASTER ARTIST / TWO MASTERPIECES; PURVIS YOUNG: 91; SACRED DIAGRAMS: VODOU FLAGS FROM THE GESSEN COLLECTIONS (SEPTEMBER 21 THROUGH FEBRUARY 23, 2020) THESE THREE EXHIBITIONS ARE PART OF THE SERIES ORDINARY/EXTRAORDINARY: ASSEMBLAGE IN THREE ACTS. THE SERIES SIMULTANEOUSLY PRESENTS THREE DISCRETE SHOWS FOCUSED ON WORKS BY JEAN-MICHEL BASQUIAT, PURVIS YOUNG, AND A SELECTION OF 20TH- AND 21ST-CENTURY HAITIAN VODOU FLAGS. THE USE OF FOUND OBJECTS, SUCH AS DISCARDED WOOD AND TEXTILES, FORMALLY LINKS THE EXHIBITIONS TOGETHER. MORE IMPORTANTLY, HISTORICAL AND SOCIO-ECONOMIC NARRATIVES INFORMED BY THE AFRO-CARIBBEAN DIASPORA, THE BLACK EXPERIENCE IN AMERICA, AS WELL AS EUROPEAN ARTISTIC INFLUENCES, UNITE THE ARTISTS FEATURED IN THE SERIES. ALTHOUGH EACH IS A STAND-ALONE SHOW, VIEWED TOGETHER, THE SERIES EXPLORES PROVOCATIVE PORTRAYALS OF RACE, IDENTITY, SPIRITUALITY, SURVIVAL, AND HOPE IN A RANGE OF ASSEMBLAGE OBJECTS AND COMPOSITIONS. JEAN-MICHEL BASQUIAT: ONE MASTER ARTIST / TWO MASTERPIECES FOCUSES ON TWO UNIQUE BASQUIAT ARTWORKS: YELLOW DOOR (1985) AND UNTITLED (WORD ON WOOD) (1985). THE EXHIBITION WILL EXAMINE THE ARTIST'S VISUAL VOCABULARY IN AN INTIMATE PRESENTATION OF THESE TWO IMPORTANT PAINTINGS. JEAN-MICHEL BASQUIAT: ONE MASTER ARTIST / TWO MASTERPIECES EXPLORES THE ARTIST'S USE OF FOUND MATERIALS, TEXT, AND PORTRAITURE AS A MEANS TO EXPLORE SOCIO-POLITICAL THEMES AND SELF-IDENTITY. RELATED MATERIALS WILL FURTHER ADDRESS HOW BASQUIAT'S ART SIGNIFIED NEW DIRECTIONS IN ABSTRACT FIGURATION AND 20TH-CENTURY PAINTING. THIS SHOW IS PART OF THE FALL EXHIBITION SERIES ORDINARY/EXTRAORDINARY: ASSEMBLAGE IN THREE ACTS. THE EXHIBITION PURVIS YOUNG: 91 PRESENTS FOR THE FIRST TIME THE DEPTH OF THE PURVIS YOUNG (AMERICAN, 1943-2010) HOLDINGS IN THE TAMPA MUSEUM OF ART'S PERMANENT COLLECTION. IN 2004, THE RUBELL FAMILY FOUNDATION GIFTED 91 WORKS BY YOUNG TO THE MUSEUM, ONE OF THE LARGEST DONATIONS OF THE ARTIST'S WORK IN THE SOUTHEAST. YOUNG, A SELF-TAUGHT ARTIST, CREATED THOUSANDS OF ASSEMBLAGES WITH IMAGERY OF PROTESTERS, PREGNANT WOMEN, AND WARRIORS ON WOOD REMNANTS, CABINETS, AND DOORS. THE ARTWORKS REFLECT YOUNG'S EXPERIENCES AND OBSERVATIONS LIVING IN OVERTOWN, MIAMI. SACRED DIAGRAMS: HAITIAN VODOU FLAGS FROM THE GESSEN COLLECTION EXAMINES THE TRADITION AND ARTISTRY OF HAITIAN VODOU FLAGS. OFTEN MADE OF DISCARDED BURLAP BAGS, REPURPOSED FABRIC, BEADS, AND SEQUINS, VODOU FLAGS REPRESENT HAITI'S SPIRITUALLY RICH YET OFTEN MISUNDERSTOOD VODOU RELIGION. GUEST CURATOR AND ARTIST EDOUARD DUVAL-CARRI (HAITIAN, B. 1954) EXAMINES THE ROLE OF VODOU FLAGS AND FLAGMAKERS WITHIN HAITI'S DYNAMIC VISUAL CULTURE. SACRED DIAGRAMS HIGHLIGHTS VINTAGE CEREMONIAL FLAGS FROM THE 1950S AND 1960S, AS WELL AS EXPLORES RECENT INTERPRETATIONS OF VODOU FLAGS BY ARTISTS CLOTAIRE BAZILE, MYRLANDE CONSTANT, MIREILLE DELICE DELISME, SILVA JOSEPH, DUBREUS LHERISSON, EDGAR JEAN LOUIS, ANTOINE OLEYANT, YVES TELE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED:	<p>MAQUE, AND GEORGE VALRIS. THE MUSEUM WAS ALSO PROUD TO HAVE PRESENTED A WIDE RANGE OF EDUCATION OPPORTUNITIES TO THE PUBLIC. WITH A STRONG EMPHASIS ON EDUCATING THE PUBLIC ABOUT MODERN, CONTEMPORARY AND ANCIENT ART, 2019 PROGRAMS AT THE MUSEUM INCLUDED TWO EXHIBITIONS DEDICATED TO ANCIENT GREEK AND ROMAN ART AND ELEVEN MODERN AND CONTEMPORARY CURATED EXHIBITIONS INFORMING CONTENT OF A DOZEN MONTHLY EDUCATION PROGRAM OFFERINGS, TOGETHER REPRESENTING CLOSE TO 200 INDIVIDUAL EDUCATION OPPORTUNITIES DURING THE COURSE OF THE YEAR. TO ENHANCE THE VOICE OF THE STAFF, 25% OF THE EXHIBITIONS WERE LEASED FROM AND CURATED BY NATIONALLY RECOGNIZED INSTITUTIONS AND THEIR STAFF, 20 PROFESSIONAL TEACHING ARTISTS WERE EMPLOYED TO INSTRUCT STUDIO ART CLASSES, AND AROUND 20 GUEST SCHOLARS, ARTISTS, AND COLLECTORS WERE ENGAGED TO SHARE SPECIALIZED INSTRUCTION AND INFORMATION IN FORMAL AND INFORMAL PRESENTATIONS. IN CARRYING OUT OUR MISSION, REACHING OUR OBJECTIVES AND PROVIDING ACTIVITIES TO THE COMMUNITY, THE MUSEUM PARTNERS WITH ARTS AGENCIES AND COMMUNITY NON-PROFIT ORGANIZATIONS. IN 2019, THE MUSEUM ENJOYED PARTNERSHIPS WITH THE TAMPA BAY FOUNDATION FOR MENTAL HEALTH AND THE UNIVERSITY OF SOUTH FLORIDA HONORS COLLEGE FOR CONNECTIONS, A FREE MENTAL HEALTHCARE COMMUNITY ART ENGAGEMENT PROGRAM. THAT PROGRAM GREW FROM 84 PARTICIPANTS AND 7 STUDENT FACILITATORS TO OVER 900 PARTICIPANTS REPRESENTING THE COMMUNITY AND 16 NON-PROFIT AND FOR PROFIT COMMUNITY PARTNERS. IN ADDITION, CONNECTIONS AS A CREDITED CAPSTONE COURSE IN THE HONORS COLLEGE OF USF, IN 2019 THE MUSEUM TRAINED 40 STUDENT FACILITATORS TO DELIVER GALLERY PROGRAMS TO COMMUNITY PARTICIPANTS, AND USF INVESTED IN A HALF-TIME TWENTY-HOUR A WEEK INTERN TO WORK AT THE MUSEUM TO ADMINISTER THE CONNECTIONS PROGRAM. INTERNSHIPS WERE ALSO ONGOING AS A RESULT OF A RELATIONSHIP WITH THE UNIVERSITY OF TAMPA (UT). IN 2019, THE UNIVERSITY OF TAMPA GENEROUSLY FUNDED A HALF-TIME SOCIAL MEDIA INTERNSHIP FOR A STUDENT TO WORK IN THE MUSEUM'S MARKETING AND COMMUNICATIONS DIVISION. IN ADDITION, ART THERAPY STUDENTS AT UT ASSISTED THE MUSEUM IN PROVIDING ART SPACE, AN ART EDUCATION OUTREACH PROGRAM FOR THOSE ECONOMICALLY IF NOT ENVIRONMENTALLY DISADVANTAGED, WE WORKED WITH THE SPRING , WHICH PROVIDES SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE; REDEFINING REFUGE, WHICH PROVIDES SUPPORT FOR VICTIMS OF HUMAN TRAFFICKING; AND PORTICO, A BRANCH OF THE HYDE PARK METHODIST CHURCH PROVIDING SERVICES TO THE HOMELESS IN DOWNTOWN TAMPA. THE MUSEUM ALSO CONTINUED THEIR PARTNERSHIP WITH THE LIGHTNING FOUNDATION AND THE VINIK FAMILY FOUNDATION IN OUR YOUTH COUNCIL AND THE COMMUNITY HEROES PROGRAM, WHICH PROVIDED TEENAGERS WORK EXPERIENCE IN TEACHING OTHER TEENS HOW TO DEVELOP, MANAGE, AND MARKET MUSEUM PROGRAMS FOR TEENAGERS. MON DAY MEDITATION TOOK PLACE AT THE MUSEUM IN PARTNERSHIP WITH THE PARBAWATIYA KADAMPA BUDDHIST CENTER. THE STUDIO ART PROGRAM AT THE MUSEUM IN 2019 CONTINUED ITS PARTNERSHIP WITH THE CITY OF TAMPA AND HILLSBOROUGH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED:	<p>H COUNTY AND THE JEWISH COMMUNITY CENTER TO OFFER OFFSITE CLASSES AT THE JCC FOR YOUTH AND ADULTS. IN 2019 THE OFF-SITE STUDIO ART PROGRAMS EXPANDED TO WINTHROP ARTS FACTORY IN RIVERVIEW, FIREHOUSE CULTURAL CENTER IN RUSKIN, AND COUNTY RECREATION CENTERS IN THONOTOSASSA, WEST CHASE AND KEYSTONE. THESE WERE BUT A FEW OF THE ANNUAL PARTNERSHIPS IN PLACE IN 2019. THE MUSEUM OFFERED FREE, DOCENT-LED TOURS OF MUSEUM EXHIBITIONS TO ALL HILLSBOROUGH COUNTY SCHOOLS, ADULTS AND SENIORS. TEACHER PREVIEWS WERE HELD TWICE IN 2019 AND TEACHERS FROM ALL OVER THE COUNTY WERE INVITED INTO THE MUSEUM FOR FREE, TO SEE HOW THE ART CAN BE INCORPORATED INTO THEIR CLASSROOM EXPERIENCE; THESE PROGRAMS WERE DESIGNED TO BE CROSS-CURRICULAR LINKED TO FLORIDA STANDARDS. A MUSEUM FUNDED RESOURCE, ART LINE OFFERED FREE BUS TRIPS TO AND FROM THE TAMPA MUSEUM OF ART FOR K-12 SCHOOL GROUPS PARTICIPATING IN OUR FREE SCHOOL TOURS PROGRAM, EACH SUBSIDIZED AND SPONSORED BY INDIVIDUALS AND CORPORATIONS. THE MUSEUM OFFERED EVENING LECTURES AND PANEL DISCUSSIONS RELATED TO EXHIBITIONS ON DISPLAY AND THE MUSEUM HOSTED INFORMAL "THIRTY ON THURSDAY" PROGRAMS, WHICH HIGHLIGHT CURRENT EXHIBITIONS AND ARTISTS. YOUTH COUNCIL AND EVENTS LAUNCHED IN THE WINTER AND RAN THROUGH THE FALL OF 2019; THIS UNIQUE PROGRAM ESTABLISHED IN 2016 FOR TEENS IN HILLSBOROUGH COUNTY FOCUSES ON LEADERSHIP, CREATIVITY AND THE ARTS AND CULTURE INDUSTRY. YOUTH EVENTS WERE DIVERSE IN OFFERING, DESIGNED AND COORDINATED IN CONSULTATION WITH THE YOUTH COUNCIL, A GROUP OF 11 HIGH SCHOOL STUDENTS SELECTED THROUGH AN APPLICATION PROCESS. IN THE SPRING OF 2019, THE YOUTH COUNCIL JURIED AND HOSTED ITS THIRD ANNUAL TEEN JURIED FILM FESTIVAL, FEATURING 20 SELECTED FILMS BY OVER 200 OF OUR REGION'S TEEN SUBMISSIONS, A TEEN JURIED ART EXHIBITION, A SILENT DISCO, A JURIED ARTS EXHIBITION, AND INFORMAL TEEN NIGHTS AT THE MUSEUM. ART ON THE HOUSE CONTINUED TO BE HELD EVERY THURSDAY, WHEN THE MUSEUM OFFERED PAY-AS-YOU-WILL ADMISSION TO ALL VISITORS FROM 4 TO 8 P.M. ON THE LAST FRIDAY OF EACH MONTH, THE MUSEUM ALSO PARTICIPATED IN DOWNTOWN TAMPA'S "FOURTH FRIDAY" PROGRAM, IN WHICH VISITORS ATTENDED DOWNTOWN ARTS AND CULTURAL VENUES THAT EXTENDED THEIR HOURS AND OFFER FREE OR SPECIAL ADMISSIONS. ART SPOT, A SATURDAY MORNING FREE DROP-IN PROGRAM OFFERED CHILDREN AND THEIR FAMILIES THE OPPORTUNITY TO EXPLORE THEIR OWN CREATIVITY BY VISITING THE GALLERIES AND CREATING ART RELATED TO THE EXHIBITION. ART SPOT WAS ALWAYS TIED DIRECTLY TO THE EXHIBITIONS ON VIEW. THREE FAMILY FREE DAYS SCHEDULED SATURDAYS DURING THE YEAR OFFERED FAMILY ACTIVITIES AND DOCENT-LED TOURS, LIVE ENTERTAINMENT, AND PAY-AS-YOU-WILL ADMISSION (BY INDIVIDUAL DONATION OR FREE) TO FAMILIES IN ORDER FOR THEM TO ENJOY A MEANINGFUL ART EXPERIENCE TOGETHER.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A, CONTINUED:	<p>STUDIO ART AND SUMMER ART CAMPS TRANSFORMED OUR CLASSROOMS INTO A LAB FOR STUDENTS TO LEARN ABOUT AND EXPERIMENT WITH DIFFERENT ART TECHNIQUES IN 17 HALF-DAY PROGRAMS. SOME OF THE SUMMER ART CAMPS WERE SPECIFICALLY TIED DIRECTLY TO EXHIBITIONS ON VIEW TO INSPIRE TECHNIQUE, CONTENT, OR THEME. ART SPACE, FOR OVER ELEVEN YEARS IS A PARTNERSHIP PROGRAM WITH COMMUNITY ORGANIZATIONS TO PROVIDE QUALITY ENGAGEMENT WITH THE VISUAL ARTS TO ECONOMICALLY AND ENVIRONMENTALLY DISADVANTAGED POPULATIONS. IN 2019, ART SPACE WAS HELD 51 TIMES FOR STUDENTS AND THEIR FAMILIES. FINALLY, WITH CONNECTIONS, THE MUSEUM WELCOMED THOSE STRUGGLING WITH MENTAL HEALTH ISSUES SUCH AS ANXIETY, DEPRESSION, ALZHEIMER'S AND DEMENTIA TO VISIT THE MUSEUM WITH THEIR FAMILY FOR FREE DURING DESIGNATED DATES AND TIMES THROUGHOUT THE YEAR. GUESTS PARTOOK IN SPECIALIZED GALLERY TOURS AND ENGAGED IN CONVERSATIONS ABOUT ART FACILITATED BY MUSEUM STAFF TRAINED STUDENT-DOCENTS FROM UNIVERSITY OF SOUTH FLORIDA'S HONORS COLLEGE. ALL 86 SESSIONS HELD IN 2019 FEATURED DISCUSSIONS IN THE GALLERY DEVELOPED FROM EXHIBITION CONTENT. CONTINUED IN 2019 WAS THE PROGRAM MUSIC AT THE MUSEUM, A PARTNERSHIP WITH THE UNIVERSITY OF TAMPA'S MUSIC DEPARTMENT. EVERY FIRST WEDNESDAY OF THE MONTH, PERFORMING ARTISTS, OPERA, JAZZ, THEATRE AND MUSIC STUDENTS PERFORMED AT THE MUSEUM BETWEEN SEPTEMBER AND MAY.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THE FORM 990 BEFORE IT IS FILED.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE MUSEUM SENDS THE CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER, WITH THE REQUIREMENT THAT IT MUST BE SIGNED AND RETURNED TO THE ORGANIZATION WITHIN 30 DAYS OF THE BOARD MEMBER'S RECEIPT OF POLICY. SERVICE ON THE BOARD IS CONTINGENT UPON THE COMPLETION OF THE FORM.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR IN PERSON AND PROVIDES THEM WITH FEEDBACK FROM THE EXECUTIVE COMMITTEE AND THE ENTIRE BOARD OF TRUSTEES RECEIVED DURING THE COURSE OF THE YEAR. COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE AND IS BASED ON PERFORMANCE AND AN ANALYSIS OF COMPENSATION PAID FOR SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS AS DETERMINED BY THE EXECUTIVE COMMITTEE.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE MUSEUM MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THEIR WEBSITE.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE MUSEUM ALLOWS THE PUBLIC TO VIEW ITS FORM 990 AND FINANCIAL STATEMENTS ON THEIR WEBSITE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	GAIN ON NEW MARKETS TAX CREDIT TRANSACTION 1,017,710.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, 2C, FINANCIAL STATEMENTS AND REPORTING:	THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	<p>THE ORGANIZATION ENTERED INTO SEVERAL DEBT AND RECEIVABLE TRANSACTIONS DURING 2014 IN ORDER TO MAKE ADDITIONAL FUNDS AVAILABLE TO IT THROUGH THE NEW MARKETS TAX CREDIT ("NMTC") PROGRAM. TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC. (TMAOS) WAS FORMED ON APRIL 25, 2014 TO ACCEPT THE FUNDS FROM THE NMTC ON MAY 15, 2014. PROCEEDS FROM THE NMTC WERE USED BY THE MUSEUM TO PAY OFF SHORT-TERM DEBT, EXPAND OPERATING CAPITAL, HIRE PERSONNEL, AND SECURE FUTURE EXHIBITIONS. THE MUSEUM ENTERED INTO A LEASE AGREEMENT WITH THE CITY OF TAMPA IN FEBRUARY 2010. THE MUSEUM THEN ENTERED INTO A TRANSFER OF LEASEHOLD INTEREST IN RELATION TO THE NMTC WHICH TRANSFERRED THE OPERATIONS, MANAGEMENT AND ADMINISTRATION OF THE LEASED PREMISES (THE MUSEUM) TO TMAOS AS OF MAY 2014. THE PURCHASE PRICE OF THIS LEASEHOLD INTEREST WAS \$5,425,000, OF WHICH \$5,118,401 WAS PAID IN CASH AND FINANCED THROUGH THE NMTC, AND \$306,599 WAS DEEMED A CONTRIBUTION FROM THE MUSEUM. THE ASSOCIATED LEASEHOLD INTEREST LIABILITY AND ASSETS WERE ELIMINATED AS A RESULT OF THE TERMINATION OF THE NMTC AGREEMENT. THESE LOANS WERE FORGIVEN AND AN ASSOCIATED GAIN OF 1,017,710 WAS RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2019 BY THE MUSEUM. THE ORGANIZATION'S TERMINATION OF THE NEW MARKETS TAX CREDIT TRANSACTION RESULTED IN A NET CONSOLIDATED GAIN OF \$838,781 DURING THE YEAR ENDED DECEMBER 31, 2019.</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TAMPA MUSEUM OF ART INC

**Employer identification number**

59-1934721

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> TAMPA MUSEUM OF ART FOUNDATION INC 120 WEST GASPARILLA PLAZA  TAMPA, FL 33602 31-1650423	MUSEUM FOUNDATION	FL	501(C)(3)	PF	TAMPA MUSEUM OF ART INC		No
<b>(2)</b> TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC 120 WEST GASPARILLA PLAZA  TAMPA, FL 33602 46-5497748	ORGANIZATION TO ACCEPT FUNDS FROM NEW MARKET TAX CREDIT	FL	501(C)(3)	PF	TAMPA MUSEUM OF ART INC		No



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .	Yes	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TAMPA MUSEUM OF ART FOUNDATION INC	C	284,105	FMV
(2) TAMPA MUSEUM OF ART FOUNDATION INC	S	726,723	FMV
(3) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC	B	1,000,000	FMV
(4) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC (REVENUE)	O	1,229,480	FMV
(5) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC (EXPENSE)	O	127,810	FMV
(6) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC	S	550,088	FMV



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE R, PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS:	<p>THE MUSEUM ENTERED INTO SEVERAL TRANSACTIONS DURING 2014, IN ORDER TO MAKE ADDITIONAL FUNDS AVAILABLE TO IT THROUGH THE NEW MARKETS TAX CREDIT (NMTC) PROGRAM. TMAOS WAS FORMED ON APRIL 25, 2014 TO ACCEPT THE FUNDS FROM THE NMTC ON MAY 15, 2014. PROCEEDS FROM THE NMTC WERE USED BY THE MUSEUM TO PAY OFF SHORT-TERM DEBT, EXPAND OPERATING CAPITAL, HIRE PERSONNEL, AND SECURE FUTURE EXHIBITIONS. THE MUSEUM ENTERED INTO A LEASE AGREEMENT WITH THE CITY OF TAMPA IN FEBRUARY 2010. THE MUSEUM THEN ENTERED INTO A TRANSFER OF LEASEHOLD INTEREST IN RELATION TO THE NMTC WHICH TRANSFERRED THE OPERATIONS, MANAGEMENT AND ADMINISTRATION OF THE LEASED PREMISES (THE MUSEUM) TO TMAOS AS OF MAY 2014. THE PURCHASE PRICE OF THIS LEASEHOLD INTEREST WAS \$5,425,000, OF WHICH \$5,118,401 WAS PAID IN CASH AND FINANCED THROUGH THE QCLI LOANS AND \$306,599 WAS DEEMED A CONTRIBUTION FROM THE MUSEUM. THE MUSEUM ENTERED INTO AN OPERATING AGREEMENT WITH THE CITY OF TAMPA IN DECEMBER 2007 AND A FIRST AMENDMENT TO THE CITY OPERATING AGREEMENT IN NOVEMBER 2008. THE CITY, THE MUSEUM, AND TMAOS ENTERED INTO A SECOND AMENDMENT TO THE CITY OPERATING AGREEMENT ON MAY 15, 2014, AMENDING THE AGREEMENT SO AS TO ALLOW DELINEATION OF OPERATIONAL, ADMINISTRATION AND MANAGEMENT RESPONSIBILITIES UNDER THE CITY OPERATION AGREEMENT BETWEEN THE MUSEUM AND TMAOS. THE SUB-OPERATING AGREEMENT ALLOWS THE MUSEUM TO FOCUS ON MAINTENANCE OF ITS ART COLLECTION AND ONGOING DEVELOPMENT OF THE ART COLLECTION WHILE TRANSFERRING THE OPERATING, ADMINISTRATION, AND MANAGEMENT FUNCTIONS TO TMAOS. THE MUSEUM WILL PAY TMAOS AN ANNUAL OPERATING EXPENSE CONTRIBUTION NOT TO EXCEED \$1,000,000, PAYABLE QUARTERLY IN EQUAL INSTALLMENTS OF \$250,000. THE MUSEUM CONTRIBUTED \$764,019 TO TMAOS FOR THE YEAR ENDED DECEMBER 31, 2019. THE MUSEUM ENTERED INTO A BILATERAL EMPLOYEE LEASING AGREEMENT WITH TMAOS EFFECTIVE MAY 15, 2014 TO BENEFIT THE WORK OF EACH ENTITY. CERTAIN EMPLOYEES OF THE MUSEUM ARE SHARED WITH TMAOS AND CERTAIN EMPLOYEES OF TMAOS ARE SHARED WITH THE MUSEUM. THESE AMOUNTS ARE ELIMINATED IN THE CONSOLIDATED FINANCIAL STATEMENTS. TMAOS RECEIVED REVENUE FROM THE MUSEUM OF \$127,810 FOR EMPLOYEES LEASED TO THE MUSEUM. THE MUSEUM RECEIVED REVENUE FROM TMAOS OF \$1,229,480 FOR EMPLOYEES LEASED TO TMAOS.</p>

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 59-1934721  
**Name:** TAMPA MUSEUM OF ART INC

### Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TAMPA MUSEUM OF ART FOUNDATION INC	C	284,105	FMV
TAMPA MUSEUM OF ART FOUNDATION INC	S	726,723	FMV
TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC	B	1,000,000	FMV
TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC (REVENUE)	O	1,229,480	FMV
TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC (EXPENSE)	O	127,810	FMV
TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS INC	S	550,088	FMV