

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  
**2020**  
Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**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

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

**G** Gross receipts \$ 5,149,867

**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)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.TAMPAMUSEUM.ORG

**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 COLLECT, PRESERVE, STUDY, AND EXHIBIT ICONIC AND IMPORTANT WORKS OF ART TO EDUCATE, ENGAGE, AND INSPIRE THE RESIDENTS OF OUR REGION AND OTHERS AROUND THE WORLD.

**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)	<b>3</b>	49
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	48
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	52
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	200
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,285,331	3,531,071
<b>9</b> Program service revenue (Part VIII, line 2g)	0	127,211
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,840	0
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,229,480	1,372,085
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,570,651	5,030,367
<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)	1,783,981	2,088,088
<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) ▶ 735,022		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,859,794	1,959,141
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,643,775	4,047,229
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,073,124	983,138

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	21,797,267	21,484,615
<b>21</b> Total liabilities (Part X, line 26)	3,358,727	2,062,937
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	18,438,540	19,421,678

**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: 2021-08-27

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: \_\_\_\_\_  
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

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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 TAMPA MUSEUM OF ART COLLECTS, PRESERVES, STUDIES, AND EXHIBITS ICONIC AND IMPORTANT WORKS OF ART TO EDUCATE, ENGAGE, AND INSPIRE THE RESIDENTS OF OUR REGION AND OTHERS AROUND THE WORLD.

**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 \$ 2,705,594 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 ▶ 2,705,594

**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		No
<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	Yes	
<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)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Each question has a corresponding box for the answer.

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 3 columns: Question, Yes, No. Rows include: 1a (49), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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: BENIKA FORTE 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										

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 (with sub-columns: Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 307,146, 0, 12,761.

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 ▶ 1

Questions 3, 4, and 5 regarding compensation reporting. Question 3: Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? Question 4: For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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. Report compensation for the calendar year ending with or within the organization's tax year.

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>	473,178				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	1,517,682				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,540,211				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>					
	<b>h Total.</b> Add lines 1a-1f . . . . .			3,531,071			
<b>Program Service Revenue</b>	<b>2a</b> ADMISSIONS AND EDUCATI	Business Code					
		711190	127,211	127,211			
	<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. . . . .			127,211				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<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>6b</b> Less: rental expenses					
		<b>6c</b> Rental income or (loss)					
		<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>7b</b> Less: cost or other basis and sales expenses					
		<b>7c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 473,178 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8b</b> Less: direct expenses . . . . .		39,865			
		<b>c</b> Net income or (loss) from fundraising events . . . . .			-45,199		-45,199
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9b</b> Less: direct expenses . . . . .							
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10b</b> Less: cost of goods sold . . . . .		82,693				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			48,257		48,257	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> FORGIVENESS OF RELATED		900099	1,270,301	1,270,301			
<b>b</b> BUILDING RENTALS AND B		532000	98,726	98,726			
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,369,027				
<b>12 Total revenue.</b> See instructions . . . . .			5,030,367	1,496,238	0	3,058	

**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 . . . . .				
<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) . . . . .	307,145	206,910	55,083	45,152
<b>7</b> Other salaries and wages . . . . .	1,442,240	808,438	225,690	408,112
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	57,569	35,888	10,792	10,889
<b>9</b> Other employee benefits . . . . .	156,403	106,166	14,979	35,258
<b>10</b> Payroll taxes . . . . .	124,731	74,207	18,031	32,493
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	35		35	
<b>c</b> Accounting . . . . .	36,660		36,660	
<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)	31,866	9,376	20,649	1,841
<b>12</b> Advertising and promotion . . . . .	31,367			31,367
<b>13</b> Office expenses . . . . .	150,768	67,533	54,101	29,134
<b>14</b> Information technology . . . . .	115,875	52,232	31,059	32,584
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	181,910	151,089	19,942	10,879
<b>17</b> Travel . . . . .	11,906	7,756	3,267	883
<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 . . . . .	33,711	27,980	3,708	2,023
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	720,872	598,324	79,295	43,253
<b>23</b> Insurance . . . . .	59,015	49,755	4,109	5,151
<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> REPAIRS AND MAINTENANCE	180,676	143,153	22,579	14,944
<b>b</b> ART PURCHASES	143,584	143,584		
<b>c</b> EXHIBIT EXPENSES	105,269	105,269		
<b>d</b> CONTRACTUAL SERVICES	73,703	57,925		15,778
<b>e</b> All other expenses	81,924	60,009	6,634	15,281
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,047,229	2,705,594	606,613	735,022
<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 . . . . .	504,539	<b>1</b>	636,280
	<b>2</b> Savings and temporary cash investments . . . . .	26,932	<b>2</b>	26,939
	<b>3</b> Pledges and grants receivable, net . . . . .	58,712	<b>3</b>	91,591
	<b>4</b> Accounts receivable, net . . . . .	89,637	<b>4</b>	86,253
	<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 . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	56,713	<b>8</b>	55,209
	<b>9</b> Prepaid expenses and deferred charges . . . . .	77,849	<b>9</b>	96,454
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,770,140		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,626,109	1,112,767	<b>10c</b> 1,144,031
	<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 . . . . .	19,870,118	<b>15</b>	19,347,858
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	21,797,267	<b>16</b>	21,484,615	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	200,226	<b>17</b>	208,545
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	117,865	<b>19</b>	189,800
	<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 . . . . .	1,750,691	<b>23</b>	1,664,592
	<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	1,289,945	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	3,358,727	<b>26</b>	2,062,937
<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 . . . . .	7,260,482	<b>27</b>	8,930,300
	<b>28</b> Net assets with donor restrictions . . . . .	11,178,058	<b>28</b>	10,491,378
	<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 . . . . .	18,438,540	<b>32</b>	19,421,678	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	21,797,267	<b>33</b>	21,484,615	

**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>	5,030,367
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,047,229
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	983,138
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	18,438,540
<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>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	19,421,678

**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 (2020)

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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			
PATRICIA CARTER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
RON CHRISTALDI ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MAUREEN COHN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
DEBBIE COOK ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
SANTIAGO CORRADA ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
ENRIQUE CRESPO ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
NANCY DE WAART ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
AG JERRY DIVERS ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0
MICHAH FOGARTY ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
CATHY GRANT ..... TRUSTEE	1.00 ..... 0.00	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			
STACY HAHN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
JACK HEISS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
RAY IFERT ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
ROBERT ISBELL ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
DIANNE JACOB ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
SANDY JUSTER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
BARBARA KESKINER ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
ELENA PARAS KETCHUM ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
MARTY LANAHAN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
KARENNE LEVY ..... TRUSTEE	1.00 ..... 0.00	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			
LYRA LOGAN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
GUIDO MANISCALCO ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
SANDY MURMAN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
KENNETH PAGES ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
LYNDA REMUND ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
SUSIE RICE ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
DENNIS ROGERO ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0
SOPHIA NAKIS SANCHEZ ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
CYNTHIA SASS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
CARLOS SHARPLESS ..... TRUSTEE	1.00 ..... 0.00	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			
LISA SIMINGTON ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
RICK SIMONETTI ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
BARBARA STUBBS ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
LINCOLN TAMAYO ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
RENEE VAUGHN ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
SUSANA WEYMOUTH ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
DEBRA WILLIAMS ..... TRUSTEE	1.00 ..... 1.00	X						0	0	0
PAMELA WYSOCKI ..... TRUSTEE	1.00 ..... 0.00	X						0	0	0
ALLISON ADAMS ..... PAST CHAIR	1.00 ..... 2.00	X		X				0	0	0
DEBORAH MCCARTHY ..... FORMER CFO	22.00 ..... 18.00			X				76,852	0	4,115

**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  
**2020**  
**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,242,075	1,852,492	1,348,742	1,285,331	3,488,243	10,216,883
<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	2,302,075	1,912,492	1,408,742	1,345,331	3,548,243	10,516,883
<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) . . .						469,452
<b>6 Public support.</b> Subtract line 5 from line 4.						10,047,431

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .	2,302,075	1,912,492	1,408,742	1,345,331	3,548,243	10,516,883
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	58,766	58,766	73,458	55,840		246,830
<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						10,763,713
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	93.350 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	82.860 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

<b>15</b>	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**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>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>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<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>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>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<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>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>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>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>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>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>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>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>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>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>		

**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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in 11a above?		
<b>c</b>	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 lines 2a and 2b 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>		
<b>b</b>	Did the activities described in line 2a 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 lines 3a and 3b 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>If "Yes" or "No" 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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035	<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>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**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).

<b>Facts And Circumstances Test</b>

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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2020**  
**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](http://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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**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:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 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** Term 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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	1,900,275	881,110
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		988,755	725,834	262,921
<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).) . . . ▶				1,144,031

**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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<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)		
(10)		
<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	19,347,858
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	19,347,858

**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.)	

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>	5,124,803
<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>	34,436	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	94,436
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	5,030,367
<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>	5,030,367

**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>	4,141,665
<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>	34,436	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	94,436
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	4,047,229
<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>	4,047,229

**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:	COST OF GOODS SOLD 34,436.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD 34,436.

**SCHEDULE G**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 ▶ 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  
  
**2020**  
  
**Open to Public Inspection**

Name of the organization  
TAMPA MUSEUM OF ART INC

**Employer identification number**  
59-1934721

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> . . . . . ▶						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>CENTENNIAL BIRTHDAY CELEBRATION</b> (event type)	(event type)	<b>3</b> (total number)	(add col. (a) through col. (c))
<b>1</b>	Gross receipts . . . . .	507,485		5,558	513,043
<b>2</b>	Less: Contributions . . . . .	467,620		5,558	473,178
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	39,865			39,865
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	29,335			29,335
	<b>8</b> Entertainment . . . . .	5,847			5,847
	<b>9</b> Other direct expenses . . . . .	49,882			49,882
<b>10</b>	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				85,064
<b>11</b>	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-45,199

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b>	Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7</b>	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b>	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization TAMPA MUSEUM OF ART INC

Employer identification number 59-1934721

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include 1a (Travel, Housing, etc.), 1b (Policy), 2 (Substantiation), 3 (Methods), 4 (Severance, Retirement, Equity), 5 (Contingent on revenues), 6 (Contingent on net earnings), 7 (Nonfixed payments), 8 (Contract exception), 9 (Rebuttable presumption).

**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				
<b>1</b> MICHAEL A TOMOR EXECUTIVE DIRECTOR	(i)	230,294	0	0	0	0	230,294	0
	(ii)	0	0	0	0	0	0	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.

<b>Return Reference</b>	<b>Explanation</b>
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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

▶ **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
1 Art—Works of art . . . . .	X	11	105,800	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
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? . . . . .		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?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
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, 2020, THE MUSEUM ASSESSED DONATED ART, HAVING AN ESTIMATED FAIR VALUE OF \$105,800 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

**2020**

**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 2020, THE TAMPA MUSEUM OF ART'S PERMANENT COLLECTION COMPRISED OVER 8,400 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 (OVER 6,400 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. THE MUSEUM CELEBRATED ITS 100TH ANNIVERSARY IN 2020 AND THE 100TH ANNIVERSARY OF THE WOMAN'S RIGHT TO VOTE, THE SAME YEAR THE COVID-19 PANDEMIC SHUT DOWN THE MUSEUM TO THE PUBLIC FOR TWO MONTHS AND LIMITED OUR RESOURCES AND PROGRAMMING FOR THE REST OF THE YEAR. FOLLOWING THE CLOSURE ON MARCH 16 AND THE REOPENING OF THE MUSEUM ON JUNE 1, THE MUSEUM SAW AN 80% DROP IN ATTENDANCE, GENERAL ADMISSION, STORE SALES, AND COMMISSIONS FROM FOOD AND BEVERAGE SALES. MEMBERSHIP FELL BY 30% AS DID INDIVIDUAL CONTRIBUTIONS, AND SPONSORSHIPS, AND TWO FUNDRAISERS WERE CANCELLED. HOWEVER, THE MUSEUM RECEIVED PPP AND A CARES ACT GRANT FROM HILLSBOROUGH COUNTY THAT ASSISTED THE MUSEUM IN RETAINING ALL BUT FOUR MEMBERS OF THE STAFF AND RETROFITTED THE MUSEUM TRANSACTIONAL STATIONS FOR SOCIAL DISTANCING TO HELP PREVENT THE SPREAD OF COVID-19. THE FUNDS WERE ALSO USED TO COMPLETELY OUTFIT THE MUSEUM WITH THE TECHNOLOGY NEEDED TO TAKE OUR PROGRAMS, DESIGNED FOR CONVENING OF PEOPLE AT THE MUSEUM, TO A VIRTUAL PLATFORM. WE ALSO RECONSIDERED OUR ANNUAL FALL GALA FUNDRAISER AS A HYBRID VIRTUAL EXPERIENCE WITH A LIVE AUCTION AND THROUGH THE GENEROSITY OF THE COMMUNITY WAS ABLE TO HIT A HISTORIC AVERAGE OF FUNDRAISING FOR THAT EVENT. THE MUSEUM DID NOT LAYOFF STAFF, ALTHOUGH IT DOWNSIZED ITS TEAM BY FOUR ADMINISTRATIVE POSITIONS AS A PRECAUTIONARY REORGANIZATION DUE TO HISTORIC DROPS IN ATTENDANCE AND EARNED INCOME. HOWEVER, THE TAMPA MUSEUM OF ART CONTINUED TO RAISE REVENUE AND ALLOCATED ITS RESOURCES TOWARD PROGRAM MANAGEMENT AND PRESENTATION OF COLLECTIONS, COLLECTIONS' CARE AND MANAGEMENT, AND A ROBUST SCHEDULE OF EXHIBITION AND EDUCATION PROGRAMS TO SERVE THE TAMPA BAY COMMUNITY, ALBEIT VIRTUAL AS WELL AS IN PERSON. IN 2020, ALTHOUGH WE HAD TO POSTPONE TWO EXHIBITIONS AND EXTENDED THE LOAN PERIOD AND EXHIBITION RUN TIME ON THREE EXHIBITIONS, WE FEATURED NINE IMPORTANT TRAVELING AND IN-HOUSE CURATED EXHIBITIONS FOR THE TAMPA BAY COMMUNITY AND BEYOND, EACH OUTLINED BRIEFLY BELOW. THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS (THROUGH MARCH 15, 2020) IN CELEBRATION OF THE TAMPA MUSEUM OF ART'S 100TH ANNIVERSARY IN 2020, THE EXHIBITION THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS FROM THE PERMANENT COLLECTION, FEATURED W</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A:</p>	<p>ORKS REPRESENTATIVE OF THE INSTITUTION'S COLLECTING HISTORY AND MISSION. THE COLLECTION IS UNIQUE- WITH SIGNIFICANT HOLDINGS OF ANCIENT GREEK AND ROMAN ART, AS WELL AS INCREASED ACQ UISIONS OF MODERN AND CONTEMPORARY ART. WITH EIGHT MAIN CATEGORIES, THE COLLECTION FEATU RES A BREADTH OF OBJECTS: CLASSICAL ANTIQUITIES, PRINTS AND PHOTOGRAPHS RELATED TO CLASSIC AL ANTIQUITY, THE C. PAUL JENNEWEIN ARCHIVE, PAINTING, DECORATIVE ARTS AND SCULPTURE, PHOT OGRAPHY, WORKS ON PAPER, AND NEW MEDIA, VIDEO, AND INSTALLATION ART. THE MAKING OF A MUSEU M: 100 YEARS, 100 WORKS PRESENTED UNIQUE INSIGHTS INTO HOW THE COLLECTION AND IDENTITY OF THE MUSEUM HAVE EVOLVED AS IT HAS GROWN FROM A SMALL LOCAL ARTS ORGANIZATION TO THE CITY'S PREEMINENT MUSEUM OF ART. MODERN WOMEN: MODERN VISION - WORKS FROM THE BANK OF AMERICA CO LLECTION (FEBRUARY 20 THROUGH OCTOBER 25, 2020) SINCE PHOTOGRAPHY'S INCEPTION IN THE MID-N INETEENTH CENTURY, WOMEN HAVE STOOD AMONG ITS ARTISTIC AND TECHNOLOGICAL PIONEERS. MODERN WOMEN: MODERN VISION FEATURED 100 WORKS FROM THE BANK OF AMERICA COLLECTION BY LEADING ART ISTS OF THE TWENTIETH AND EARLY TWENTY-FIRST CENTURIES. THE EXHIBITION WAS ORGANIZED IN SI X THEMATIC SECTIONS: MODERNIST INNOVATORS, DOCUMENTARY PHOTOGRAPHY AND THE NEW DEAL, PHOTO LEAGUE, MODERN MASTERS, EXPLORING THE ENVIRONMENT, AND THE GLOBAL CONTEMPORARY LENS. EACH SECTION EXAMINES THE PHOTOGRAPHERS' ROLE IN FORGING NEW DIRECTIONS AND METHODS IN PHOTOGRA PHY, AS WELL AS HOW THE MEDIUM HAS EVOLVED WITH THE ADVENT OF NEW DIGITAL AND STUDIO PRAC TICES. ARTISTS FEATURED IN THIS EXHIBITION INCLUDE BERENICE ABBOTT, DIANE ARBUS, TINA BARN EY, BERND BECHER AND HILLA BECHER, MARGARET BOURKE-WHITE, ESTHER BUBLEY, IMOGEN CUNNINGHAM , RINEKE DIJKSTRA, CANDIDA HFER, BARBARA KRUGER, DOROTHEA LANGE, NIKKI S. LEE, HELEN LEVIT T, SONIA HANDELMAN MEYER, DODO JIN MING, RUTH ORKIN, CINDY SHERMAN, CARRIE MAE WEEMS, AND OTHERS. 14TH CONGRESSIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION 2020 ( MARCH 7 THROUGH APRIL 19, 2020) THIS ANNUAL HIGH SCHOOL ART EXHIBITION FEATURES EXEMPLARY WORK CREATED BY HIGH SCHOOL STUDENTS THROUGHOUT THE 14TH CONGRESSIONAL DISTRICT AND HILLSB ROUGH COUNTY. STUDENTS COMPETE FOR TWO TOP PRIZES: THE MUSEUM CHOICE AWARD AND THE CONGRE SSIONAL CHOICE AWARD. THE ARTWORK SELECTED FOR THE CONGRESSIONAL CHOICE AWARD WILL CONTINU E TO REPRESENT THE DISTRICT IN THE NATIONAL CONGRESSIONAL HIGH SCHOOL ART COMPETITION, HAN GING 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 2020. THE 14TH CONGRESSIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION IS PRESENTED IN PARTNERSHIP WITH THE OFFICE OF U.S. REPRESENTATIVE, KATHY CASTOR. SKETCHE S AND SCULPTURES: A STUDY OF C. PAUL JENNEWEIN (JUNE 13 THROUGH FEBRUARY 28, 2021) C. PAUL JENNEWEIN'S (GERMAN-AMERICAN, 1890-1978) ARTWORK REVEALS THE INSPIRATION OF THE ANCIENT W ORLD WHILE ALSO ENGAGING WITH</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>THE NEW SCULPTURAL STYLES OF HIS TIME, MERGING ART DECO WITH THE NEO-CLASSICAL TRADITION. IN 1978, THE TAMPA BAY ART CENTER, PREDECESSOR OF THE TAMPA MUSEUM OF ART, RECEIVED A BEQU EST OF 2,600 OBJECTS INCLUDING FINISHED ARTWORKS, AS WELL AS PREPARATORY DRAWINGS, PLASTER CASTS, AND MOLDS FOR THE NUMEROUS COMMISSIONS JENNEWEIN RECEIVED DURING HIS PROLIFIC CARE ER. SKETCHES AND SCULPTURES: A STUDY OF C. PAUL JENNEWEIN HIGHLIGHTS THIS EXTENSIVE ARCHIV E. THE EXHIBITION PRESENTS AN OVERVIEW OF THE ARTIST'S EARLY SCULPTURES AND FOUR MAJOR COM MISSIONS EXECUTED BETWEEN 1925 AND 1940 THAT DEFINED JENNEWEIN AS ONE OF THE MOST SIGNIFIC ANT SCULPTORS OF HIS DAY. SKETCHES AND SCULPTURE: A STUDY OF C. PAUL JENNEWEIN IS PART OF THE TAMPA MUSEUM OF ART'S CENTENNIAL EXHIBITION SERIES CELEBRATING 100 YEARS. HER STORY: S TORIES OF ANCIENT HEROINES AND EVERYDAY WOMEN (JULY 9, 2020, THROUGH JUNE 19, 2022) IN CEL EBRATION OF THE 100TH ANNIVERSARY OF WOMEN'S SUFFRAGE, THE TAMPA MUSEUM OF ART PRESENTS A SERIES OF EXHIBITIONS FOCUSED ON THE ACHIEVEMENTS OF WOMEN IN THE ARTS. HERSTORY: STORIES OF ANCIENT HEROINES AND EVERYDAY WOMEN EXPLORES THE STORY OF WOMEN IN THE ANCIENT WORLD TH ROUGH THE DEPICTIONS OF GODDESSES, HEROINES, MYTHOLOGICAL CHARACTERS, AND EVERYDAY WOMEN I N THE MUSEUM'S COLLECTION OF CLASSICAL ANTIQUITIES. THE EXHIBITION HIGHLIGHTS OBJECTS THAT SPEAK TO THE ROLE OF WOMEN IN THE ANCIENT WORLD, THEIR MYTHS, AND STORIES, FROM APHRODITE AND ATHENA TO AMAZON WARRIORS TO WOMEN OF THE EVERYDAY. THESE ROLES ARE EXAMINED THROUGH THE MUSEUM'S COLLECTION OF STATUES, FRAGMENTS, VESSELS, AND OBJECTS FROM DAILY LIFE. FRANK STELLA: ILLUSTRATIONS AFTER EL LISSITZKY'S HAD GADYA FROM THE COLLECTION OF BNY MELLON (J UNE 1 THROUGH SEPTEMBER 27, 2020) FRANK STELLA (AMERICAN, B. 1936) CREATED THE SERIES ILLU STRATIONS AFTER EL LISSITZKY'S HAD GADYA (1984) AFTER SEEING ARTIST EL LISSITZKY'S ARTWORK AT THE TEL AVIV MUSEUM OF ART. BETWEEN 1917 AND 1919, LISSITZKY (RUSSIAN, 1890-1941) COMP LETED IMAGERY FOR A CHILDREN'S BOOK OF "HAD GADYA", AN ALLEGORICAL SONG SUNG AT THE CLOSE OF THE PASSOVER SEDER. LISSITZKY'S MODERNIST INTERPRETATION OF THE TRADITIONAL SONG HIGHLI GHTED THE INFLUENCE OF THE RUSSIAN AVANT-GARDE IN HIS WORK, AS HE DEPICTED CHARACTERS AND SCENES IN "HAD GADYA" WITH ABSTRACT FORMS AND INTERLOCKING GEOMETRIC SHAPES. INSPIRED BY L ISSITZKY'S "HAD GADYA", STELLA PRODUCED A SUITE OF PRINTS CORRESPONDING TO THE ARTIST'S IM AGERY. RATHER THAN RE-INTERPRET THE SONG, STELLA RESPONDED TO LISSITZKY'S ABSTRACTIONS WIT H HIS OWN SIGNATURE VIBRANT PALETTE AND CURVILINEAR GESTURES. THE EXHIBITION FEATURES STEL LA'S COMPLETE PORTFOLIO OF TWELVE PRINTS, EACH UNIQUE IN TECHNIQUE AND COLOR.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED:	<p>FRANK STELLA: WHAT YOU SEE (JUNE 1 THROUGH SEPTEMBER 27, 2020) IN CONJUNCTION WITH FRANK S TELLA: ILLUSTRATIONS AFTER EL LISSITZKY'S HAD GADYA, THE TAMPA MUSEUM OF ART HAS ORGANIZED FRANK STELLA: WHAT YOU SEE, A PENDANT EXHIBITION FEATURING WORKS BY FRANK STELLA IN REGIO NAL COLLECTIONS, INCLUDING THE TAMPA MUSEUM OF ART'S PERMANENT COLLECTION. THE EXHIBITION IS INSPIRED BY STELLA'S QUOTE "WHAT YOU SEE IS WHAT YOU SEE," THE ARTIST'S FAMED DESCRIPTI ON OF HIS ART AS NOTED IN A 1964 INTERVIEW. THE INTIMATE SELECTION OF WORKS PROVIDES AN OV ERVIEW OF STELLA'S OEUVRE FROM HIS EXPLORATION OF MINIMAL FORMS IN THE 1960S AND 1970S, TO THE CREATION OF LYRICAL MULTI-MEDIA COMPOSITIONS IN THE LATE 1990S. FRANK STELLA: WHAT YO U SEE PRESENTS A SNAPSHOT VIEW OF ONE OF TODAY'S MOST INFLUENTIAL LIVING ARTISTS. FIGURE F ORWARD: SELECTIONS FROM THE PERMANENT COLLECTION (OCTOBER 22, 2020, THROUGH MAY 9, 2021) R EPRESENTATIONS OF THE BODY VARY FROM PERSON TO PERSON, ARTIST TO ARTIST. THE WORKS FEATURE D IN FIGURE FORWARD: SELECTIONS FROM THE PERMANENT COLLECTION DEMONSTRATE DIFFERENT APPROA CHES TO FIGURATION FROM THE 18TH-CENTURY TO THE PRESENT THROUGH THE TAMPA MUSEUM OF ART'S PERMANENT COLLECTION. PORTRAITURE AND FIGURATION ANCHOR THE MODERN AND CONTEMPORARY COLLEC TION, WITH WORKS IN A RANGE OF MEDIA BY ARTISTS SUCH AS JOSE CLEMENTE OROZCO, FRANCISCO GO YA, LOUISE NEVELSON, FAIRFIELD PORTER, LORNA SIMPSON, AND RAFAEL SOYER. THE EXHIBITION ALS O HIGHLIGHTS RECENT ACQUISITIONS BY ALEX KATZ, YIGAL OZERI, AND PEPE MAR. FIGURE FORWARD E XPANDS ON THE FIGURATIVE WORK INCLUDED IN THE SHOW THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS. FIGURE FORWARD: SELECTIONS FROM THE PERMANENT COLLECTION IS PART OF THE TAMPA MUSEU M OF ART'S CENTENNIAL EXHIBITION SERIES CELEBRATING 100 YEARS. LIVING COLOR: THE ART OF TH E HIGHWAYMEN (NOVEMBER 9, 2020, THROUGH MARCH 28, 2021) THE HIGHWAYMEN ARE A GROUP OF AFRI CAN AMERICAN ARTISTS CELEBRATED FOR THEIR DISTINCTIVE PAINTINGS OF FLORIDA'S NATURAL ENVIR ONMENT. WORKING IN AND AROUND THE FORT PIERCE AREA BEGINNING IN THE 1950S, THESE SELF-TAUG HT ARTISTS DEPICTED THE STATE'S SCENIC COASTLINE AND WILD BACKCOUNTRY, OFTEN IN DAZZLING C OMBINATIONS OF COLOR AND TONE. BRILLIANT TROPICAL SUNSETS, WINDBLOWN PALMS, TOWERING SUNLI T CLOUDS, AND BLOOMING ROYAL POINCIANA TREES ARE AMONG THE MANY SUBJECTS THAT HAVE BECOME ICONIC IMAGES OF FLORIDA, IN PART BECAUSE OF THE PAINTINGS THAT THE HIGHWAYMEN CREATED. LI VING COLOR: THE ART OF THE HIGHWAYMEN FOCUSES ON WORK PRODUCED FROM THE 1950S TO THE 1980S BY A CORE GROUP OF THE HIGHWAYMEN INCLUDING AL BLACK, MARY ANN CARROLL, WILLIE DANIELS, J OHNNY DANIELS, JAMES GIBSON, ALFRED HAIR, ROY MCLENDON, HAROLD NEWTON, SAM NEWTON, WILLIE REAGAN, AND LIVINGSTON ROBERTS. THE EXHIBITION BRINGS SPECIAL ATTENTION ON TWO KEY ARTISTS , HAROLD NEWTON, AND ALFRED HAIR, AND PRESENTS EXTENSIVE EXAMPLES OF THEIR WORK. DRAWN FRO M FIVE PRIVATE COLLECTIONS, LIVING COLOR ALSO CONSIDERS THE ROLE OF COLLECTORS IN PRESERVI NG THE LEGACY OF THESE ARTISTS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A, CONTINUED:	<p>AND THEIR EXTRAORDINARY LIFE STORIES. IN 2020, ALTHOUGH WE HAD TO POSTPONE ALL EDUCATION PROGRAMS AND FUNDRAISERS AT THE MUSEUM AS OF MARCH 16, FOR THE FIRST TEN WEEKS OF 2020, WE CONDUCTED BUSINESS AS USUAL WITH THE FOLLOWING PROGRAMS, EACH OUTLINED BRIEFLY BELOW. THE MUSEUM WAS 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, 2020 PROGRAMS AT THE MUSEUM INCLUDED ONE ONGOING EXHIBITION DEDICATED TO ANCIENT GREEK AND ROMAN ART AND EIGHT OTHER CURATED EXHIBITIONS INFORMING CONTENT OF A DOZEN MONTHLY EDUCATION PROGRAM OFFERINGS. TO ENHANCE THE VOICE OF THE STAFF, 25% OF THE EXHIBITIONS WERE LEASED FROM AND CURATED BY NATIONALLY RECOGNIZED INSTITUTIONS AND THEIR STAFF. PROFESSIONAL TEACHING ARTISTS WERE EMPLOYED TO INSTRUCT STUDIO ART CLASSES, AND AROUND GUEST SCHOLARS, ARTISTS, AND COLLECTORS WERE ENGAGED TO SHARE SPECIALIZED INSTRUCTION AND INFORMATION IN FORMAL AND INFORMAL PUBLIC PRESENTATIONS. IN CARRYING OUT OUR MISSION, REACHING OUR OBJECTIVES AND PROVIDING ACTIVITIES TO THE COMMUNITY, THE MUSEUM PARTNERS WITH ARTS AGENCIES AND COMMUNITY NON-PROFITS ORGANIZATIONS. IN 2020, 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. IN ADDITION, CONNECTIONS AS A CREDITED CAPSTONE COURSE IN THE HONORS COLLEGE OF USF, IN 2020 THE MUSEUM TRAINED 20 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 2020, 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. MONDAY MEDITATION TOOK PLACE AT THE MUSEUM IN PARTNERSHIP WITH THE PARBAWATIYA KADAMPA BUDDHIST CENTER. THE STUDIO ART PROGRAM AT THE MUSEUM IN 2020 CONTINUED ITS PARTNERSHIP WITH THE CITY OF TAMPA AND HILLSBOROUGH COUNTY AND THE JEWISH COMMUNITY CENTER TO OFFER OFF</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, CONTINUED:</p>	<p>SITE CLASSES AT THE JCC FOR YOUTH AND ADULTS. IN 2020 THE OFF-SITE STUDIO ART PROGRAMS EXP ANDED TO WINTHROP ARTS FACTORY IN RIVERVIEW, FIREHOUSE CULTURAL CENTER IN RUSKIN, AND COUN TY RECREATION CENTERS IN THONOTOSASSA, WEST CHASE, AND KEYSTONE. THESE WERE BUT A FEW OF T HE ANNUAL PARTNERSHIPS IN PLACE AT THE OPENING OF 2020. THE MUSEUM OFFERED FREE, DOCENT-LE D TOURS OF MUSEUM EXHIBITIONS TO ALL HILLSBOROUGH COUNTY SCHOOLS, ADULTS AND SENIORS. TEAC HER PREVIEWS WERE HELD ONCE IN 2020 AND TEACHERS FROM ALL OVER THE COUNTY WERE INVITED INT O THE MUSEUM FOR FREE, TO SEE HOW THE ART CAN BE INCORPORATED INTO THEIR CLASSROOM EXPERIE NCE; THESE PROGRAMS WERE DESIGNED TO BE CROSS-CURRICULAR LINKED TO FLORIDA STANDARDS. A MU SEUM 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 TH URSDAY" PROGRAMS, WHICH HIGHLIGHT CURRENT EXHIBITIONS AND ARTISTS. YOUTH COUNCIL AND EVENT S LAUNCHED IN THE WINTER AND RAN THROUGH THE FIRST QUARTER OF 2020; THIS UNIQUE PROGRAM ES TABLISHED IN 2016 FOR TEENS IN HILLSBOROUGH COUNTY FOCUSES ON LEADERSHIP, CREATIVITY AND T HE ARTS AND CULTURE INDUSTRY. YOUTH EVENTS WERE DIVERSE IN OFFERING, DESIGNED AND COORDINA TED IN CONSULTATION WITH THE YOUTH COUNCIL, A GROUP OF 11 HIGH SCHOOL STUDENTS SELECTED TH ROUGH AN APPLICATION PROCESS. IN THE SPRING OF 2019, THE YOUTH COUNCIL JURIED AND HOSTED I TS THIRD ANNUAL TEEN JURIED FILM FESTIVAL, FEATURING SELECTED FILMS BY OVER 200 OF OUR REG ION'S TEEN SUBMISSIONS, A TEEN JURIED ART EXHIBITION, A SILENT DISCO, A JURIED ARTS EXHIBI TION, 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 "FOU RTH FRIDAY" PROGRAM, IN WHICH VISITORS ATTENDED DOWNTOWN ARTS AND CULTURAL VENUES THAT EXT ENDED 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 C REATIVITY BY VISITING THE GALLERIES AND CREATING ART RELATED TO THE EXHIBITION. ART SPOT W AS ALWAYS TIED DIRECTLY TO THE EXHIBITIONS ON VIEW AND WAS OFFERED THROUGH MARCH 16, 2020. THE PROGRAM THEN WENT VIRTUAL AS A WEBINAR AND CONTINUED TO BE PRESENTED THROUGH THE END OF THE YEAR. ONE FAMILY FREE DAYS SCHEDULED IN MARCH BEFORE SHUTTING DOWN, OFFERED FAMILY ACTIVITIES AND DOCENT-LED TOURS, LIVE ENTERTAINMENT, AND PAY-AS-YOU-WILL ADMISSION (BY IND IVIDUAL DONATION OR FREE) TO FAMILIES FOR THEM TO ENJOY A MEANINGFUL ART EXPERIENCE TOGETH ER.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A, CONTINUED:	<p>ART SPACE, FOR OVER TWELVE YEARS IS A PARTNERSHIP PROGRAM WITH COMMUNITY ORGANIZATIONS TO PROVIDE QUALITY ENGAGEMENT WITH THE VISUAL ARTS TO ECONOMICALLY AND ENVIRONMENTALLY DISADVANTAGED POPULATIONS. THAT PROGRAM WAS POSTPONED AFTER MARCH 16, 2020, THROUGH THE REST OF THE YEAR. 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 SESSIONS HELD UP TO MARCH 16, 2020, FEATURED DISCUSSIONS IN THE GALLERY DEVELOPED FROM EXHIBITION CONTENT. CONTINUED THROUGH FEBRUARY OF 2020 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 WAS OTHERWISE SCHEDULED TO BE PERFORMED AT THE MUSEUM BETWEEN SEPTEMBER AND MAY. MUSEUMS FROM HOME WAS CREATED TO BETTER LINK THE COMMUNITY AT HOME WITH OUR PROGRAMS. STUDIO ART PROGRAMS FOR TEENAGERS AND ADULTS IMMEDIATELY WENT VIRTUAL ON A MONTHLY BASIS AND ONCE OUTDOOR PROGRAMMING WAS PERMITTED WITH SOCIAL DISTANCING, A PLEIN AIR PAINTING CLASS WAS SCHEDULED MONTHLY AT REGIONAL PARKS. ART SPOT WAS TURNED INTO A MONTHLY VIRTUAL PROGRAM. ONE COULD TUNE IN THE FIRST SATURDAY OF EVERY MONTH AT 9 AM FOR A FOLLOW-ALONG ART VIDEO. 6 VIRTUAL ART SPOT ACTIVITIES ALLOWED PARTICIPANTS OF ALL AGES AND ANY SKILL LEVEL TO LEARN A NEW SKILL AND CREATE SOMETHING UNIQUE WITH PROJECTS INSPIRED BY ARTWORK ON EXHIBITION AT THE TAMPA MUSEUM OF ART. VIRTUAL ART RECESS WAS CREATED FOR THOSE AT HOME FOR PARTICIPANTS TO SET ASIDE A CREATIVE MOMENT EACH DAY TO TEMPORARILY SUSPEND THE STRESS OF SELF-ISOLATION. EACH DAY WE POSTED A FUN AND EASY ART ACTIVITY THAT ONE COULD DO IN 20 MINUTES OR LESS. TMA ART RECESS USED FOUND OBJECTS, THINGS THAT YOU HAVE AROUND THE HOME, OR THAT YOU CAN FIND IN NATURE. ALL LECTURES AND PRESENTATIONS WENT VIRTUAL, AND THE MUSEUM HELD 20 LIVE VIRTUAL PROGRAMS WITH GUEST SPEAKERS ACROSS THE REGION, COUNTRY, AND WESTERN EUROPE, EIGHT OF WHICH ARE NOW FOUND ON OUR YOUTUBE CHANNEL.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 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.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**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)	509(A)(1)	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)	509(A)(1)	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 . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	Yes
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**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	342,558	FMV



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>