

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE TAMPA MUSEUM OF ART, INC.		D Employer identification number 59-1934721
	Doing business as		E Telephone number 813-421-8363
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602		G Gross receipts \$ 2,917,984.
F Name and address of principal officer: DEAN HAMRIC SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: ▶ WWW.TAMPAMUSEUM.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	
L Year of formation: 1978		M State of legal domicile: FL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO GATHER, STUDY, DISCUSS AND PRESENT THE FINEST VISUAL ARTS FOR A CURIOUS PUBLIC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	50
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,242,075.	Current Year 1,852,492.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,766.	58,766.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,404,333.	1,006,726.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,705,174.	2,917,984.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,086,207.	1,477,599.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 345,037.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,019,484.	1,895,087.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,105,691.	3,372,686.	
19 Revenue less expenses. Subtract line 18 from line 12	599,483.	-454,702.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 13,536,709.	End of Year 22,751,750.
	21 Total liabilities (Part X, line 26)	3,185,385.	2,756,910.
	22 Net assets or fund balances. Subtract line 21 from line 20	10,351,324.	19,994,840.

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			
	DEAN HAMRIC, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01342929
	Firm's name ▶ RIVERO, GORDIMER & COMPANY, P.A.	Firm's EIN ▶ 59-3040705	Phone no. (813) 875-7774		
Firm's address ▶ P. O. BOX 172359 TAMPA, FL 33672					

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF THE TAMPA MUSEUM OF ART (MUSEUM) IS TO GATHER, STUDY, DISCUSS AND PRESENT THE FINEST VISUAL ARTS WITH AND FOR A CURIOUS PUBLIC. THE MUSEUM'S VISION IS TO CREATE AN ENVIRONMENT TO EXPLORE NEW IDEAS AND INNOVATIVE EXPERIENCES. THE MUSEUM SETS OUT TO ACCOMPLISH

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 [X] 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 [X] 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 \$ 2,589,809. including grants of \$) (Revenue \$) 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.

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 2,589,809.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes/No, and numerical responses (e.g., 28, 0, 42, N/A).

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 50		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 49		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DEBORAH MCCARTHY - 813-421-8363**
120 W GASPARILLA PLAZA, TAMPA, FL 33602

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, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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			
(1) ALLISON ADAMS BOARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(2) PENNY VINIK VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(3) CORNELIA CORBETT VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(4) MARK ANDERSON VICE CHAIR	1.00 2.00	X		X				0.	0.	0.
(5) DEAN HAMRIC TREASURER	1.00 2.00	X		X				0.	0.	0.
(6) ED WALLER SECRETARY	1.00 2.00	X		X				0.	0.	0.
(7) DEBRA WILLIAMS IMMEDIATE PAST CHAIR	1.00 1.00	X		X				0.	0.	0.
(8) MICHAEL A. TOMOR EXECUTIVE DIRECTOR	22.00 18.00	X		X				0.	203,287.	0.
(9) FRANK BONSAK TRUSTEE	1.00	X						0.	0.	0.
(10) WALTER AYE TRUSTEE	1.00	X						0.	0.	0.
(11) YVONNE CAPIN TRUSTEE	1.00	X						0.	0.	0.
(12) BILL BLANCHARD TRUSTEE	1.00	X						0.	0.	0.
(13) PAT CARTER TRUSTEE	1.00 1.00	X						0.	0.	0.
(14) DEBBIE COOK TRUSTEE	1.00	X						0.	0.	0.
(15) MAUREEN COHN TRUSTEE	1.00	X						0.	0.	0.
(16) SANTIAGO CORRADA TRUSTEE	1.00 1.00	X						0.	0.	0.
(17) MAUREEN DALY TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) ELIZABETH DIMMITT TRUSTEE	1.00	X						0.	0.	0.
(19) STEPHEN DICKEY TRUSTEE	1.00	X						0.	0.	0.
(20) JULIO ESQUIVEL TRUSTEE	1.00	X						0.	0.	0.
(21) MARGO EURE TRUSTEE	1.00	X						0.	0.	0.
(22) JAMIE FERNANDEZ TRUSTEE	1.00	X						0.	0.	0.
(23) NANCY DE WAART TRUSTEE	1.00	X						0.	0.	0.
(24) HAL FLOWERS TRUSTEE	1.00	X						0.	0.	0.
(25) CATHY GRANT TRUSTEE	1.00	X						0.	0.	0.
(26) KEN GRIDER TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	203,287.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	203,287.	0.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) JACK HEISS TRUSTEE	1.00	X						0.	0.	0.
(28) PETER HEPNER TRUSTEE	1.00	X						0.	0.	0.
(29) THOMAS HOCHHAUSLER TRUSTEE	1.00	X						0.	0.	0.
(30) LIBBY HOPKINS TRUSTEE	1.00	X						0.	0.	0.
(31) RAY IFERT TRUSTEE	1.00 1.00	X						0.	0.	0.
(32) ROBERT ISBELL TRUSTEE	1.00	X						0.	0.	0.
(33) DIANNE JACOB TRUSTEE	1.00	X						0.	0.	0.
(34) SANDY JUSTER TRUSTEE	1.00	X						0.	0.	0.
(35) TYLER ILLER TRUSTEE	1.00	X						0.	0.	0.
(36) MARTY LANAHAN TRUSTEE	1.00	X						0.	0.	0.
(37) SONYA LITTLE TRUSTEE	1.00 1.00	X						0.	0.	0.
(38) SANDY MURMAN TRUSTEE	1.00	X						0.	0.	0.
(39) HOWARD MILLS TRUSTEE	1.00	X						0.	0.	0.
(40) KENNY PAGES TRUSTEE	1.00	X						0.	0.	0.
(41) SHARMILA SETH TRUSTEE	1.00	X						0.	0.	0.
(42) ROBIN SHARP TRUSTEE	1.00	X						0.	0.	0.
(43) RICK SIMONETTI TRUSTEE	1.00	X						0.	0.	0.
(44) BARBARA STUBBS TRUSTEE	1.00	X						0.	0.	0.
(45) SUSIE RICE TRUSTEE	1.00	X						0.	0.	0.
(46) LINCOLN TAMAYO TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	344,099.				
	e Government grants (contributions)	1e	941,619.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	566,774.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,852,492.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58,766.			58,766.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	1,006,726.	1,006,726.				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		1,006,726.					
12 Total revenue. See instructions.		2,917,984.	1,006,726.	0.	58,766.		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,808.	88,328.	23,480.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,181,713.	628,182.	299,719.	253,812.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,054.	10,628.		10,426.
9 Other employee benefits	80,829.	42,165.	19,526.	19,138.
10 Payroll taxes	82,195.	53,048.	9,933.	19,214.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology	125.		125.	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,331.	12,786.	1,640.	905.
21 Payments to affiliates	1,000,000.	1,000,000.		
22 Depreciation, depletion, and amortization	694,459.	579,179.	74,307.	40,973.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ART PURCHASES	162,064.	162,064.		
b MEMBER SERVICES	13,244.	12,675.		569.
c OTHER EXPENSES	7,431.	754.	6,677.	
d TRAVEL	2,433.		2,433.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,372,686.	2,589,809.	437,840.	345,037.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	520,601.	1	824,301.
	2 Savings and temporary cash investments	38,397.	2	26,841.
	3 Pledges and grants receivable, net	17,500.	3	7,500.
	4 Accounts receivable, net	546,041.	4	15,671.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	4,816,912.	7	4,816,912.
	8 Inventories for sale or use	52,567.	8	57,422.
	9 Prepaid expenses and deferred charges	885.	9	12,983.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,553,093.		
	b Less: accumulated depreciation	10b 2,071,897.	1,500,960.	10c 1,481,196.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,042,846.	15	15,508,924.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,536,709.	16	22,751,750.	
Liabilities	17 Accounts payable and accrued expenses	80,246.	17	98,263.
	18 Grants payable		18	
	19 Deferred revenue	76,250.	19	72,157.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,001,816.	23	1,922,891.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	1,027,073.	25	663,599.
	26 Total liabilities. Add lines 17 through 25	3,185,385.	26	2,756,910.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-1,443,609.	27	8,479,042.
	28 Temporarily restricted net assets	11,532,851.	28	11,253,716.
	29 Permanently restricted net assets	262,082.	29	262,082.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	10,351,324.	33	19,994,840.
	34 Total liabilities and net assets/fund balances	13,536,709.	34	22,751,750.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,917,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,372,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	-454,702.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,351,324.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	10,098,218.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,994,840.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?		X
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		

Form 990 (2017)

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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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1735260.	3515016.	1711231.	2242075.	1852492.	11056074.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 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.
4 Total. Add lines 1 through 3	1795260.	3575016.	1771231.	2302075.	1912492.	11356074.
5 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)						2532640.
6 Public support. Subtract line 5 from line 4.						8823434.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1795260.	3575016.	1771231.	2302075.	1912492.	11356074.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	58,207.	84,519.	67,644.	58,766.	58,766.	327,902.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11683976.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	75.52 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.12 %
16a 33 1/3% support test - 2017. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 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? 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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? 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.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a 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? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

Public Disclosure Copy

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

THE TAMPA MUSEUM OF ART, INC.

Employer identification number

59-1934721

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE TAMPA MUSEUM OF ART, INC.	Employer identification number 59-1934721
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>710,755.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>51,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

Name of organization THE TAMPA MUSEUM OF ART, INC.	Employer identification number 59-1934721
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Public Disclosure Copy

Name of organization THE TAMPA MUSEUM OF ART, INC.	Employer identification number 59-1934721
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Public Disclosure Copy

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **THE 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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2017

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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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
1a Beginning of year balance	1,533,474.	1,417,474.	1,417,474.	1,417,474.	1,417,474.
b Contributions					
c Net investment earnings, gains, and losses		116,000.	50,125.	67,555.	41,531.
d Grants or scholarships					
e Other expenditures for facilities and programs			50,125.	67,555.	41,531.
f Administrative expenses					
g End of year balance	1,533,474.	1,533,474.	1,417,474.	1,417,474.	1,417,474.

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 100.00 %
- c Temporarily restricted endowment %

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

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

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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
1a Land				
b Buildings		2,741,385.	1,764,216.	977,169.
c Leasehold improvements				
d Equipment		811,708.	307,681.	504,027.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,481,196.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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)		
Total. (Col. (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	15,508,924.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,508,924.

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) INTERCOMPANY	663,599.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	663,599.

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.

1	Total revenue, gains, and other support per audited financial statements		1	2,977,984.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	60,000.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	60,000.	
3	Subtract line 2e from line 1	3	2,917,984.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,917,984.	

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.

1	Total expenses and losses per audited financial statements		1	3,432,686.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	60,000.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	60,000.	
3	Subtract line 2e from line 1	3	3,372,686.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,372,686.	

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.

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

Part XIII Supplemental Information (continued)

EXAMINATION BY ANY TAXING JURISDICTION. THE ORGANIZATION'S FEDERAL RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.

Public Disclosure Copy

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization: **THE TAMPA MUSEUM OF ART, INC.**
 Employer identification number: **59-1934721**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL A. TOMOR EXECUTIVE DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	203,287.	0.	0.	0.	0.	203,287.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 for the latest information.

Name of the organization: **THE 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	14	72,000.	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 ()				

Public Disclosure Copy

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

SCHEDULE M, LINE 33:

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, 2017, THE MUSEUM ASSESSED DONATED ART, HAVING AN ESTIMATED FAIR VALUE OF \$72,000 INTO ITS COLLECTION.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE TAMPA MUSEUM OF ART, INC.

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59-1934721

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THIS MISSION AND ACHIEVE THIS VISION THROUGH A VAST ARRAY OF PUBLIC PROGRAMS AIMED AT AUDIENCES OF ALL AGES, BACKGROUNDS, ETHNICITIES AND INTERESTS.

FORM 990, PART III, LINE 4A:

IN 2017, THE TAMPA MUSEUM OF ART RAISED REVENUE AND ALLOCATED ITS RESOURCES TOWARD MANAGEMENT AND PRESENTATION OF COLLECTIONS, COLLECTIONS' CARE AND MANAGEMENT, AND A ROBUST SCHEDULE OF EXHIBITION AND EDUCATION PROGRAMS TO SERVE THE TAMPA BAY COMMUNITY.

THE TAMPA MUSEUM OF ART'S 2017 PERMANENT COLLECTION COMPRISED OVER 7,222 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 (2,651 OBJECTS), WITH AN EMPHASIS ON PHOTOGRAPHY, ART CREATED AFTER 1970, AND NEW MEDIA. THE MUSEUM COLLECTS WORKS BY NATIONALLY AND INTERNATIONALLY RECOGNIZED ARTISTS IN A RANGE OF TECHNIQUES AND MEDIUMS, MANY OF WHOM HAVE TIES TO FLORIDA AND THE TAMPA BAY REGION. THE MUSEUM RECOGNIZES THAT ITS ACQUISITIONS TODAY ARE SETTING STANDARDS FOR FUTURE COLLECTING ACTIVITY AND BUILDING A FOUNDATION FOR EXHIBITIONS AND EDUCATION PROGRAMMING.

IN ADDITION TO SEVERAL SMALLER EXHIBITIONS DRAWN FROM OUR PERMANENT COLLECTION, IN 2017 WE FEATURED SIX IMPORTANT TRAVELING AND IN-HOUSE CURATED EXHIBITIONS TO TAMPA, EACH OUTLINED BRIEFLY BELOW.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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WHO SHOT SPORTS: A PHOTOGRAPHIC HISTORY 1843 TO TE PRESENT AND LENS ON TAMPA BAY SPORTS

FEBRUARY 4 THROUGH APRIL 30. WHO SHOT SPORTS, CURATED BY GAIL BUCKLAND AND ORGANIZED BY THE BROOKLYN MUSEUM, IS ONE TO THE FIRST MUSEUM EXHIBITIONS TO PUT SPORTS PHOTOGRAPHERS IN THE FOREFRONT AND IS THE MOST COMPREHENSIVE PRESENTATION OF SPORTS PHOTOGRAPHY EVER ORGANIZED. IT ENCOMPASSED APPROXIMATELY 217 WORKS, FROM DAGUERREOTYPES AND SALTED PAPER PRINTS TO DIGITAL IMAGES, CAPTURING THE UNIVERSAL APPEAL OF SPORTS, ITS UNFORGETTABLE MOMENTS OF DRAMA AND EXCITEMENT FROM AROUND THE GLOBE. THIS 175-YEAR PHOTOGRAPHIC SURVEY INCLUDED RICHARD AVEDON, HAROLD EDGERTON, JACQUES HENRI LARTIGUE, EADWEARD MUYBRIDGE, ALEXANDER RODCHENKO AND OVER 160 OTHERS OF GREAT HISTORICAL RENOWN. LENS ON TAMPA BAY SPORTS, A PENDANT EXHIBITION OF OUR OWN, CONNECTED THE ROLE OF CELEBRATED PHOTOGRAPHY TO THE NATIONAL IMPORTANCE OF SPORTS TO THE REGION. FORTY-ONE WORKS CREATED BY EIGHT PHOTOGRAPHERS CAPTURING THE LAST 14 YEARS OF SPORTS, THE EXHIBITION INCLUDES REFLECTIONS ON THE RAYS, BUCCANEERS, ROWDIES, AND LIGHTNING.

ALEX KATZ: BLACK AND WHITE

FEBRUARY 23 THROUGH MAY 29. SPOTLIGHTING AN ARTIST OF INTERNATIONAL RENOWN, THIS EXHIBITION FEATURED SIXTY-ONE OF ALEX KATZ'S SIGNATURE PORTRAITS OF FAMILY AND FRIENDS, RENDERINGS OF MAINE'S COUNTRYSIDE, AND EPHEMERAL STILL-LIFES. THE STARK CONTRASTS IN LIGHT AND SHADOW, AS WELL AS THE EMPHASIS ON LINE AND FORM, ILLUSTRATED THE BEAUTY OF KATZ'S REDUCTIVE BLACK AND WHITE LANDSCAPES AND FIGURATIVE WORK. A SELECT GROUP OF COLOR WORKS ILLUSTRATED THE RELATIONSHIP BETWEEN KATZ'S VIBRANT PALETTE AND THE GRAPHIC QUALITY OF HIS BLACK AND WHITE PRINTS.

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KATZ, CONSIDERED TO BE ONE OF THE GREAT GIANTS OF POST-WAR MODERNISM, CELEBRATED HIS 90TH BIRTHDAY THAT YEAR AND HAS BEEN LAUDED ACROSS THE NATION AND THE WORLD FOR THE PAST 65 YEARS IN THE FIELD.

FLORIDA IMAGES: LANDSCAPE PHOTOGRAPHY FROM THE PERMANENT COLLECTION MAY 12 - JUNE 25. THE TAMPA MUSEUM OF ART'S PHOTOGRAPHY COLLECTION INCLUDES MANY WORKS THAT CAPTURE THE BEAUTY OF FLORIDA'S NATURAL SHORELINES AND TROPICAL VEGETATION. THIS SPOTLIGHT EXHIBITION FOCUSED ON LANDSCAPE PHOTOGRAPHY FROM THE PAST 30 YEARS, HIGHLIGHTING IMPORTANT WORKS BY REGIONAL PHOTOGRAPHERS SUCH AS CLYDE BUTCHER, ABIGAIL PERLMUTTER, AND RODGER KINGSTON. FLORIDA IMAGES ALSO PRESENTED PICTURES BY PHOTOGRAPHERS CAPTIVATED BY FLORIDA'S SWEEPING SKYLINES AND LUSH FLORA, INCLUDING LARRY SILVER AND WOODY WALTERS. BUTCHER'S BLACK AND WHITE PHOTOGRAPH LOXAHATCHEE RIVER 1 (1991), A RECENT ACQUISITION, WILL BE AMONG THE WORKS ON VIEW.

PHOTOREALISM: 50 YEARS OF HYPERREALISTIC PAINTING JULY 12 - NOVEMBER 10. THE TAMPA MUSEUM OF ART WAS THE ONLY AMERICAN VENUE ON THIS INTERNATIONAL TOUR OF PHOTOREALISM AND WAS ONE OF THE LENDERS TO THE EXHIBITION CURATED BY THE INSTITUT FR KULTURAUUSTAUSCH IN TBINGEN, GERMANY. PHOTOREALISM TRACED THE EVOLUTION OF THE IMPACT OF PHOTOGRAPHY AND HYPERREALISM FROM 1960 THROUGH TODAY AND INCLUDED THE WORK OF OVER 30 INTERNATIONALLY RECOGNIZED ARTISTS KNOWN FOR DETAILED, HYPER DEPICTIONS OF ORDINARY OBJECTS AND SCENES OF EVERYDAY LIFE. ART DEALER AND AUTHOR LOUIS K. MEISEL COINED THE TERM "PHOTOREALISM" IN THE LATE 1960S TO DESCRIBE LARGE-SCALE PAINTINGS CREATED TO LOOK PHOTOGRAPHIC. ARTIST RALPH GOINGS (REPRESENTED BY A TAMPA MUSEUM OF ART PERMANENT COLLECTION PAINTING), JOHN BAEDER, AND GUS HEINZ CAPTURED

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THE MUNDANE BEAUTY OF CHROMED AUTOMOBILES, DINERS, AND CITYSCAPES IN THEIR RENDERINGS OF AMERICAN CONSUMER CULTURE. OTHER FEATURED ARTISTS, SUCH AS CHUCK CLOSE AND ROBERT BECHTLE, PIONEERED NEW APPROACHES TO PORTRAITURE. RAPHAELLA SPENCE AND YIGAL OZERI, ALSO ON VIEW, BELONG TO A NEW GENERATION WHO CREATE PHOTOREALIST WORKS FROM DIGITAL MEDIA.

SKYWAY: A CONTEMPORARY COLLABORATION

JUNE 22 THROUGH SEPTEMBER 24. THE TAMPA MUSEUM OF ART, THE MUSEUM OF FINE ARTS, ST. PETERSBURG, AND THE JOHN AND MABLE RINGLING MUSEUM OF ART COLLABORATED ON A JOINT EXHIBITION IN THE SUMMER OF 2017. SKYWAY FEATURED THE WORK OF FIFTY-SEVEN SELECTED ARTISTS FROM A FOUR-COUNTY AREA SERVED BY OUR RESPECTIVE MUSEUMS: HILLSBOROUGH, PINELLAS, MANATEE, AND SARASOTA COUNTIES. THE ARTISTS FEATURED ACROSS THE THREE VENUES HIGHLIGHTED THE INNOVATIVE ART CREATED IN OUR REGION. THE WORK WAS NEW, NEVER PREVIOUSLY EXHIBITED, AND PRODUCED WITHIN TWO YEARS OF THE EXHIBITION. A CALL FOR ARTISTS IN 2016 YIELDED NEARLY 300 ENTRIES, THEN JURIED BY A TEAM OF FIVE CURATORS FROM THE PARTICIPATING MUSEUMS, PLUS GUEST JUROR DIANA NAWI, ASSOCIATE CURATOR AT THE PEREZ ART MUSEUM MIAMI. THIS WAS A FIRST EVER PARTNERSHIP AMONG THESE THREE MUSEUMS AND SET A PROGRAM IN MOTION FOR THE REGION THAT CELEBRATED LIFE THROUGH THE EYES OF OUR AREA ARTISTS.

MADE IN TAMPA: PERMANENT COLLECTION ARTWORKS FROM THE 1970S TO NOW OCTOBER 12, 2017 - MARCH 12, 2018. IN THE SPIRIT OF SKYWAY, THE REGIONAL ARTIST EXHIBITION SHARED WITH MUSEUMS IN NEIGHBORING COUNTIES, MADE IN TAMPA FEATURED TAMPA-THEMED WORKS BY ROBERT RAUSCHENBERG, JAMES ROSENQUIST, RICHARD ANUSZKIEWICZ, AND OTHERS WHO HAVE WORKED IN OUR CITY AT VARIOUS TIMES IN THEIR CAREERS. TAKING ITS NAME FROM AN

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IMPORTANT SUITE OF WORKS CREATED BY RAUSCHENBERG IN THE EARLY YEARS OF GRAPHICSTUDIO AT THE UNIVERSITY OF SOUTH FLORIDA, MADE IN TAMPA UNDERSCORED THE GREAT DIVERSITY OF ARTWORK INSPIRED BY AND PRODUCED IN TAMPA OVER THE LAST SEVERAL DECADES. ARTISTS SUCH AS DONALD SAFF, THEO WUJCIK, AND OTHERS WHO WORKED CLOSELY WITH MORE FAMOUS LUMINARIES THROUGHOUT THE 1970S, '80S, AND '90S WERE ALSO INCLUDED. ALTOGETHER, MADE IN TAMPA FEATURED SOME 20 WORKS ACROSS MANY MEDIA, INCLUDING SCULPTURE, PAINTING, AND A WIDE RANGE OF PRINTS.

THE MUSEUM IS ALSO PROUD TO HAVE PRESENTED A WIDE RANGE OF EDUCATION OPPORTUNITIES TO THE PUBLIC. WITH A STRONG EMPHASIS ON EDUCATING THE PUBLIC ABOUT MODERN, CONTEMPORARY AND ANCIENT ART, 2017 PROGRAMS AT THE MUSEUM INCLUDED TWO EXHIBITIONS DEDICATED TO ANCIENT GREEK AND ROMAN ART AND ELEVEN MODERN AND CONTEMPORARY CURATED EXHIBITIONS INFORMING CONTENT OF A DOZEN MONTHLY EDUCATION PROGRAM OFFERINGS, TOGETHER REPRESENTING CLOSE TO 200 INDIVIDUAL EDUCATION OPPORTUNITIES DURING THE COURSE OF THE YEAR. TO ENHANCE THE VOICE OF THE STAFF, 25% OF THE EXHIBITIONS WERE LEASED FROM AND CURATED BY NATIONALLY RECOGNIZED INSTITUTIONS AND THEIR STAFF, 20 PROFESSIONAL TEACHING ARTISTS WERE EMPLOYED TO INSTRUCT STUDIO ART CLASSES, AND AROUND 20 GUEST SCHOLARS, ARTISTS, AND COLLECTORS WERE ENGAGED TO SHARE SPECIALIZED INSTRUCTION AND INFORMATION IN FORMAL AND INFORMAL 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 2017, THE MUSEUM ENJOYED PARTNERSHIPS WITH THE TAMPA BAY FOUNDATION FOR MENTAL HEALTH AND THE UNIVERSITY OF SOUTH FLORIDA HONORS COLLEGE FOR CONNECTIONS, A FREE

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MENTAL HEALTHCARE COMMUNITY ART ENGAGEMENT PROGRAM. THAT PROGRAM GREW FROM 84 PARTICIPANTS AND 7 STUDENT FACILITATORS TO 456 PARTICIPANTS REPRESENTING THE COMMUNITY AND 14 NON-PROFIT AND FOR PROFIT COMMUNITY PARTNERS. IN ADDITION, CONNECTIONS BECAME A CREDITED CAPSTONE COURSE IN THE HONORS COLLEGE OF USF AND IN 2017 THE MUSEUM TRAINED 39 STUDENT FACILITATORS TO DELIVER GALLERY PROGRAMS TO COMMUNITY PARTICIPANTS. INTERNSHIPS WERE ONGOING AS A RESULT OF A RELATIONSHIP WITH THE UNIVERSITY OF TAMPA. 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

FORM 990, PART III, LINE 4A, CONTINUED:

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 IS A PARTNERSHIP WITH THE PARBAWATIYA KADAMPA BUDDHIST CENTER IN 2016. THE STUDIO ART PROGRAM AT THE MUSEUM IN 2017 CONTINUED ITS PARTNERSHIP WITH THE CITY OF TAMPA AND HILLSBOROUGH COUNTY AND THE JEWISH COMMUNITY CENTER TO OFFER OFFSITE CLASSES AT THE JCC FOR YOUTH AND ADULTS. IN THAT YEAR, THE OFFSITE STUDIO ART PROGRAMS EXPANDED TO WINTHROP ARTS FACTORY IN RIVERVIEW AND FIREHOUSE CULTURAL CENTER IN RUSKIN. THESE WERE BUT A FEW OF THE 2017 PARTNERSHIPS IN PLACE IN 2017.

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THE MUSEUM OFFERED FREE, DOCENT-LED TOURS OF MUSEUM EXHIBITIONS TO ALL HILLSBOROUGH COUNTY SCHOOLS, ADULTS AND SENIORS. TEACHER PREVIEWS WERE HELD TWICE IN 2017 AND TEACHERS FROM ALL OVER THE COUNTY WERE INVITED INTO THE MUSEUM, FOR FREE, TO SEE HOW THE ART CAN BE INCORPORATED INTO THEIR CLASSROOM EXPERIENCE; THESE PROGRAMS WERE DESIGNED TO BE CROSS-CURRICULAR LINKED TO FLORIDA STANDARDS. A NEW MUSEUM FUNDED RESOURCE, ART LINE OFFERED FREE BUS TRIPS TO AND FROM THE TAMPA MUSEUM OF ART FOR K-12 SCHOOL GROUPS PARTICIPATING IN OUR FREE SCHOOL TOURS PROGRAM, EACH SUBSIDIZED AND SPONSORED BY INDIVIDUALS AND CORPORATIONS. THE MUSEUM OFFERED EVENING LECTURES AND PANEL DISCUSSIONS RELATED TO EXHIBITIONS ON DISPLAY AND THE MUSEUM HOSTED INFORMAL "THIRTY ON THURSDAY" PROGRAMS, WHICH HIGHLIGHT CURRENT EXHIBITIONS AND ARTISTS.

YOUTH COUNCIL AND EVENTS LAUNCHED IN THE SUMMER OF 2017; THIS IS AN UNIQUE PROGRAM ESTABLISHED IN 2016 FOR TEENS IN HILLSBOROUGH COUNTY FOCUSING ON LEADERSHIP, CREATIVITY AND THE ARTS AND CULTURE INDUSTRY. YOUTH EVENTS WERE DIVERSE IN OFFERING, DESIGNED AND COORDINATED IN CONSULTATION WITH THE YOUTH COUNCIL, A GROUP OF 12 HIGH SCHOOL STUDENTS SELECTED THROUGH AN APPLICATION PROCESS. IN THE SPRING OF 2017, THE YOUTH COUNCIL JURIED AND HOSTED ITS SECOND ANNUAL TEEN JURIED FILM FESTIVAL, FEATURING 20 SELECTED FILMS BY OVER 200 OF OUR REGION'S TEEN SUBMISSIONS, A TEEN JURIED ART EXHIBITION, A POETRY SLAM AND INFORMAL TEEN NIGHTS AT THE MUSEUM.

ART ON THE HOUSE CONTINUED TO BE HELD EVERY FRIDAY, WHEN THE MUSEUM OFFERED PAY-AS-YOU-WILL ADMISSION TO ALL VISITORS FROM 4 TO 10 P.M. ON THE LAST FRIDAY OF EACH MONTH, THE MUSEUM ALSO PARTICIPATED IN DOWNTOWN TAMPA'S "FOURTH FRIDAY" PROGRAM, IN WHICH VISITORS ATTENDED DOWNTOWN

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ARTS AND CULTURAL VENUES THAT EXTENDED THEIR HOURS AND OFFER FREE OR SPECIAL ADMISSIONS.

ART SPOT, A SATURDAY MORNING FREE DROP-IN PROGRAM OFFERED CHILDREN AND THEIR FAMILIES THE OPPORTUNITY TO EXPLORE THEIR OWN CREATIVITY BY VISITING THE GALLERIES AND CREATING ART RELATED TO THE EXHIBITION. ART SPOT WAS ALWAYS TIED DIRECTLY TO THE EXHIBITIONS ON VIEW. FOUR FAMILY FREE DAYS SCHEDULED SATURDAYS DURING THE YEAR OFFERED FAMILY ACTIVITIES AND DOCENT-LED TOURS, LIVE ENTERTAINMENT, AND PAY-AS-YOU-WILL ADMISSION (BY INDIVIDUAL DONATION OR FREE) TO FAMILIES IN ORDER FOR THEM TO ENJOY A MEANINGFUL ART EXPERIENCE TOGETHER.

STUDIO ART AND SUMMER ART CAMPS TRANSFORMED OUR CLASSROOMS INTO A LAB FOR STUDENTS TO LEARN ABOUT AND EXPERIMENT WITH DIFFERENT ART TECHNIQUES IN 17 HALF-DAY PROGRAMS. SOME OF THE SUMMER ART CAMPS WERE SPECIFICALLY TIED DIRECTLY TO EXHIBITIONS ON VIEW TO INSPIRE TECHNIQUE, CONTENT, OR THEME.

ART SPACE, FOR OVER TEN YEARS IS A PARTNERSHIP PROGRAM WITH COMMUNITY ORGANIZATIONS TO PROVIDE QUALITY ENGAGEMENT WITH THE VISUAL ARTS TO ECONOMICALLY AND ENVIRONMENTALLY DISADVANTAGED POPULATIONS. IN 2017, ART SPACE SERVED 201 STUDENTS.

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 DISCUSSIONS IN THE GALLERY WERE

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DEVELOPED FROM EXHIBITION CONTENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES APPROVES THE FORM 990 BEFORE IT IS FILED.

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.

FORM 990, PART VI, SECTION B, LINE 15:

AT THE END OF THE 4TH QUARTER, THE BOARD OF TRUSTEES ANNUALLY COMPLETES A WRITTEN EVALUATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR IN PERSON AND PROVIDES THE FEEDBACK FROM THE ENTIRE BOARD. GOALS AND PRIORITIES ARE SET FOR THE EXECUTIVE DIRECTOR DURING THE 1ST QUARTER OF THE NEW YEAR. ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS THE ASSOCIATION OF ART MUSEUM DIRECTORS SALARY SURVEY TO ENSURE THAT THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS IN LINE WITH THE MEDIAN SALARY FOR THE SIZE OF THE ORGANIZATION, THE LOCATION AND THE REGION IN WHICH THE MUSEUM OPERATES. THE EXECUTIVE COMMITTEE THEN MAKES A DECISION AS TO WHETHER A SALARY INCREASE IS WARRANTED AND GUARANTEES THAT THE NEW SALARY IS WITHIN THE RANGE SET. (THE RANGE IS 15% ON EITHER SIDE OF THE MEDIAN SALARY BASED ON AAMD SALARY SURVEY.)

FORM 990, PART VI, SECTION C, LINE 18:

Name of the organization THE TAMPA MUSEUM OF ART, INC.	Employer identification number 59-1934721
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THE MUSEUM MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON THEIR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE MUSEUM ALLOWS THE PUBLIC TO VIEW ITS FORM 990 AND FINANCIAL STATEMENTS ON THEIR WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET TRANSFER FROM TAMPA MUSEUM OF ARTS FOUNDATION, INC. 10,098,218.

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.

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **THE 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
TAMPA MUSEUM OF ART FOUNDATION, INC. - 31-1650423, 120 WEST GASPARILLA PLAZA, TAMPA, FL 33602	MUSEUM FOUNDATION	FLORIDA	501(C)(3)	PF	TAMPA MUSEUM OF ART, INC.		X
TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC. - 46-5497748, 120 WEST GASPARILLA PLAZA, TAMPA, FL 33602	ORGANIZATION TO ACCEPT FUNDS FROM NEW MARKET TAX CREDIT	FLORIDA	501(C)(3)	PF	TAMPA MUSEUM OF ART, INC.		X

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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	344,099.	FMV
(2) TAMPA MUSEUM OF ART FOUNDATION, INC.	I	10,098,218.	FMV
(3) TAMPA MUSEUM OF ART FOUNDATION, INC.	S	726,723.	FMV
(4) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC.	B	1,000,000.	FMV
(5) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC. (REVENUE)	O	1,006,726.	FMV
(6) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC. (EXPENSE)	O	151,055.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) TAMPA MUSEUM OF ART OPERATIONS AND SPECIAL EVENTS, INC.	R	63,124.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

FORM 990, SCHEDULE R, PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS:

THE MUSEUM ENTERED INTO SEVERAL TRANSACTIONS DURING 2014, IN ORDER TO MAKE ADDITIONAL FUNDS AVAILABLE TO IT THROUGH THE NEW MARKETS TAX CREDIT (NMTC) PROGRAM. TMAOS WAS FORMED ON APRIL 25, 2014 TO ACCEPT THE FUNDS FROM THE NMTC ON MAY 15, 2014. PROCEEDS FROM THE NMTC WERE USED BY THE MUSEUM TO PAY OFF SHORT-TERM DEBT, EXPAND OPERATING CAPITAL, HIRE PERSONNEL, AND SECURE FUTURE EXHIBITIONS.

THE MUSEUM ENTERED INTO A LEASE AGREEMENT WITH THE CITY OF TAMPA IN FEBRUARY 2010. THE MUSEUM THEN ENTERED INTO A TRANSFER OF LEASEHOLD INTEREST IN RELATION TO THE NMTC WHICH TRANSFERRED THE OPERATIONS, MANAGEMENT AND ADMINISTRATION OF THE LEASED PREMISES (THE MUSEUM) TO TMAOS AS OF MAY 2014. THE PURCHASE PRICE OF THIS LEASEHOLD INTEREST WAS \$5,425,000, OF WHICH \$5,118,401 WAS PAID IN CASH AND FINANCED THROUGH THE QCLI LOANS AND \$306,599 WAS DEEMED A CONTRIBUTION FROM THE MUSEUM.

THE MUSEUM ENTERED INTO AN OPERATING AGREEMENT WITH THE CITY OF TAMPA IN DECEMBER 2007 AND A FIRST AMENDMENT TO THE CITY OPERATING AGREEMENT IN NOVEMBER 2008. THE CITY, THE MUSEUM, AND TMAOS ENTERED INTO A SECOND AMENDMENT TO THE CITY OPERATING AGREEMENT ON MAY 15, 2014, AMENDING THE AGREEMENT SO AS TO ALLOW DELINEATION OF OPERATIONAL, ADMINISTRATION AND MANAGEMENT RESPONSIBILITIES UNDER THE CITY OPERATION AGREEMENT BETWEEN THE MUSEUM AND TMAOS. THE SUB-OPERATING AGREEMENT ALLOWS THE MUSEUM TO FOCUS ON MAINTENANCE OF ITS ART COLLECTION AND ONGOING DEVELOPMENT OF THE ART COLLECTION WHILE TRANSFERRING THE OPERATING, ADMINISTRATION, AND MANAGEMENT FUNCTIONS TO TMAOS. THE MUSEUM WILL PAY TMAOS AN ANNUAL OPERATING EXPENSE CONTRIBUTION NOT TO EXCEED \$1,000,000, PAYABLE QUARTERLY IN EQUAL INSTALLMENTS OF \$250,000. THE MUSEUM CONTRIBUTED

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

\$764,019 TO TMAOS FOR THE YEAR ENDED DECEMBER 31, 2017.

THE MUSEUM ENTERED INTO A BILATERAL EMPLOYEE LEASING AGREEMENT WITH TMAOS EFFECTIVE MAY 15, 2014 TO BENEFIT THE WORK OF EACH ENTITY.

CERTAIN EMPLOYEES OF THE MUSEUM ARE SHARED WITH TMAOS AND CERTAIN EMPLOYEES OF TMAOS ARE SHARED WITH THE MUSEUM. THESE AMOUNTS ARE

ELIMINATED IN THE CONSOLIDATED FINANCIAL STATEMENTS. TMAOS RECEIVED REVENUE FROM THE MUSEUM OF \$151,055 FOR EMPLOYEES LEASED TO THE MUSEUM.

THE MUSEUM RECEIVED REVENUE FROM TMAOS OF \$1,006,726 FOR EMPLOYEES LEASED TO TMAOS.

THE MUSEUM ENTERED INTO A LEASE AGREEMENT WITH TMF WHOSE PURPOSE IS TO HOLD INVESTMENTS FOR THE MUSEUM. CONSEQUENTLY, THERE WAS A TRANSFER OF LEASEHOLD INTEREST AND FIXED ASSETS TO THE MUSEUM OF \$10,098,218 FOR THE YEAR ENDED DECEMBER 31, 2017.

Public Disclosure Copy

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE TAMPA MUSEUM OF ART, INC.	Employer identification number (EIN) or 59-1934721
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 120 W GASPARILLA PLAZA	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEBORAH MCCARTHY

• The books are in the care of ▶ **120 W GASPARILLA PLAZA - TAMPA, FL 33602**
Telephone No. ▶ **813-421-8363** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.