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Form **990**

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

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

Doing business as

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

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

**D Employer identification number**
31-1650423

E Telephone number
(813) 421-8363

**G** Gross receipts $ 6,802,318

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

**H(a)** Is this a group return for subordinates? ☐Yes ☑No
**H(b)** Are all subordinates included? ☐Yes ☐No
If "No," attach a list. (see instructions)
**H(c)** Group exemption number ▶

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

**J Website:** ▶ WWW.TAMPAMUSEUM.ORG

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

**L** Year of formation: 1998 | **M** State of legal domicile: FL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities:
MAINTAIN AND RAISES FUNDS FOR THE BENEFIT OF THE TAMPA MUSEUM OF ART, INC.

2 Check this box ▶ ☐ 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 | 21 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 0 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 20 |
| 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 39 | 7b | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 9,834,262 | 2,821,593 |
| | 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 424,792 | 251,010 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 10,259,054 | 3,072,603 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 284,105 | 342,558 |
| | 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) | 0 | 0 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶137,777 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 128,703 | 211,118 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 412,808 | 553,676 |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,846,246 | 2,518,927 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 18,784,025 | 21,459,507 |
| | 21 | Total liabilities (Part X, line 26) | 462,117 | 1,137,384 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 18,321,908 | 20,322,123 |

## 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**

****** | 2021-08-16
Signature of officer | Date

CHRISTINE PHILLIPS TREASURER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN P01342929 |
|---|---|---|---|---|
| Firm's name ▶ RIVERO GORDIMER & COMPANY PA | | | Firm's EIN ▶ 59-3040705 | |
| Firm's address ▶ P O BOX 172359<br>TAMPA, FL 33672 | | | Phone no. (813) 875-7774 | |

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

**Part III** **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

MAINTAIN AND RAISES FUNDS FOR THE BENEFIT OF THE TAMPA MUSEUM OF ART, INC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . . . . . . . . . . . . . . . . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $ 342,558 including grants of $ 342,558 ) (Revenue $ )

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses ▶** 342,558

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | No |
| 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? *If "Yes," complete Schedule J* | 23 | Yes | |
| 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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 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? *If "Yes," complete Schedule L,* Part I | 25a | | No |
| 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? *If "Yes," complete Schedule L,* Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II* | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III | 27 | | No |
| 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | | No |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | No |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 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? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 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? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 6 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 2b | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | | |
| a | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 12b | | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| c | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | 16 | | No |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number of voting members of the governing body at the end of the tax year | **1a** 21 | | | |
| | 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. | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** 20 | | | |
| **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? | | **2** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

## 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? | **10a** | | No |
| **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? | **11a** | Yes | |
| **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* | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | | No |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ 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:
▶BENIKA FORTE 120 W GASPARILLA PLAZA TAMPA, FL 33602 (813) 421-8363

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) DEBRA WILLIAMS<br>PRESIDENT | 1.00<br>1.00 | X | | X | | | | 0 | 0 | 0 |
| (2) FRANK BONSACK<br>VICE PRESIDENT | 1.00<br>1.00 | X | | X | | | | 0 | 0 | 0 |
| (3) CHRISTINE PHILLIPS<br>TREASURER | 1.00<br>1.00 | X | | X | | | | 0 | 0 | 0 |
| (4) JULIO ESQUIVEL<br>SECRETARY | 1.00<br>0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) RAY IFERT<br>PAST PRESIDENT | 1.00<br>1.00 | X | | X | | | | 0 | 0 | 0 |
| (6) MICHAEL A TOMOR<br>EXECUTIVE DIRECTOR | 1.00<br>39.00 | X | | X | | | | 0 | 238,940 | 0 |
| (7) ALLISON ADAMS<br>DIRECTOR | 1.00<br>2.00 | X | | | | | | 0 | 0 | 0 |
| (8) MARK ANDERSON<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (9) CHAD CALLAHAN<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (10) CARLTON CARTER<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (11) DAVID CHRISTIAN<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (12) CORNELIA CORBETT<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (13) STEPHEN DICKEY<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (14) AG JERRY DIVERS<br>DIRECTOR | 1.00<br>1.00 | X | | | | | | 0 | 0 | 0 |
| (15) RICHARD DOBKIN<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (16) MARGO EURE<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (17) JAMIE FERNANDEZ<br>DIRECTOR | 1.00<br>2.00 | 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 dotted line) | (C) Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (18) HAL FLOWERS<br>DIRECTOR | 1.00<br>2.00 | X | | | | | | 0 | 0 | 0 |
| (19) PETER HEPNER<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (20) DARRELL ROBERTSON<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (21) ROBIN SHARP<br>DIRECTOR | 1.00<br>0.00 | X | | | | | | 0 | 0 | 0 |
| (22) DEBORAH MCCARTHY<br>FORMER CFO | 1.00<br>39.00 | | | X | | | | 0 | 80,966 | 0 |

| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** ▶ | | | |
| **c Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d Total (add lines 1b and 1c)** ▶ | 0 | 319,906 | 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? *If "Yes," complete Schedule J for such individual* | 3 | | No |
| **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? *If "Yes," complete Schedule J for such individual* | 4 | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?*If "Yes," complete Schedule J for such person* | 5 | | No |

## 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 2,821,593 | | | | |
| | g Noncash contributions included in lines 1a - 1f:$ | 1g | | | | |
| | **h Total.** Add lines 1a-1f ▶ | | 2,821,593 | | | |
| **Program Service Revenue** | | Business Code | | | | |
| | 2a | | | | | |
| | 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) ▶ | | 174,747 | | | 174,747 |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | | | | | |

| | | (i) Real | (ii) Personal |
|---|---|---|---|
| 6a Gross rents | 6a | | |
| b Less: rental expenses | 6b | | |
| c Rental income or (loss) | 6c | | |

| | (A) | (B) | (C) | (D) |
|---|---|---|---|---|
| d Net rental income or (loss) ▶ | | | | |

| | | (i) Securities | (ii) Other |
|---|---|---|---|
| 7a Gross amount from sales of assets other than inventory | 7a | 3,805,978 | |
| b Less: cost or other basis and sales expenses | 7b | 3,729,715 | |
| c Gain or (loss) | 7c | 76,263 | |

| | | | (A) | (B) | (C) | (D) |
|---|---|---|---|---|---|---|
| d Net gain or (loss) ▶ | | | 76,263 | | | 76,263 |
| 8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| b Less: direct expenses | 8b | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| b Less: cost of goods sold | 10b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a–11d ▶ | | | | | | |
| 12 **Total revenue.** See instructions ▶ | | | 3,072,603 | 0 | 0 | 251,010 |

**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 | 342,558 | 342,558 | | |
| 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 | | | | |
| 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 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 | 57,059 | | 57,059 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 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 | 13,833 | | 13,833 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 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 MARKETING AND FUNDRAISI | 137,777 | | | 137,777 |
| b BANK FEES | 2,449 | | 2,449 | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 553,676 | 342,558 | 73,341 | 137,777 |
| 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 IX . . . . . ☐

| Section | Line | Description | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | | 66,271 | 1 | 360,804 |
| | 2 | Savings and temporary cash investments | | | 214,082 | 2 | |
| | 3 | Pledges and grants receivable, net | | | 9,480,020 | 3 | 8,938,079 |
| | 4 | Accounts receivable, net | | | 739,857 | 4 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 3,212,327 | | | |
| | b | Less: accumulated depreciation | 10b | 0 | 608,985 | 10c | 3,212,327 |
| | 11 | Investments—publicly traded securities | | | 7,674,810 | 11 | 8,948,297 |
| | 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 | | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | | 18,784,025 | 16 | 21,459,507 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 29,041 | 17 | 179,137 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 433,076 | 23 | 958,247 |
| | 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 | | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | | 462,117 | 26 | 1,137,384 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | | | |
| | 27 | Net assets without donor restrictions | | | 6,471,903 | 27 | 8,317,064 |
| | 28 | Net assets with donor restrictions | | | 11,850,005 | 28 | 12,005,059 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | | 31 | |
| | 32 | Total net assets or fund balances | | | 18,321,908 | 32 | 20,322,123 |
| | 33 | Total liabilities and net assets/fund balances | | | 18,784,025 | 33 | 21,459,507 |

**Part XI** **Reconcilliation 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 | 3,072,603 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 553,676 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,518,927 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 18,321,908 |
| 5 | Net unrealized gains (losses) on investments | 5 | 208,011 |
| 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 | -726,723 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 20,322,123 |

**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: ☐ Cash ☑ Accrual ☐ Other ______<br>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? | 2a | | No |
| | 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:<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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:<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | 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? | 3a | | No |
| 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. | 3b | | |

# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 31-1650423
**Name:** TAMPA MUSEUM OF ART FOUNDATION INC

Form 990 (2020)

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

THE TAMPA MUSEUM OF ART FOUNDATION (FOUNDATION) IS A SUPPORTING 501(C)(3) ORGANIZATION FOR THE TAMPA MUSEUM OF ART (TMA), A CULTURAL INSTITUTE THAT ADDS MEASURABLE VALUE TO PEOPLE'S LIVES. THE TMA IS 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)THE FOUNDATION SUPPORTS THE TMA IN A VARIETY OF WAYS. THE FOUNDATION BOARD OVERSEES AND MANAGES THE SECURITY OF THE MUSEUM'S ENDOWMENT PORTFOLIO AND THROUGH COMMITTEE ACTION MANAGES THE INVESTMENT MANAGERS (INVESTMENT COMMITTEE), BEQUEST AND TRUST SOLICITATION AND PROGRAM OVERSIGHT (LEGACY COMMITTEE) AND LARGE GIFTS AND GRANTS FOR THE ENDOWMENT AND FOR CAPITAL IMPROVEMENT AND GROWTH (CAMPAIGN COMMITTEE). THE LEGACY COMMITTEE LAUNCHED AND SUPPORTED A LEGACY PROGRAM FOR THE MUSEUM THAT INCLUDES CONVENING THOSE WHO HAVE PLEDGED LEGACY GIFTS AND THOSE THAT INTEND TO LEAVE A BEQUEST TO THE TMA THROUGH THE FOUNDATION. IN 2020, NEW LEGACY BROCHURES WERE DEVELOPED AND PLANNING FOR PROGRAMMING IN 2021 WERE STRATEGIZED SO THAT WHEN THE PANDEMIC SUBSIDED AND CONVENING WAS ACCEPTABLE, THE FOUNDATION WOULD HOST A SERIES OF PROGRAMS AND EVENTS TO FURTHER THOSE EFFORTS.THE CAMPAIGN COMMITTEE LAUNCHED A FUNDRAISING PROGRAM IN 2019 THAT CONTINUED THROUGH 2020 TO FUND THE REALLOCATION OF BACK-OF-THE-HOUSE GROSS SQUARE FEET TO PUBLICLY ACCESSIBLE PROGRAM SPACE WITH THE INTENTION OF ADDING APPROXIMATELY 14,000 NET SQUARE FEET OF ADDITIONAL SPACE FOR EXHIBITIONS AND 7,000 NET SQUARE FEET OF ADDITIONAL SPACE FOR EDUCATION PROGRAM ACTIVITIES. AS THE MUSEUM PLANS FOR THE NEAR FUTURE, THE CAMPAIGN CONTINUED AND WILL CONTINUE TO RAISE THE NEEDED FUNDS TO EXPAND THE MUSEUM'S FOOTPRINT TO BETTER ACCOMMODATE THE INTERESTS OF OUR TAMPA BAY COMMUNITY IN EXPERIENCING MORE VISUAL ART PROGRAM SERVICES. WORKING IN TANDEM WITH ALL MEMBERS OF THE TMA BOARD OF TRUSTEES, THE REALLOCATION OF SPACE FUNDRAISING PROGRAM EXCEEDED ALL EXPECTATIONS AND RENOVATION WAS PROJECTED TO COMMENCE IN JUNE OF 2021.THE INVESTMENT COMMITTEE MANAGES THE INVESTMENTS AND DISTRIBUTION RECOMMENDATIONS OF TWO FUNDS: "FUND A," WHOSE PRINCIPAL IS RESTRICTED BY POLICY AND NOT BY DONOR RESTRICTION, PROVIDES AN ANNUAL DISTRIBUTION, NOT TO EXCEED 5% OF A FIVE-YEAR ROLLING BALANCE AVERAGE, TO TMA, INC. FOR GENERAL OPERATING AND PROGRAM SUPPORT. "THE RICHARD E. PERRY AND DIVISION OF CULTURAL AFFAIRS CULTURAL ARTS FUND," DONOR RESTRICTED FUNDS WHOSE PRINCIPAL IS MATCHED WITH A STATE OF FLORIDA CULTURAL ARTS ENDOWMENT FUND GRANT, PROVIDES AN ANNUAL DISTRIBUTION TO THE TAMPA MUSEUM OF ART NOT TO EXCEED THE INCOME IT GENERATES IN ONE YEAR. THE PERRY FUND DISTRIBUTION IS RESTRICTED TO SUPPORTING PROGRAMMING AND ADMINISTRATION RELATED TO THE MUSEUM'S LARGE COLLECTION OF ANCIENT ART FROM THE GREEK AND ROMAN EMPIRES. IN 2020, THE TAMPA MUSEUM OF ART'S PERMANENT COLLECTION COMPRISED OVER 8,400 OBJECTS. THE MUSEUM PRIMARILY COLLECTS CLASSICAL ANTIQUITIES (665 OBJECTS), 19TH-CENTURY PHOTOGRAPHY AND PRINTS EMPHASIZING WORKS THAT RELATE TO THE CLASSICAL COLLECTION (APPROXIMATELY 1,300 OBJECTS), MODERN AND CONTEMPORARY ART IN A VARIETY OF MEDIA (OVER 6,400 OBJECTS), WITH AN EMPHASIS ON PHOTOGRAPHY, ART CREATED AFTER 1970, AND NEW MEDIA. THE MUSEUM COLLECTS WORKS BY NATIONALLY AND INTERNATIONALLY RECOGNIZED ARTISTS IN A RANGE OF TECHNIQUES AND MEDIUMS, MANY OF WHOM HAVE TIES TO FLORIDA AND THE TAMPA BAY REGION. THE MUSEUM RECOGNIZES THAT ITS ACQUISITIONS TODAY ARE SETTING STANDARDS FOR FUTURE COLLECTING ACTIVITY AND BUILDING A FOUNDATION FOR EXHIBITIONS AND EDUCATION PROGRAMMING. ALTHOUGH THE FOUNDATION WAS A FLEDGLING OF ONLY 22 YEARS OLD IN 2020 (HAVE BEEN INCORPORATED IN 1998) IN COMPARISON TO THE 100-YEAR-OLD TMA, ITS DISTRIBUTIONS OF FUNDS IN 2020 HELPED SUPPORT ALL MUSEUM OPERATIONS AND PROGRAMMING AS SCHEDULED AND INVENTED CONSIDERING THE PANDEMIC. THE FOLLOWING IS A SNAPSHOT OF THE 2020 ACTIVITIES SUPPORTED BY THE FOUNDATION. THE MUSEUM'S CELEBRATION OF ITS 100TH ANNIVERSARY IN 2020 AND THE 100TH ANNIVERSARY OF THE WOMAN'S RIGHT TO VOTE, THE SAME YEAR THE COVID-19 PANDEMIC SHUT DOWN THE MUSEUM TO THE PUBLIC FOR TWO MONTHS AND LIMITED OUR RESOURCES AND PROGRAMMING FOR THE REST OF THE YEAR. FOLLOWING THE CLOSURE ON MARCH 16 AND THE REOPENING OF THE MUSEUM ON JUNE 1, THE MUSEUM SAW AN 80% DROP IN ATTENDANCE, GENERAL ADMISSION, STORE SALES, AND COMMISSIONS FROM FOOD AND BEVERAGE SALES. MEMBERSHIP FELL BY 30% AS DID INDIVIDUAL CONTRIBUTIONS, AND SPONSORSHIPS, AND TWO FUNDRAISERS WERE CANCELLED. HOWEVER, THE MUSEUM RECEIVED PPP AND A CARES ACT GRANT FROM HILLSBOROUGH COUNTY THAT ASSISTED THE MUSEUM IN RETAINING ALL BUT FOUR MEMBERS OF THE STAFF AND RETROFITTED THE MUSEUM TRANSACTIONAL STATIONS FOR SOCIAL DISTANCING TO HELP PREVENT THE SPREAD OF COVID-19. THE FUNDS WERE ALSO USED TO COMPLETELY OUTFIT THE MUSEUM WITH THE TECHNOLOGY NEEDED TO TAKE OUR PROGRAMS, DESIGNED FOR CONVENING OF PEOPLE AT THE MUSEUM, TO A VIRTUAL PLATFORM. WE ALSO RECONSIDERED OUR ANNUAL FALL GALA FUNDRAISER AS A HYBRID VIRTUAL EXPERIENCE WITH A LIVE AUCTION AND THROUGH THE GENEROSITY OF THE COMMUNITY WAS ABLE TO HIT A HISTORIC AVERAGE OF FUNDRAISING FOR THAT EVENT. THE MUSEUM DID NOT LAYOFF STAFF, ALTHOUGH IT DOWNSIZED ITS TEAM BY FOUR ADMINISTRATIVE POSITIONS AS A PRECAUTIONARY REORGANIZATION DUE TO HISTORIC DROPS IN ATTENDANCE AND EARNED INCOME. HOWEVER, THE TAMPA MUSEUM OF ART CONTINUED TO RAISE REVENUE AND ALLOCATE ITS RESOURCES TOWARD PROGRAM MANAGEMENT AND PRESENTATION OF COLLECTIONS, COLLECTIONS' CARE AND MANAGEMENT, AND A ROBUST SCHEDULE OF EXHIBITION AND EDUCATION PROGRAMS TO SERVE THE TAMPA BAY COMMUNITY, ALBEIT VIRTUAL AS WELL AS IN PERSON. IN 2020, ALTHOUGH WE HAD TO POSTPONE TWO EXHIBITIONS AND EXTENDED THE LOAN PERIOD AND EXHIBITION RUN TIME ON THREE EXHIBITIONS, WE FEATURED NINE IMPORTANT TRAVELING AND IN-HOUSE CURATED EXHIBITIONS FOR THE TAMPA BAY COMMUNITY AND BEYOND, EACH OUTLINED BRIEFLY BELOW.THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS (THROUGH MARCH 15, 2020)IN CELEBRATION OF THE TAMPA MUSEUM OF ART'S 100TH ANNIVERSARY IN 2020, THE EXHIBITION THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS FROM THE PERMANENT COLLECTION, FEATURED WORKS REPRESENTATIVE OF THE INSTITUTION'S COLLECTING HISTORY AND MISSION. THE COLLECTION IS UNIQUE-WITH SIGNIFICANT HOLDINGS OF ANCIENT GREEK AND ROMAN ART, AS WELL AS INCREASED ACQUISITIONS OF MODERN AND CONTEMPORARY ART. WITH EIGHT MAIN CATEGORIES, THE COLLECTION FEATURES A BREADTH OF OBJECTS: CLASSICAL ANTIQUITIES, PRINTS AND PHOTOGRAPHS RELATED TO CLASSICAL ANTIQUITY, THE C. PAUL JENNEWEIN ARCHIVE, PAINTING, DECORATIVE ARTS AND SCULPTURE, PHOTOGRAPHY, WORKS ON PAPER, AND NEW MEDIA, VIDEO, AND INSTALLATION ART. THE MAKING OF A MUSEUM: 100 YEARS, 100 WORKS PRESENTED UNIQUE INSIGHTS INTO HOW THE COLLECTION AND IDENTITY OF THE MUSEUM HAVE EVOLVED AS IT HAS GROWN FROM A SMALL LOCAL ARTS ORGANIZATION TO THE CITY'S PREEMINENT MUSEUM OF ART.

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

**Employer identification number**
31-1650423

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☑ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . . . . . . 1

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| (A) TAMPA MUSEUM OF ART INC | 591934721 | 7 | Yes | | 342,558 | 0 |
| | | | | | | |
| **Total** 1 | | | | | 342,558 | 0 |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . | | | | | | |
| 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.. | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 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). . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| 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 | | | | | | |

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

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

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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . . **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . ▶ ☐

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| **Calendar year (or fiscal year beginning in)** ▶ | **(a)** 2016 | **(b)** 2017 | **(c)** 2018 | **(d)** 2019 | **(e)** 2020 | **(f)** Total |
|---|---|---|---|---|---|---|
| **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)** 2016 | **(b)** 2017 | **(c)** 2018 | **(d)** 2019 | **(e)** 2020 | **(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ▶ ☐

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

| | | |
|---|---|---|
| **15** Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . . | **15** | |
| **16** Public support percentage from 2019 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . | **16** | |

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

| | | |
|---|---|---|
| **17** Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f)) . . . . . . | **17** | |
| **18** Investment income percentage from **2019** Schedule A, Part III, line 17 . . . . . . . . . . . . . . . | **18** | |

**19a** **331/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . ▶ ☐

**b** **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

| | | Line | Yes | No |
|---|---|---|---|---|
| **1** | Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.* | 1 | Yes | |
| **2** | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | No |
| **3a** | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | No |
| **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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.* | 3b | | |
| **c** | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.* | 3c | | |
| **4a** | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | No |
| **b** | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.* | 4b | | |
| **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)? *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.* | 4c | | |
| **5a** | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 5a | | No |
| **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? | 5b | | |
| **c** | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| **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? *If "Yes," provide detail in **Part VI.*** | 6 | | No |
| **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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .* | 7 | | No |
| **8** | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 8 | | No |
| **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))? *If "Yes," provide detail in **Part VI.*** | 9a | | No |
| **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? *If "Yes," provide detail in **Part VI.*** | 9b | | No |
| **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? *If "Yes," provide detail in **Part VI.*** | 9c | | No |
| **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)? *If "Yes," answer line 10b below.* | 10a | | No |
| **b** | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | | |

**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 lines 11b and 11c below, the governing body of a supported organization? | 11a | | No |
| b | A family member of a person described in 11a above? | 11b | | No |
| c | A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.*** | 11c | | No |

**Section B. Type I Supporting Organizations**

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

**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? | 1 | | |
| 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).* | 2 | | |
| 3 | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.* | 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 ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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.* | 2a | | |
| b | Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.* | 2b | | |

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

| | | | Yes | No |
|---|---|---|---|---|
| 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?*If "Yes" or "No" provide details in* ***Part VI.*** | 3a | | |
| 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.* | 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): | 1 | | |
| 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 0.015 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 0.035 | 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 ☐ 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 | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide details in **Part VI***) | **5** | |
| **6** Other distributions (*describe in **Part VI***). See instructions | **6** | |
| **7** **Total annual distributions.** Add lines 1 through 6. | **7** | |
| **8** Distributions to attentive supported organizations to which the organization is responsive (*provide details in **Part VI***). See instructions | **8** | |
| **9** Distributable amount for 2020 from Section C, line 6 | **9** | |
| **10** Line 8 amount divided by Line 9 amount | **10** | |

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

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

| Facts And Circumstances Test |
| --- |
| |

**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

**2020**

**Open to Public Inspection**

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

**Employer identification number**
31-1650423

**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? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

| | | | Held at the End of the Year |
|---|---|---|---|
| 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

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

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

| | | Amount |
|---|---|---|
| b If "Yes," explain the arrangement in Part XIII and complete the following table: | | |
| 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 in Part XIII . . . . ☐

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

| | **(a)** Current year | **(b)** Prior year | **(c)** Two years back | **(d)** Three years back | **(e)** Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance . . . . | 2,180,952 | 2,134,283 | 1,271,392 | 1,271,392 | 1,155,392 |
| **b** Contributions . . . | | 357,065 | 1,000,000 | | |
| **c** Net investment earnings, gains, and losses | | | | | 116,000 |
| **d** Grants or scholarships . . . | | | | | |
| **e** Other expenditures for facilities and programs . . . | 95,279 | 310,396 | 137,109 | | |
| **f** Administrative expenses . . . . | | | | | |
| **g** End of year balance . . . . . . | 2,085,673 | 2,180,952 | 2,134,283 | 1,271,392 | 1,271,392 |

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 ▶ 100.000 %

c Term endowment ▶

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

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

| | | Yes | No |
|---|---|---|---|
| **(i)** Unrelated organizations . . . | 3a(i) | Yes | |
| **(ii)** Related organizations . . . | 3a(ii) | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . | 3b | | |

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 . . . . | | | | |
| **c** Leasehold improvements | | | | |
| **d** Equipment . . . . | | | | |
| **e** Other . . . . . . | | 3,212,327 | | 3,212,327 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ | | | | 3,212,327 |

**Part VII Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶ | |

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | |

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

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

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,496,832 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 208,011 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -726,723 | | |
| e | Add lines **2a** through **2d** | | | 2e | -518,712 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,015,544 |
| 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 | 57,059 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 57,059 |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 3,072,603 |

## 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 | 496,617 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 496,617 |
| 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 | 57,059 | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 57,059 |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 553,676 |

## Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |

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

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 31-1650423
**Name:** TAMPA MUSEUM OF ART FOUNDATION INC

### Supplemental Information

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

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | WRITE OFF OF RELATED PARTY RECEIVABLE -726,723. |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
TAMPA MUSEUM OF ART FOUNDATION INC

**Employer identification number**
31-1650423

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . ☐ Yes ☑ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1)<br>TAMPA MUSEUM OF ART INC<br>120 WEST GASPARILLA PLAZA<br>TAMPA, FL 33602 | 59-1934721 | 501(C)(3) | 342,558 | | FMV | | TO SUPPORT THE TAMPA MUSEUM OF ART, INC. |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of noncash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| **Return Reference** | **Explanation** |
|---|---|

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization
TAMPA MUSEUM OF ART FOUNDATION INC

**Employer identification number**
31-1650423

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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.<br>☐ First-class or charter travel<br>☐ Travel for companions<br>☐ Tax idemnification and gross-up payments<br>☐ Discretionary spending account<br>☐ Housing allowance or residence for personal use<br>☐ Payments for business use of personal residence<br>☐ Health or social club dues or initiation fees<br>☐ Personal services (e.g., 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, 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.<br>☐ Compensation committee<br>☐ Independent compensation consultant<br>☐ Form 990 of other organizations<br>☐ Written employment contract<br>☐ Compensation survey or study<br>☐ 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** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . . | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . . . . . | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 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** | | No |
| **b** | Any related organization? . . . . . . . . . . . . . . . . . . . . . . . . | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **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** | | No |
| **b** | Any related organization? . . . . . . . . . . . . . . . . . . . . . . | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . . . . | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . . . . . . . . . . . . . . . . . . . . . | **9** | | |

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

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

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

| **(A)** Name and Title | | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** MICHAEL A TOMOR EXECUTIVE DIRECTOR | **(i)** | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **(ii)** | 238,940 | 0 | 0 | 0 | 0 | 238,940 | 0 |

## Part III Supplemental Information

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

| Return Reference | Explanation |
|---|---|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493239002131

**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

**2020**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| TAMPA MUSEUM OF ART FOUNDATION INC | 31-1650423 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | MODERN WOMEN: MODERN VISION - WORKS FROM THE BANK OF AMERICA COLLECTION (FEBRUARY 20 THROU GH OCTOBER 25, 2020) SINCE PHOTOGRAPHY'S INCEPTION IN THE MID-NINETEENTH CENTURY, WOMEN HA VE STOOD AMONG ITS ARTISTIC AND TECHNOLOGICAL PIONEERS. MODERN WOMEN: MODERN VISION FEATUR ED 100 WORKS FROM THE BANK OF AMERICA COLLECTION BY LEADING ARTISTS OF THE TWENTIETH AND E ARLY TWENTY-FIRST CENTURIES. THE EXHIBITION WAS ORGANIZED IN SIX THEMATIC SECTIONS: MODERN IST INNOVATORS, DOCUMENTARY PHOTOGRAPHY AND THE NEW DEAL, PHOTO LEAGUE, MODERN MASTERS, EX PLORING THE ENVIRONMENT, AND THE GLOBAL CONTEMPORARY LENS. EACH SECTION EXAMINES THE PHOTO GRAPHERS' ROLE IN FORGING NEW DIRECTIONS AND METHODS IN PHOTOGRAPHY, AS WELL AS HOW THE ME DIUM HAS EVOLVED WITH THE ADVENT OF NEW DIGITAL AND STUDIO PRACTICES. ARTISTS FEATURED IN THIS EXHIBITION INCLUDE BERENICE ABBOTT, DIANE ARBUS, TINA BARNEY, BERND BECHER AND HILLA BECHER, MARGARET BOURKE-WHITE, ESTHER BUBLEY, IMOGEN CUNNINGHAM, RINEKE DIJKSTRA, CANDIDA HFER, BARBARA KRUGER, DOROTHEA LANGE, NIKKI S. LEE, HELEN LEVITT, SONIA HANDELMAN MEYER, D ODO JIN MING, RUTH ORKIN, CINDY SHERMAN, CARRIE MAE WEEMS, AND OTHERS. 14TH CONGRESSIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION 2020 (MARCH 7 THROUGH APRIL 19, 2 020) THIS ANNUAL HIGH SCHOOL ART EXHIBITION FEATURES EXEMPLARY WORK CREATED BY HIGH SCHOOL STUDENTS THROUGHOUT THE 14TH CONGRESSIONAL DISTRICT AND HILLSBOROUGH COUNTY. STUDENTS COM PETE FOR TWO TOP PRIZES: THE MUSEUM CHOICE AWARD AND THE CONGRESSIONAL CHOICE AWARD. THE A RTWORK SELECTED FOR THE CONGRESSIONAL CHOICE AWARD WILL CONTINUE TO REPRESENT THE DISTRICT IN THE NATIONAL CONGRESSIONAL HIGH SCHOOL ART COMPETITION, HANGING IN THE CANNON TUNNEL O F THE U.S. CAPITOL FOR ONE YEAR. ADDITIONALLY, THE RECIPIENT OF THIS AWARD RECEIVES A TRIP TO WASHINGTON, D.C. TO ATTEND THE NATIONAL AWARDS CEREMONY IN JUNE 2020. THE 14TH CONGRES SIONAL DISTRICT AND NEXT GENERATION HIGH SCHOOL ART COMPETITION IS PRESENTED IN PARTNERSHI P WITH THE OFFICE OF U.S. REPRESENTATIVE, KATHY CASTOR. SKETCHES AND SCULPTURES: A STUDY O F C. PAUL JENNEWEIN (JUNE 13 THROUGH FEBRUARY 28, 2021) C. PAUL JENNEWEIN'S (GERMAN-AMERIC AN, 1890-1978) ARTWORK REVEALS THE INSPIRATION OF THE ANCIENT WORLD WHILE ALSO ENGAGING WI TH THE NEW SCULPTURAL STYLES OF HIS TIME, MERGING ART DECO WITH THE NEO-CLASSICAL TRADITIO N. IN 1978, THE TAMPA BAY ART CENTER, PREDECESSOR OF THE TAMPA MUSEUM OF ART, RECEIVED A B EQUEST OF 2,600 OBJECTS INCLUDING FINISHED ARTWORKS, AS WELL AS PREPARATORY DRAWINGS, PLAS TER CASTS, AND MOLDS FOR THE NUMEROUS COMMISSIONS JENNEWEIN RECEIVED DURING HIS PROLIFIC C AREER. SKETCHES AND SCULPTURES: A STUDY OF C. PAUL JENNEWEIN HIGHLIGHTS THIS EXTENSIVE ARC HIVE. THE EXHIBITION PRESENTS AN OVERVIEW OF THE ARTIST'S EARLY SCULPTURES AND FOUR MAJOR COMMISSIONS EXECUTED BETWEEN 1925 AND 1940 THAT DEFINED JENNEWEIN AS ONE OF THE MOST SIGNI FICANT SCULPTORS OF HIS DAY. SKETCHES AND SCULPTURE: A STUDY OF C. PAUL JENNEWEIN IS PART OF THE TAMPA MUSEUM OF ART'S C |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | ENTENNIAL EXHIBITION SERIES CELEBRATING 100 YEARS. HER STORY: STORIES OF ANCIENT HEROINES AND EVERYDAY WOMEN (JULY 9, 2020, THROUGH JUNE 19, 2022) IN CELEBRATION OF THE 100TH ANNIV ERSARY OF WOMEN'S SUFFRAGE, THE TAMPA MUSEUM OF ART PRESENTS A SERIES OF EXHIBITIONS FOCUS ED ON THE ACHIEVEMENTS OF WOMEN IN THE ARTS. HERSTORY: STORIES OF ANCIENT HEROINES AND EVE RYDAY WOMEN EXPLORES THE STORY OF WOMEN IN THE ANCIENT WORLD THROUGH THE DEPICTIONS OF GOD DESSES, HEROINES, MYTHOLOGICAL CHARACTERS, AND EVERYDAY WOMEN IN THE MUSEUM'S COLLECTION O F CLASSICAL ANTIQUITIES. THE EXHIBITION HIGHLIGHTS OBJECTS THAT SPEAK TO THE ROLE OF WOMEN IN THE ANCIENT WORLD, THEIR MYTHS, AND STORIES, FROM APHRODITE AND ATHENA TO AMAZON WARRI ORS TO WOMEN OF THE EVERYDAY. THESE ROLES ARE EXAMINED THROUGH THE MUSEUM'S COLLECTION OF STATUES, FRAGMENTS, VESSELS, AND OBJECTS FROM DAILY LIFE. FRANK STELLA: ILLUSTRATIONS AFTE R EL LISSITZKY'S HAD GADYA FROM THE COLLECTION OF BNY MELLON (JUNE 1 THROUGH SEPTEMBER 27, 2020) FRANK STELLA (AMERICAN, B. 1936) CREATED THE SERIES ILLUSTRATIONS AFTER EL LISSITZK Y'S HAD GADYA (1984) AFTER SEEING ARTIST EL LISSITZKY'S ARTWORK AT THE TEL AVIV MUSEUM OF ART. BETWEEN 1917 AND 1919, LISSITZKY (RUSSIAN, 1890-1941) COMPLETED IMAGERY FOR A CHILDRE N'S BOOK OF "HAD GADYA", AN ALLEGORICAL SONG SUNG AT THE CLOSE OF THE PASSOVER SEDER. LISS ITZKY'S MODERNIST INTERPRETATION OF THE TRADITIONAL SONG HIGHLIGHTED THE INFLUENCE OF THE RUSSIAN AVANT-GARDE IN HIS WORK, AS HE DEPICTED CHARACTERS AND SCENES IN "HAD GADYA" WITH ABSTRACT FORMS AND INTERLOCKING GEOMETRIC SHAPES. INSPIRED BY LISSITZKY'S "HAD GADYA", STE LLA PRODUCED A SUITE OF PRINTS CORRESPONDING TO THE ARTIST'S IMAGERY. RATHER THAN RE-INTER PRET THE SONG, STELLA RESPONDED TO LISSITZKY'S ABSTRACTIONS WITH HIS OWN SIGNATURE VIBRANT PALETTE AND CURVILINEAR GESTURES. THE EXHIBITION FEATURES STELLA'S COMPLETE PORTFOLIO OF TWELVE PRINTS, EACH UNIQUE IN TECHNIQUE AND COLOR. FRANK STELLA: WHAT YOU SEE (JUNE 1 THRO UGH SEPTEMBER 27, 2020) IN CONJUNCTION WITH FRANK STELLA: ILLUSTRATIONS AFTER EL LISSITZKY 'S HAD GADYA, THE TAMPA MUSEUM OF ART HAS ORGANIZED FRANK STELLA: WHAT YOU SEE, A PENDANT EXHIBITION FEATURING WORKS BY FRANK STELLA IN REGIONAL COLLECTIONS, INCLUDING THE TAMPA MU SEUM OF ART'S PERMANENT COLLECTION. THE EXHIBITION IS INSPIRED BY STELLA'S QUOTE "WHAT YOU SEE IS WHAT YOU SEE," THE ARTIST'S FAMED DESCRIPTION OF HIS ART AS NOTED IN A 1964 INTERV IEW. THE INTIMATE SELECTION OF WORKS PROVIDES AN OVERVIEW OF STELLA'S OEUVRE FROM HIS EXPL ORATION OF MINIMAL FORMS IN THE 1960S AND 1970S, TO THE CREATION OF LYRICAL MULTI-MEDIA CO MPOSITIONS IN THE LATE 1990S. FRANK STELLA: WHAT YOU SEE PRESENTS A SNAPSHOT VIEW OF ONE O F TODAY'S MOST INFLUENTIAL LIVING ARTISTS. FIGURE FORWARD: SELECTIONS FROM THE PERMANENT C OLLECTION (OCTOBER 22, 2020, THROUGH MAY 9, 2021) REPRESENTATIONS OF THE BODY VARY FROM PE RSON TO PERSON, ARTIST TO ARTIST. THE WORKS FEATURED IN FIGURE FORWARD: SELECTIONS FROM TH E PERMANENT COLLECTION DEMONST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | RATE DIFFERENT APPROACHES TO FIGURATION FROM THE 18TH-CENTURY TO THE PRESENT THROUGH THE T AMPA MUSEUM OF ART'S PERMANENT COLLECTION. PORTRAITURE AND FIGURATION ANCHOR THE MODERN AN D CONTEMPORARY COLLECTION, WITH WORKS IN A RANGE OF MEDIA BY ARTISTS SUCH AS JOSE CLEMENTE OROZCO, FRANCISCO GOYA, LOUISE NEVELSON, FAIRFIELD PORTER, LORNA SIMPSON, AND RAFAEL SOYE R. THE EXHIBITION ALSO HIGHLIGHTS RECENT ACQUISITIONS BY ALEX KATZ, YIGAL OZERI, AND PEPE MAR. FIGURE FORWARD EXPANDS ON THE FIGURATIVE WORK INCLUDED IN THE SHOW THE MAKING OF A MU SEUM: 100 YEARS, 100 WORKS. FIGURE FORWARD: SELECTIONS FROM THE PERMANENT COLLECTION IS PA RT OF THE TAMPA MUSEUM OF ART'S CENTENNIAL EXHIBITION SERIES CELEBRATING 100 YEARS. LIVING COLOR: THE ART OF THE HIGHWAYMEN (NOVEMBER 9, 2020, THROUGH MARCH 28, 2021) THE HIGHWAYME N ARE A GROUP OF AFRICAN AMERICAN ARTISTS CELEBRATED FOR THEIR DISTINCTIVE PAINTINGS OF FL ORIDA'S NATURAL ENVIRONMENT. WORKING IN AND AROUND THE FORT PIERCE AREA BEGINNING IN THE 1 950S, THESE SELF-TAUGHT ARTISTS DEPICTED THE STATE'S SCENIC COASTLINE AND WILD BACKCOUNTRY , OFTEN IN DAZZLING COMBINATIONS OF COLOR AND TONE. BRILLIANT TROPICAL SUNSETS, WINDBLOWN PALMS, TOWERING SUNLIT CLOUDS, AND BLOOMING ROYAL POINCIANA TREES ARE AMONG THE MANY SUBJE CTS THAT HAVE BECOME ICONIC IMAGES OF FLORIDA, IN PART BECAUSE OF THE PAINTINGS THAT THE H IGHWAYMEN CREATED. LIVING COLOR: THE ART OF THE HIGHWAYMEN FOCUSES ON WORK PRODUCED FROM T HE 1950S TO THE 1980S BY A CORE GROUP OF THE HIGHWAYMEN INCLUDING AL BLACK, MARY ANN CARRO LL, WILLIE DANIELS, JOHNNY DANIELS, JAMES GIBSON, ALFRED HAIR, ROY MCLENDON, HAROLD NEWTON , SAM NEWTON, WILLIE REAGAN, AND LIVINGSTON ROBERTS. THE EXHIBITION BRINGS SPECIAL ATTENTI ON ON TWO KEY ARTISTS, HAROLD NEWTON, AND ALFRED HAIR, AND PRESENTS EXTENSIVE EXAMPLES OF THEIR WORK. DRAWN FROM FIVE PRIVATE COLLECTIONS, LIVING COLOR ALSO CONSIDERS THE ROLE OF C OLLECTORS IN PRESERVING THE LEGACY OF THESE ARTISTS AND THEIR EXTRAORDINARY LIFE STORIES. IN 2020, ALTHOUGH WE HAD TO POSTPONE ALL EDUCATION PROGRAMS AND FUNDRAISERS AT THE MUSEUM AS OF MARCH 16, FOR THE FIRST TEN WEEKS OF 2020, WE CONDUCTED BUSINESS AS USUAL WITH THE F OLLOWING PROGRAMS, EACH OUTLINED BRIEFLY BELOW. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | THE MUSEUM WAS PROUD TO HAVE PRESENTED A WIDE RANGE OF EDUCATION OPPORTUNITIES TO THE PUBL IC. WITH A STRONG EMPHASIS ON EDUCATING THE PUBLIC ABOUT MODERN, CONTEMPORARY, AND ANCIENT ART, 2020 PROGRAMS AT THE MUSEUM INCLUDED ONE ONGOING EXHIBITION DEDICATED TO ANCIENT GRE EK AND ROMAN ART AND EIGHT OTHER CURATED EXHIBITIONS INFORMING CONTENT OF A DOZEN MONTHLY EDUCATION PROGRAM OFFERINGS. TO ENHANCE THE VOICE OF THE STAFF, 25% OF THE EXHIBITIONS WER E LEASED FROM AND CURATED BY NATIONALLY RECOGNIZED INSTITUTIONS AND THEIR STAFF, PROFESSIO NAL TEACHING ARTISTS WERE EMPLOYED TO INSTRUCT STUDIO ART CLASSES, AND AROUND GUEST SCHOLA RS, ARTISTS, AND COLLECTORS WERE ENGAGED TO SHARE SPECIALIZED INSTRUCTION AND INFORMATION IN FORMAL AND INFORMAL PUBLIC PRESENTATIONS. IN CARRYING OUT OUR MISSION, REACHING OUR OBJ ECTIVES AND PROVIDING ACTIVITIES TO THE COMMUNITY, THE MUSEUM PARTNERS WITH ARTS AGENCIES AND COMMUNITY NON-PROFITS ORGANIZATIONS. IN 2020, THE MUSEUM ENJOYED PARTNERSHIPS WITH THE TAMPA BAY FOUNDATION FOR MENTAL HEALTH AND THE UNIVERSITY OF SOUTH FLORIDA HONORS COLLEGE FOR CONNECTIONS, A FREE MENTAL HEALTHCARE COMMUNITY ART ENGAGEMENT PROGRAM. IN ADDITION, CONNECTIONS AS A CREDITED CAPSTONE COURSE IN THE HONORS COLLEGE OF USF, IN 2020 THE MUSEUM TRAINED 20 STUDENT FACILITATORS TO DELIVER GALLERY PROGRAMS TO COMMUNITY PARTICIPANTS, AN D USF INVESTED IN A HALF-TIME TWENTY-HOUR A WEEK INTERN TO WORK AT THE MUSEUM TO ADMINISTE R THE CONNECTIONS PROGRAM. INTERNSHIPS WERE ALSO ONGOING BECAUSE OF A RELATIONSHIP WITH TH E UNIVERSITY OF TAMPA (UT). IN 2020, THE UNIVERSITY OF TAMPA GENEROUSLY FUNDED A HALF-TIME SOCIAL MEDIA INTERNSHIP FOR A STUDENT TO WORK IN THE MUSEUM'S MARKETING AND COMMUNICATION S DIVISION. IN ADDITION, ART THERAPY STUDENTS AT UT ASSISTED THE MUSEUM IN PROVIDING ART S PACE, AN ART EDUCATION OUTREACH PROGRAM FOR THOSE ECONOMICALLY IF NOT ENVIRONMENTALLY DISA DVANTAGED, WE WORKED WITH THE SPRING, WHICH PROVIDES SUPPORT FOR VICTIMS OF DOMESTIC VIOLE NCE; REDEFINING REFUGE, WHICH PROVIDES SUPPORT FOR VICTIMS OF HUMAN TRAFFICKING; AND PORTI CO, A BRANCH OF THE HYDE PARK METHODIST CHURCH PROVIDING SERVICES TO THE HOMELESS IN DOWNT OWN TAMPA. THE MUSEUM ALSO CONTINUED THEIR PARTNERSHIP WITH THE LIGHTNING FOUNDATION AND T HE VINIK FAMILY FOUNDATION IN OUR YOUTH COUNCIL AND THE COMMUNITY HEROES PROGRAM, WHICH PR OVIDED TEENAGERS WORK EXPERIENCE IN TEACHING OTHER TEENS HOW TO DEVELOP, MANAGE, AND MARKE T MUSEUM PROGRAMS FOR TEENAGERS. MONDAY MEDITATION TOOK PLACE AT THE MUSEUM IN PARTNERSHIP WITH THE PARBAWATIYA KADAMPA BUDDHIST CENTER. THE STUDIO ART PROGRAM AT THE MUSEUM IN 202 0 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 2020 THE OFF -SITE STUDIO ART PROGRAMS EXPANDED TO WINTHROP ARTS FACTORY IN RIVERVIEW, FIREHOUSE CULTUR AL CENTER IN RUSKIN, AND COUNTY RECREATION CENTERS IN THONOTOSASSA, WEST CHASE, AND KEYSTO NE. THESE WERE BUT A FEW OF TH |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | E ANNUAL PARTNERSHIPS IN PLACE AT THE OPENING OF 2020. THE MUSEUM OFFERED FREE, DOCENT-LED TOURS OF MUSEUM EXHIBITIONS TO ALL HILLSBOROUGH COUNTY SCHOOLS, ADULTS AND SENIORS. TEACH ER PREVIEWS WERE HELD ONCE IN 2020 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 EXPERIEN CE; THESE PROGRAMS WERE DESIGNED TO BE CROSS-CURRICULAR LINKED TO FLORIDA STANDARDS. A MUS EUM FUNDED RESOURCE, ART LINE OFFERED FREE BUS TRIPS TO AND FROM THE TAMPA MUSEUM OF ART F OR 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 D ISCUSSIONS RELATED TO EXHIBITIONS ON DISPLAY AND THE MUSEUM HOSTED INFORMAL "THIRTY ON THU RSDAY" PROGRAMS, WHICH HIGHLIGHT CURRENT EXHIBITIONS AND ARTISTS. YOUTH COUNCIL AND EVENTS LAUNCHED IN THE WINTER AND RAN THROUGH THE FIRST QUARTER OF 2020; THIS UNIQUE PROGRAM EST ABLISHED IN 2016 FOR TEENS IN HILLSBOROUGH COUNTY FOCUSES ON LEADERSHIP, CREATIVITY AND TH E ARTS AND CULTURE INDUSTRY. YOUTH EVENTS WERE DIVERSE IN OFFERING, DESIGNED AND COORDINAT ED IN CONSULTATION WITH THE YOUTH COUNCIL, A GROUP OF 11 HIGH SCHOOL STUDENTS SELECTED THR OUGH AN APPLICATION PROCESS. IN THE SPRING OF 2019, THE YOUTH COUNCIL JURIED AND HOSTED IT S THIRD ANNUAL TEEN JURIED FILM FESTIVAL, FEATURING SELECTED FILMS BY OVER 200 OF OUR REGI ON'S TEEN SUBMISSIONS, A TEEN JURIED ART EXHIBITION, A SILENT DISCO, A JURIED ARTS EXHIBIT ION, AND INFORMAL TEEN NIGHTS AT THE MUSEUM. ART ON THE HOUSE CONTINUED TO BE HELD EVERY T HURSDAY, WHEN THE MUSEUM OFFERED PAY-AS-YOU-WILL ADMISSION TO ALL VISITORS FROM 4 TO 8 P.M . ON THE LAST FRIDAY OF EACH MONTH, THE MUSEUM ALSO PARTICIPATED IN DOWNTOWN TAMPA'S "FOUR TH FRIDAY" PROGRAM, IN WHICH VISITORS ATTENDED DOWNTOWN ARTS AND CULTURAL VENUES THAT EXTE NDED THEIR HOURS AND OFFER FREE OR SPECIAL ADMISSIONS. ART SPOT, A SATURDAY MORNING FREE D ROP-IN PROGRAM OFFERED CHILDREN AND THEIR FAMILIES THE OPPORTUNITY TO EXPLORE THEIR OWN CR EATIVITY BY VISITING THE GALLERIES AND CREATING ART RELATED TO THE EXHIBITION. ART SPOT WA S ALWAYS TIED DIRECTLY TO THE EXHIBITIONS ON VIEW AND WAS OFFERED THROUGH MARCH 16, 2020. THE PROGRAM THEN WENT VIRTUAL AS A WEBINAR AND CONTINUED TO BE PRESENTED THROUGH THE END O F THE YEAR. ONE FAMILY FREE DAYS SCHEDULED IN MARCH BEFORE SHUTTING DOWN, OFFERED FAMILY A CTIVITIES AND DOCENT-LED TOURS, LIVE ENTERTAINMENT, AND PAY-AS-YOU-WILL ADMISSION (BY INDI VIDUAL DONATION OR FREE) TO FAMILIES FOR THEM TO ENJOY A MEANINGFUL ART EXPERIENCE TOGETHE R. ART SPACE, FOR OVER TWELVE YEARS IS A PARTNERSHIP PROGRAM WITH COMMUNITY ORGANIZATIONS TO PROVIDE QUALITY ENGAGEMENT WITH THE VISUAL ARTS TO ECONOMICALLY AND ENVIRONMENTALLY DIS ADVANTAGED POPULATIONS. THAT PROGRAM WAS POSTPONED AFTER MARCH 16, 2020, THROUGH THE REST OF THE YEAR. FINALLY, WITH CONNECTIONS, THE MUSEUM WELCOMED THOSE STRUGGLING WITH MENTAL H EALTH ISSUES SUCH AS ANXIETY, |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A, CONTINUED | DEPRESSION, ALZHEIMER'S, AND DEMENTIA TO VISIT THE MUSEUM WITH THEIR FAMILY FOR FREE DURIN G DESIGNATED DATES AND TIMES THROUGHOUT THE YEAR. GUESTS PARTOOK IN SPECIALIZED GALLERY TO URS AND ENGAGED IN CONVERSATIONS ABOUT ART FACILITATED BY MUSEUM STAFF TRAINED STUDENT-DOC ENTS FROM UNIVERSITY OF SOUTH FLORIDA'S HONORS COLLEGE. ALL SESSIONS HELD UP TO MARCH 16, 2020, FEATURED DISCUSSIONS IN THE GALLERY DEVELOPED FROM EXHIBITION CONTENT. CONTINUED THR OUGH FEBRUARY OF 2020 WAS THE PROGRAM MUSIC AT THE MUSEUM, A PARTNERSHIP WITH THE UNIVERSI TY OF TAMPA'S MUSIC DEPARTMENT. EVERY FIRST WEDNESDAY OF THE MONTH, PERFORMING ARTISTS, OP ERA, JAZZ, THEATRE, AND MUSIC STUDENTS WAS OTHERWISE SCHEDULED TO BE PERFORMED AT THE MUSE UM BETWEEN SEPTEMBER AND MAY. MUSEUMS FROM HOME WAS CREATED TO BETTER LINK THE COMMUNITY A T HOME WITH OUR PROGRAMS. STUDIO ART PROGRAMS FOR TEENAGERS AND ADULTS IMMEDIATELY WENT VI RTUAL MONTHLY AND ONCE OUTDOOR PROGRAMMING WAS PERMITTED WITH SOCIAL DISTANCING, A PLEIN A IR PAINTING CLASS WAS SCHEDULED MONTHLY AT REGIONAL PARKS. ART SPOT WAS TURNED INTO A MONT HLY VIRTUAL PROGRAM. ONE COULD TUNE IN THE FIRST SATURDAY OF EVERY MONTH AT 9 AM FOR A FOL LOW-ALONG ART VIDEO. 6 VIRTUAL ART SPOT ACTIVITIES ALLOWED PARTICIPANTS OF ALL AGES AND AN Y SKILL LEVEL TO LEARN A NEW SKILL AND CREATE SOMETHING UNIQUE WITH PROJECTS INSPIRED BY A RTWORK ON EXHIBITION AT THE TAMPA MUSEUM OF ART. VIRTUAL ART RECESS WAS CREATED FOR THOSE AT HOME FOR PARTICIPANTS TO SET ASIDE A CREATIVE MOMENT EACH DAY TO TEMPORARILY SUSPEND TH E STRESS OF SELF-ISOLATION. EACH DAY WE POSTED A FUN AND EASY ART ACTIVITY THAT ONE COULD DO IN 20 MINUTES OR LESS. TMA ART RECESS USED FOUND OBJECTS, THINGS THAT YOU HAVE AROUND T HE HOME, OR THAT YOU CAN FIND IN NATURE. ALL LECTURES AND PRESENTATIONS WENT VIRTUAL, AND THE MUSEUM HELD 20 LIVE VIRTUAL PROGRAMS WITH GUEST SPEAKERS ACROSS THE REGION, COUNTRY, A ND WESTERN EUROPE, EIGHT OF WHICH ARE NOW FOUND ON OUR YOUTUBE CHANNEL. |

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XI, LINE 9: | WRITE OFF OF RELATED PARTY RECEIVABLE -726,723. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XII, LINE 2C: | THE PROCESS FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN IDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR. |

**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

**2020**

**Open to Public Inspection**

Name of the organization
TAMPA MUSEUM OF ART FOUNDATION INC

**Employer identification number**
31-1650423

**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 |
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**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 |
|---|---|---|---|---|---|---|---|
| **(1)**TAMPA MUSEUM OF ART INC<br>120 W GASPARILLA PLAZA<br><br>TAMPA, FL 33602<br>59-1934721 | MUSEUM | FL | 501(C)(3) | 170(B)(1)(A) | | | No |
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**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) Disproprtionate 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 | |
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**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 |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| | | Yes | No |
|---|---|---|---|
| **Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | |
| **1** During the tax year, did the orgranization 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 | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | Yes | |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | No |

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

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|
| **(1)**TAMPA MUSEUM OF ART INC | B | 342,558 | FMV |
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate 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** | | **Yes** | **No** | |
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**Part VII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| | |