			EXTENSION GRANTED TO MAY 1	-				
	0	90	Return of Organization Exempt Free	om l	ncome Tax	OMB No. 1545-0047		
Forr	n J	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	•		^{ns)} 201/		
		of the Treasury	Do not enter social security numbers on this form as	-		Open to Public		
		nue Service	► Go to www.irs.gov/Form990 for instructions and th ar year, or tax year beginning JUL 1, 2017 and end		information. UN 30, 2018	Inspection		
		- í		ang U		ation number		
D C a	heck if pplicabl	le: C Name o	forganization		D Employer identific	auon number		
	Addre		NDO MUSEUM OF ART, INC.					
						910352		
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number			
	Final return		N. MILLS AVENUE		407-8	896-4231		
	termin ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,638,981.		
	Amen return Applic		NDO, FL 32803		H(a) Is this a group re			
	_tion pendi		nd address of principal officer:GLEN GENTELE AS C ABOVE			? Yes X No		
<u> </u>	·	empt status:		527	H(b) Are all subordinates in	cluded? Yes No		
			OMART.ORG	527	H(c) Group exemption			
			X Corporation Trust Association Other ►	L Year of		State of legal domicile: FL		
		Summary		1	[•••	J		
٥	1	Briefly describ	be the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{PU}}$	JRPOS	E OF THE OR	LANDO		
anc		MUSEUM	OF ART IS TO INTERPRET AND PRESENT	THE	MOST COMPEL	LING ART		
Activities & Governance	2	Check this bo	sets. 31					
200			Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4					
<u>م</u>		Number of inc	31					
ies			of individuals employed in calendar year 2017 (Part V, line 2a)			48		
tivit			of volunteers (estimate if necessary)			560		
Act			d business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	1			
					Prior Year 1,642,246.	Current Year 1,807,900.		
ue			and grants (Part VIII, line 1h)		574,971.	625,714.		
Revenue			ce revenue (Part VIII, line 2g)		116,919.	167,372.		
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		675,222.	97,387.		
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,009,358.	2,698,373.		
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
			to or for members (Part IX, column (A), line 4)		0.	0.		
S				····· —	1,366,175.	1,407,717.		
ıse	16a	Professional f	undraising fees (Part IX. column (A). line 11e)		0.	0.		
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 201,283	3.				
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,320,475.	1,877,159.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,686,650.	3,284,876.		
	19	Revenue less	expenses. Subtract line 18 from line 12		-677,292.	-586,503.		
Net Assets or Fund Balances					ginning of Current Year	End of Year		
sset: 3alar		Total assets (I			16,377,918.	16,113,520.		
et A: nd E			(Part X, line 26)		394,017.	408,589.		
			fund balances. Subtract line 21 from line 20		15,983,901.	15,704,931.		
	rt II			ad atota:	and and to the set of	- Inconstant and the Ref. St. S.		
			I declare that I have examined this return, including accompanying schedules an			r knowledge and belief, it is		
true,	correc	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which	ı preparer	nas any knowledge.			

Sign Here	Signature of officer PATRICK J. KNIPE, CP2 Type or print name and title	A, TREASURER	Date				
	Print/Type preparer's name	Preparer's signature					
Paid	AMY CHAPMAN	AMY CHAPMAN	02/12/19 self-employed P00843460				
Preparer	Firm's name 🕞 CLIFTONLARSONA		Firm's EIN 🕨 41-0746749				
Use Only	Firm's address 📐 420 SOUTH ORANG	GE AVENUE, SUITE 500					
	ORLANDO, FL 32	301	Phone no. $407 - 802 - 1200$				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	28-17 LHA For Paperwork Reduction Act N	otice, see the separate instructions.	Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	ORLANDO MUSEUM OF ART, INC.	59-0910352	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: THE MISSION OF THE ORLANDO MUSEUM OF ART IS TO INSPIRE		
	PASSION AND INTELLECTUAL CURIOSITY BY CONNECTING PEOPLE		
	NEW IDEAS.		
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	XNo
	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	?	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth revenue, if any, for each program service reported.	iers, the total expenses, a	and
4a	1 (00 001	nue\$ 192,	114.)
ia	EXHIBITIONS - THE OMA PRESENTED 5 TEMPORARY EXHIBITIONS		/
	COLLECTION EXHIBITIONS OF THE HIGHEST ARTISTIC MERIT AN		
	IN A MANNER THAT ENHANCES THE UNDERSTANDING AND APPRECI		
	THE OMA ALSO HOLDS SEVERAL CONTINUOUS ART EXHIBITIONS T	O ENHANCE TH	E
	MISSION OF PROMOTING ART.		
4b	(Code:) (Expenses \$516,308. including grants of \$) (Reve		361.)
	EDUCATION PROGRAMS - THE OMA PRESENTS AWARD-WINNING ART		
	PROGRAMS FOR CHILDREN, GALLERY TOURS, STUDIO CLASSES, A SERVICES WHICH BENEFITED OVER 118,237 FLORIDA RESIDENTS		ር አጥ
	THE OMA AND THROUGH ITS OUTREACH SERVICES IN FISCAL YEA		5 AI
4c	(Code:) (Expenses \$ 295,995. including grants of \$) (Reve	200	240.)
40	MEMBER PROGRAMS - ART ENRICHMENT PROGRAMS ARE IMPLEMENT		
	AND 560 VOLUNTEERS, MANY OF WHOM ARE PART OF ITS MEMBER	RSHIP OF 6,08	4
	MEMBERS.		
4d	Other program services (Describe in Schedule O.)	20.102	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 2,440,334.	-32,190.)	
4e	Total program service expenses 2,440,334.	Q	

Form	990	(2017)

Part IV Checklist of Required Schedules

ORLANDO MUSEUM OF ART, INC.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	х	
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		X
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	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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		Х
с	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
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	17		х
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	Х	
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		Х

Form **990** (2017)

 Form 990 (2017)
 ORLANDO
 MUSEUM
 OF

 Part IV
 Checklist of Required Schedules (continued)
 ORLANDO MUSEUM OF ART, INC.

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		<u> </u>
	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			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
<u></u>	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?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		42
00	Note. All Form 990 filers are required to complete Schedule O	38	x	
			-	

Form **990** (2017)

	990 (2017) ORLANDO MUSEUM OF ART, INC.		59-0910	<u>352</u>	P	age 5
Par						
	Check if Schedule O contains a response or note to any line in this Part V					
			-		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable ga	aming			
	(gambling) winnings to prize winners?			1c		
2 a	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	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		1	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	-				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
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 A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	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					
	any contributions that were not tax deductible as charitable contributions?		r	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-				1
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		v
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			-		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		1	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		~
	If the organization received a contribution of qualified intellectual property, did the organization file For		1	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes, or other vehicles, did the organization of cars, boats, airplanes, airplanes		orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			0-		
	Did the sponsoring organization make any taxable distributions under section 4966?		r	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	110				
D D	amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.			104		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
U	organization is licensed to issue qualified health plans	13b				
~	Enter the amount of reserves on hand	130 13c				
	Did the comparison tion and a supercontract for independence in a supercontract the terror of 0			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		<u> </u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						1

Form <b>990</b> (2	2017)
--------------------	-------

990	(2017)	

## ORLANDO MUSEUM OF ART, INC.

_	 _

			407 09			
416	N.	MILLS	AVENUE,	ORLANDO,	FL	32803

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31			
	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	31			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		-			37
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	Х	<u> </u>
6	Did the organization have members or stockholders?			6	Δ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•		7-	х	
h	more members of the governing body?			7a	-	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			7b	х	
8	persons other than the governing body?			10		
a	The governing body?	-	-	8a	х	
b						
9					X	
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				37	
10	in Schedule O how this was done			12c	X X	
13	Did the organization have a written whistleblower policy?			13 14	X	
14	Did the organization have a written document retention and destruction policy?			14	Δ	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by ii	dependent			
2	The organization's CEO, Executive Director, or top management official			15a		Х
a h	Other officers or key employees of the organization			15a		X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					_
<b>1</b> 6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	rith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	d finan	cial	
	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 boo JOEL P. HUEY - 407-896-4231	oks ar	d records:			
	2416 N. MILLS AVENUE ORLANDO FL 32803					

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

ORLANDO MUSEUM OF ART, INC.

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

Form	990	(2017)	

**Section A. Governing Body and Management** 

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		l				npo	nout			(E)
(A)	(B)	<b>(C)</b> Position		(D)	(E)	(F)				
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				p		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC)	,	organization
	organizations	l trus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Higle	Fori			
(1) WILLIAM FORNESS	0.50									
CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.
(2) ANTHONY L. MASSEY	0.10									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) BRUCE DOUGLAS	0.30									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) BEN SUBIN	0.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(5) JUDGE WINIFRED SHARP	0.10									
VICE PRESIDENT		X		X				0.	0.	0.
(6) PATRICK T. CHRISTIANSEN	0.20									
VICE PRESIDENT		X		X				0.	0.	0.
(7) ROBERT FELDMAN	0.20									
VICE PRESIDENT		X		Х				0.	0.	0.
(8) PATRICK J. KNIPE	2.00									
TREASURER		X		Х				0.	0.	0.
(9) AMELIA MCLEOD	0.10									
SECRETARY		X		Х				0.	0.	0.
(10) ANDREW SNYDER	0.10									
TRUSTEE		X						0.	0.	0.
(11) CAROLYN BETHEL	0.10									
TRUSTEE		X						0.	0.	0.
(12) CAROLYN FENNELL	0.10									
TRUSTEE		X						0.	0.	0.
(13) CAROLYN MARTIN	0.25									
TRUSTEE		X						0.	0.	0.
(14) CYNTHIA BRUMBACK	0.25									
TRUSTEE		X						0.	0.	0.
(15) EDWARD HERBST	1.00									
TRUSTEE		X						0.	0.	0.
(16) FRANCINE NEWBERG	5.00									
TRUSTEE		x						0.	0.	0.
(17) GINGER KANE	0.10									
TRUSTEE		x						0.	0.	0.
								•	•	Form 000 (0017)

Form	990	(2017)
1 01111	000	(2017)

Name and titleAverage hours per week (list any hours for related organizations below line)Position too the check more than one officer and a director/trustee)Reportable compensation from the organizations (W-2/1099-MISC)Estimated amount of other organizations (W-2/1099-MISC)(18) JEFFREY GARCIA0.10X0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Part VII Section A. Officers, Directors, Trus	1	ploy I	ees,			ghe	st C			<b>—</b> т		-	
Name and under hours par (list any method accention that below     Instruct and the method accention that the second accention that below     Instruct and the method accention that the second accention that below     Instruct and the method accention that the second accention that the second accention that the second accention that the second accention that the the second accention the the second accention that the second accention that the the second accention that the second accention that the second accention that the the second accention the second accention that the second accention that the the second accention the second accention the second accention the second accention that the the second accention the second accention that the second accention that the the second accention the second accond accention accention than that the second accention th	(A)	(B)			•		n		(D)	(E)				
Week week week week week week week week	Name and title	Ű Ő		not cl	heck	more	than			•				
Image: status of the comparison of the companisation restated organizations below in the companisation from the companisatin from the companisation from the companisation from the companisa										•				
119) JOSEPREV GARCTA       0.10       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (23) MATHEW WEER       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (25) RAN LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00       0.00		(list any	ctor											n
119) JOSEPREV GARCTA       0.10       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (23) MATHEW WEER       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (25) RAN LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00       0.00			r dire				ted		organization	(W-2/1099-MISC	)	fror	n the	
119) JOSEPREV GARCTA       0.10       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (23) MATHEW WEER       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (25) RAN LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00       0.00			stee o	rustee			ien sat		(W-2/1099-MISC)			•		
119) JOSEPREV GARCTA       0.10       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (23) MATHEW WEER       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (25) RAN LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00       0.00		Ŭ	al tru:	onal ti		loyee	co mp							
119) JOSEPREV GARCTA       0.10       X       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00         (23) MATHEW WEER       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (24) FLOTOK WARLOW       0.100       X       0.00       0.00         (25) RAN LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00         (26) RENA LANGLEY       0.10       X       0.00       0.00       0.00       0.00			dividu	stitutio	ficer	y emp	ghest i ploye	rmer				organi	izations	<b>;</b>
THUSTER       0.10       X       0.0.0.0.         (19) JOSEPH VETTER       0.10       X       0.0.0.0.         (20) LESLIES ANDREAE       0.10       X       0.0.0.0.         (21) LUDER WITTLOCK       0.10       X       0.0.0.0.0.         (21) LUDER WITTLOCK       0.10       X       0.0.0.0.0.0.         (22) MATTHEW WEBER       0.10       X       0.0.0.0.0.0.         TRUSTEE       0.10       X       0.0.0.0.0.0.0.         (23) NICIOLAS ST. GEORGE       0.10       X       0.0.0.0.0.0.0.         TRUSTEE       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(19) TEEEDEV CADCTA	,	Ē	ű	0f	, Š	er Hi	요			$\rightarrow$			
(19) JOSEPH VETTER       0.10       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		0.10	x						0.	(			0	) _
THUSTER       X       0.       0.       0.         (20) LESLIES ANDREE       0.10       X       0.       0.       0.         (21) LUSE NUTLOCK       0.10       X       0.       0.       0.         (21) LUSE WITTLOCK       0.10       X       0.       0.       0.         (22) MATTHEW WIEBER       0.10       X       0.       0.       0.         (23) NICKOLAS ST. GEORGE       0.10       X       0.       0.       0.         (24) PICTON NARLOW       0.10       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (24) PICTON NARLOW       0.10       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0		0,10				$\vdash$					-			<u> </u>
(20) LESLIES ANDREAE       0.10       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x						0.	(	o.l		0	).
THUSTER       X       0.       0.       0.       0.         (21) LUDER WHITLOCK       0.10       X       0.       0.       0.       0.         (21) LUDER WHITLOCK       0.10       X       0.       0.       0.       0.         (22) MATTERW WEER       0.10       X       0.       0.       0.       0.         (23) NICHOLAS ST. GEORGE       0.10       X       0.       0.       0.       0.         (23) NICHOLAS ST. GEORGE       0.10       X       0.       0.       0.       0.         (24) FIGTON NARLOW       0.10       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (25) R.J. SANTOMASSINO       0.25       X       0.       0.       0.       0.       0.         (26) RENA LANGLEY       0.10       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		0.10				$\vdash$					-			-
(21) LUDER WHITLOCK       0.10       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x						0.	(	b.l		0	).
TRUSTEE       X       0.       0.       0.       0.         (22) MATTHEW WEBER       0.100       X       0.       0.       0.       0.         (23) MATTHEW WEBER       0.101       X       0.       0.       0.       0.       0.         (24) PICTON WARLOW       0.101       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		0.10				$\vdash$								_
(22) MATTHEW WEBER       0.10       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.			x						0.	(	b.l		0	).
TRUSTEE       X       0       0       0       0         (23) N.ICHOLAS ST, GEORGE       0.10       X       0       0       0       0         (24) PICTON WARLOW       0.10       X       0       0       0       0       0         (24) PICTON WARLOW       0.10       X       0       0       0       0       0         (25) R.J., SANTOMASSINO       0.25       X       0       0       0       0       0         TRUSTEE       X       0       0       0       0       0       0       0         TRUSTEE       X       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0		0.10				$\vdash$					-			_
TRUSTEE       X       0       0       0       0         (24) FUCTON WARLOW       0.10       X       0.00       0.00       0.00         (25) R.J. SANTOMASSINO       0.25       X       0.00       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00       0.00       0.00       0.00         TRUSTEE       X       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00       0.00 </td <td>TRUSTEE</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>(</td> <td>).</td> <td></td> <td>0</td> <td>).</td>	TRUSTEE		x						0.	(	).		0	).
(24) FICTON WARLOW       0.10       x       0.00.00.00.00.00.00.00.00.00.00.00.00.0	(23) NICHOLAS ST. GEORGE	0.10				$\square$					$\neg$			_
TRUSTEE       X       0.       0.       0.       0.         (25) R.J. SANTOMASSINO       0.25       X       0.       0.       0.         (26) RENA LANGLEY       0.10       X       0.       0.       0.       0.         (26) RENA LANGLEY       0.10       X       0.       0.       0.       0.       0.         TRUSTEE       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>TRUSTEE</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>(</td> <td>).</td> <td></td> <td>0</td> <td>1.</td>	TRUSTEE		X						0.	(	).		0	1.
(125) R.J. SANTOMASSINO       0.25       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(24) PICTON WARLOW	0.10												_
TRUSTEE       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	TRUSTEE		Х						0.		).		0	۱.
(26) RENA LANGLEY       0.10       X       0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		0.25												
TRUSTEE       X       0.       0.       0.       0.         1b Sub-total       ▶       0.       0.       0.       0.       0.         c Total from continuation sheets to Part VII, Section A       ▶       177, 843.       0.       5, 899.         2 Total add lines to ban 1c)       ▶       177, 843.       0.       5, 899.         2 Total add lines to and 1c)       ▶       177, 843.       0.       5, 899.         2 Total add lines to and 1c)       ▶       177, 843.       0.       5, 899.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1		0.10	X						0.	(	<u>)                                    </u>		0	<u>                                     </u>
1b       Sub-total       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		0.10							0				0	、
c       Total from continuation sheets to Part VII, Section A       1777, 843.       0.       5, 899.         d       Total (add lines 1b and 1c)       1777, 843.       0.       5, 899.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         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       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         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)														
d Total (add lines 1b and 1c)       ▶       177,843.       0.       5,899.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         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       X         4 For any individual listed on line 1 a, 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       X         5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual.       4       X         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)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         US SECURITY ASSOCIATES, INC       P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.									• •		-	5		
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       1         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       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       Name and business address       Description of services       Compensation         US SECURITY ASSOCIATES, INC       P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.														
compensation from the organization       1         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       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       Name and business address       Description of services       Compensation         US SECURITY ASSOCIATES, INC       P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.									-		·•		,055	-
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       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         US SECURITY ASSOCIATES, INC       I40, 246.       I40, 246.         P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140, 246.	· •		1030	11310	ua		5) 101	101		,000 of reportable				1
Iine 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         US SECURITY ASSOCIATES , INC       Description of services       140 , 246 .         P.O. BOX 931703 , ATLANTA , GA 31193       SECURITY GUARDS       140 , 246 .												Y	es N	<u> </u>
Iine 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         US SECURITY ASSOCIATES , INC       Description of services       140 , 246 .         P.O. BOX 931703 , ATLANTA , GA 31193       SECURITY GUARDS       140 , 246 .	3 Did the organization list any <b>former</b> officer.	director, or tru	uste	e. ke	v er	olam	ovee.	or	highest compensated e	mplovee on				
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									<b>a</b> .		- 1	3	X	5
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual														
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         US       SECURITY ASSOCIATES, INC       P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.									-		[	4	X	
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         US       SECURITY ASSOCIATES, INC       140,246.         P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.	5 Did any person listed on line 1a receive or a	accrue compei	nsat	ion f	rom	n any	/ unr	elat	ted organization or indivi	dual for services				
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)       (B)       (C)         Name and business address       Description of services       Compensation         US       SECURITY ASSOCIATES, INC       140,246.         P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .					5	X	<u>í</u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         US SECURITY ASSOCIATES, INC       P.O. BOX 931703, ATLANTA, GA 31193       SECURITY GUARDS       140,246.	Section B. Independent Contractors													
(A)     (B)     (C)       Name and business address     Description of services     Compensation       US SECURITY ASSOCIATES, INC     P.O. BOX 931703, ATLANTA, GA 31193     SECURITY GUARDS     140,246.											ensa	ation fro	m	
Name and business address     Description of services     Compensation       US SECURITY ASSOCIATES, INC     P.O. BOX 931703, ATLANTA, GA 31193     SECURITY GUARDS     140,246.	· · · ·	the calendar y	ear	endi	ng v	with	or w	ithi		/ear.				
US SECURITY ASSOCIATES, INC P.O. BOX 931703, ATLANTA, GA 31193		address								envices	C		ation	
P.O. BOX 931703, ATLANTA, GA 31193 SECURITY GUARDS 140,246.								_	Description of s	ervices		Jinpens	ation	
			19'	3					SECURTTY GUA	RDS		140	246	
Total number of independent contractors (including but not limited to the selicit of a base) who may then		, 011 51.		<u> </u>				-				110	, 4 4 0	-
Total number of independent contractors (including but not limited to these list of a base) who may then														
Total number of independent contractors (including but not limited to these list of a base) who received more than														—
2 Total number of independent contractors (including but not limited to these list of a base) who received more than														
Total number of independent contractors (including but not limited to these lists dishere) who received more than														
2 Total number of independent contractors (including but not limited to these lists dishere) who received more than														
Tatel number of independent contractors (including but not limited to these lists dishers) who received more than														
	• Tatal south as a fire land in the second s	a a baadha a ba t	-1.2			41								

Form 990 ORLANDO	MUSEUM (	OF	AI	RT,	, -	INC	2.		59-091	0352
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	byee			ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	rector				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	e,			ated		(W-2/1099-MISC)		organization
	related	Istee	truste		e	pens				and related
	organizations	al tru	onal t		oloye	com				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ē	<u> </u>	đ	Ke	Ť	ß			
(27) ROBERT SUMMERS	0.10									
TRUSTEE		X						0.	0.	0.
(28) SHARI BARTZ	0.10								0	0
TRUSTEE		Х						0.	0.	0.
(29) SIBILLE PRITCHARD	0.10									_
TRUSTEE		Х						0.	0.	0.
(30) STEPHEN GOLDMAN	0.10									
TRUSTEE		X						0.	0.	0.
(31) TED R. BROWN	4.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(32) GLEN GENTELE	45.00									
DIRECTOR & CEO		1			Х			177,843.	0.	5,899.
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		1								
		$\vdash$	-							
		1								
		1								
	<u> </u>	1								
Total to Part VII, Section A, line 1c								177,843.		5,899.

Form 990 (2		ORLANDO
Part VIII	Statemen	t of Revenue

ORLANDO MUSEUM OF ART, INC.

Fai					a in this Dout V/III			
		Check if Schedule O conta			(A) (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	1b           1c           1d           ons)         1e           s, and         If	222,921. 155,171. 432,745. 301,692. 695,371. 493,289.				
and		Total. Add lines 1a-1f			1,807,900.			
-				Business Code	i			
8	2 a	EDUCATION		611600	233,360.	233,360.		
e vic	b	PROGRAMS		713990	200,240.	200,240.		
enu Se	с	ADMISSIONS		900099	192,114.	192,114.		
Program Service Revenue	d							
б Б Ц	е							
ā	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		🕨	625,714.			
	3 4	Investment income (including of other similar amounts) Income from investment of tax			167,372.			167,372.
	5	Royalties		🕨				
	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 356,474. 149,788. 206,686.	(ii) Personal				
		Net rental income or (loss)		<b>&gt;</b>	206,686.			206,686.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses						
		Gain or (loss)						
Other Revenue	8 a	Net gain or (loss)         Gross income from fundraising including \$ 432,7         contributions reported on line         Part IV, line 18	g events (not <u>45 •</u> of 1c). See a	580,484.				
Gŧ		Less: direct expenses		657,594.	77 110			77 110
		Net income or (loss) from fund	-	<b>▶</b>	-77,110.			-77,110.
	9 а	Gross income from gaming act Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gami		►				
		Gross sales of inventory, less r	-					
		and allowances Less: cost of goods sold	b	95,062. 133,226.	29 164	29 164		
ł	С	Net income or (loss) from sales		1	-38,164.	-38,164.		
	11 a b	Miscellaneous Revenue MISCELLANEOUS I		Business Code 900099	5,975.	5,975.		
	D				i			+
	u c					I		
		All other revenue						
	c d	All other revenue		▶	5,975. 2,698,373.	593,525.	0	. 296,948.

Part IX Statement of Functional Expenses

ORLANDO MUSEUM OF ART, INC.

Do not include amounts reported on lines (	ns a response or note to any line ir <b>5b,</b> (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
<b>1</b> Grants and other assistance to domestic of	ganizations			
and domestic governments. See Part IV, li	ne 21			
2 Grants and other assistance to dome	stic			
individuals. See Part IV, line 22				
3 Grants and other assistance to foreig	n			
organizations, foreign governments, a	nd foreign			
individuals. See Part IV, lines 15 and ⁻	16			
4 Benefits paid to or for members				
5 Compensation of current officers, dire		100.010	0.5.005	
trustees, and key employees		130,318.	27,925.	27,925
6 Compensation not included above, to disq	ualified			
persons (as defined under section 4958(f)	(1)) and			
persons described in section 4958(c)(3)(B	)			
7 Other salaries and wages	1,047,932.	553,775.	403,297.	90,860
8 Pension plan accruals and contributions (in				
section 401(k) and 403(b) employer contri	butions) 6,613.	4,629.	992.	992
9 Other employee benefits	77,466.		26,831.	12,344
0 Payroll taxes	89,538.	53,054.	26,927.	9,557
1 Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	24 (20)		24,620.	
d Lobbying				
e Professional fundraising services. See Part				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of				
column (A) amount, list line 11g expenses	on Sch 0.) 176,818.	156,205.	5,141.	15,472
2 Advertising and promotion	91,635.	91,635.		
3 Office expenses	66,221.	55,616.	4,566.	6,039
4 Information technology				
5 Royalties				
6 Occupancy	410 010	384,608.	17,536.	8,768
7 Travel				
8 Payments of travel or entertainment e				
for any federal, state, or local public o	•			
9 Conferences, conventions, and meeti		20,139.	8,611.	8,167
0 Interest	· · · · · · · · · · · · · · · · · · ·	, -		
1 Payments to affiliates				
2 Depreciation, depletion, and amortiza		337,456.	15,386.	7,693
3 Insurance	25 707	18,875.	6,832.	,
4 Other expenses. Itemize expenses not cove				
above. (List miscellaneous expenses in line	e 24e. If line			
24e amount exceeds 10% of line 25, colun amount, list line 24e expenses on Schedul				
a ACTIVITY EXPENSE	300,918.	300,918.		
b SECURITY GUARDS	125,851.	125,851.		
c SUPPLIES AND MATERI		67,876.	7,904.	4,119
d ART PURCHASE	76,773.	76,773.	. ,	-,
e All other expenses	100,353.	24,315.	66,691.	9,347
5 Total functional expenses. Add lines 1 thr		2,440,334.	643,259.	201,283
<b>5</b> Joint costs. Complete this line only if the o	• · ·	_,,	,	_0_7200
reported in column (B) joint costs from a c	-			
educational campaign and fundraising soli				
Check here Check here	C 958-720)			

ORLANDO	MUSEUM	OF	ART,	INC.

59-0910352 Page 11

		Observed if Oshersheld Oshersheld a supervision of the second state		line in this Dort V			1 1
		Check if Schedule O contains a response or note	e to any				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			67,965		64,831.
	2	Savings and temporary cash investments			391,66		315,993.
	3	Pledges and grants receivable, net			65,900	). 3	58,075.
	4	Accounts receivable, net		F	58,839	• 4	87,065.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of secti	ion 501	(c)(9) voluntary			
t2		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ϋ́	8	Inventories for sale or use			36,565		35,171.
	9	Prepaid expenses and deferred charges			114,600	5.9	110,751.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	17,944,170.			
	b	Less: accumulated depreciation	10b	9,888,572.	8,456,948		
	11	Investments - publicly traded securities			5,345,31	5 11	5,375,937.
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,840,113		2,010,099.
	16	Total assets. Add lines 1 through 15 (must equa		1	16,377,918	-	16,113,520.
	17	Accounts payable and accrued expenses			160,11	• 17	184,922.
	18	Grants payable				18	
	19	Deferred revenue			209,729		208,729.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ties	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee		· · ·		00	
Lia	00	Complete Part II of Schedule L			24,173	22	14,938.
	23 24	Secured mortgages and notes payable to unrela		-	27,17.	· • 23 24	14,550.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay					
	25	parties, and other liabilities not included on lines	, ,				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25		F	394,01		408,589.
		Organizations that follow SFAS 117 (ASC 958)					
s		complete lines 27 through 29, and lines 33 and					
DC6	27	Unrestricted net assets			6,871,640	) . 27	6,409,639.
3ala	28	Temporarily restricted net assets			2,335,71		2,513,246.
P	29	Permanently restricted net assets		<u></u> [	6,776,540	. 29	6,782,046.
۳.		Organizations that do not follow SFAS 117 (AS	SC 958	, check here 🕨 🗌			
P		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	luipmen	t fund		31	
let	32	Retained earnings, endowment, accumulated inc		-		32	
~	33	Total net assets or fund balances			15,983,901		15,704,931.
	34	Total liabilities and net assets/fund balances			16,377,918	3. 34	16,113,520.

## Part X Balance Sheet

Form	990	(2017)

Form	ORLANDO MUSEUM OF ART, INC.	59-	09103	52	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
			•	<b>~ ~ ~ ~</b>		<b>–</b> ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		698		
2	Total expenses (must equal Part IX, column (A), line 25)	2		284		
3	Revenue less expenses. Subtract line 2 from line 1	3		586		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,	983		
5	Net unrealized gains (losses) on investments	5		307	, 5	63.
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			-	30.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		4 -			~ 4
	column (B))	10	15,	704	1,9	31.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	— [		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		F			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:       Image: Separate basis       Image: Separate basis         X       Separate basis       Image: Separate basis       Image: Separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	lit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				orm 9	<b>990</b> (	2017)

Department of the Treasury

Internal Revenue Service

1	Form	990	or	990-EZ
1	FUIII	330	U	330-LZ

# 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
2017
Open to Public Inspection

Nam	Name of the organization Employer identification number								
				OF ART, INC					9-0910352
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	<b>(b)(1)(A)(i</b> i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit describ	bed 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 norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	ind gross receipts from
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section {	509(a)(3). 🤇	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	typically by	' giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting orga	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). <b>You mus</b>	-						
С		☐ Type III functionally inte						Illy integrate	ed with,
		its supported organization	() (	· ·			-		
d		Type III non-functionally	• •					Ũ	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	zation.			
		er the number of supported of	-						
g		vide the following informatior i) Name of supported	(ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
	``	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
		-		above (see instructions))	103				
Tota									

### Schedule A (Form 990 or 990-EZ) 2017 ORLANDO MUSEUM OF ART, INC. Part II

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(	<b>e)</b> 2017	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization'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								-
Ŭ	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,								
6	• • • • • • • • • • • • • • • • • • • •								_
	Public support. Subtract line 5 from line 4.								-
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	6	<b>e)</b> 2017	(f) Total	_
	Amounts from line 4	(a) 2013	(b) 2014	(0) 2013	(0) 2010		6/2017	(1) 10121	-
8	Gross income from interest.								-
0									
	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					<b> </b>			
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					<b> </b>			
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501	(c)(3)		_
_	organization, check this box and stor								
	ction C. Computation of Publ								
14	Public support percentage for 2017 (	line 6, column (f) d	ivided by line 11,	column (f))		14			%
	Public support percentage from 2016					15			%
<b>1</b> 6a	33 1/3% support test - 2017. If the o								_
	${\color{black} stop}$ here. The organization qualifies	as a publicly supp	orted organizatio	n				►	
b	33 1/3% support test - 2016. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or m	ore, check th	nis box	_
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation				▶∟	
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and lin	ie 14 is 10%	or more,	
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI h	ow the organ	ization	_
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization				]
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th	ne "facts-and-circu	imstances" test, c	heck this box and	<b>stop here.</b> Explai	n in Pa	rt VI how the	•	
	organization meets the "facts-and-circ								
18	Private foundation. If the organization								]
	<b></b>		/						_

### Schedule A (Form 990 or 990 EZ) 2017 ORLANDO MUSEUM OF ART, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,127,640. 2,935,530 1,638,938 1,642,246 1,807,900 12,152,254. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 567,663. 662,024. 639,864. 662,331. 720,776. 3,252,658. 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 4,767,504 3,503,193 2,300,962 2,304,577 2,528,676 15,404,912. 7a Amounts included on lines 1, 2, and 0. 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 0 0. c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 15,404,912. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (d) 2016 (e) 2017 (b) 2014 (c) 2015 (f) Total 9 Amounts from line 6 2,304,577 4,767,504 3,503,193 2,300,962 2,528,676 15,404,912. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 336,813. 380,802. 408,296. 450,347. 523,846. 2,100,104. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 336,813 380,802. 408,296. 450,347. 523,846. 2,100,104. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is 369,696. 524,524. 354,707. Ο. 1,248,927. regularly carried on **12** Other income. Do not include gain or loss from the sale of capital 1,253. 1,834 3,406. 5,975 12,468. assets (Explain in Part VI.) 4,239,955. 3,080,788. 3,282,854. 3,058,497. 18,766,411. 5,104,317. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 82.09 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 % 84.28 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 11.19 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 % 8.95 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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.*
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.*
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **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.*
- **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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 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).*
- **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.**
- **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.**
- 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.**
- **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 10b below.* 
  - **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.)

	res	NO
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

10b

# Schedule A (Form 990 or 990-EZ) 2017 ORLANDO MUSEUM OF ART, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sec	tion 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		
Sec	tion 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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				
	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 (a) and (b) below.			
а				
	trustees of each of the supported organizations? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		

### Schedule A (Form 990 or 990-EZ) 2017 ORLANDO MUSEUM OF ART, INC.

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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functional	v intear	ated Type III supporting org	anization (see

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	i	i	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
e	Excess from 2017			

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	
2014 AMOUNT: \$	1,253.
2015 AMOUNT: \$	1,834.
2016 AMOUNT: \$	3,406.
2017 AMOUNT: \$	5,975.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organized	zation

** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

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

OMB No. 1545-0047

# 2017

Employer identification number

	ORLANDO MUSEUM OF ART, INC.	59-0910352
Organization type (chec	sk one):	-
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

### **General Rule**

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

### Special Rules

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

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

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

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

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
1		\$     11,250.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
2		\$5,000. Person X Payroll D Noncash D (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		*     35,000.       *     (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		*     10,000.       *     10,000.   Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		Person     X       \$     22,000.       (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
6		\$     10,000.     Person     X       Payroll     Noncash     (Complete Part II for noncash contributions.)	

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>11,784.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$11,820.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>21,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$5,000.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$11,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$8,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution
		- \$ 5,000.	Person X Payroll Noncash
		-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- \$\$11,960.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		- \$\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$6,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
723452 11-01	I-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
22		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
23		\$ <u>58,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
24		\$ <u>26,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
52		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d)	
<u>No.</u>	Name, address, and ZIP + 4	\$6,550.	Type of contribution         Person       X         Payroll	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4	างเล่า contributions		
26		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Part I (a) No.

27

(a) No.

28

Employer identification number

50 0010252

ORLANDO MUSEUM OF ART, INC

DO MUSEUM OF ART, INC.		59-0910352
Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contribution	s Type of contribution
	\$11,0	Person       X         Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contribution	s Type of contribution
	\$150,0	Person     X       Payroll     Image: Complete Part II for poncesh contributions )

(a) No. 29	(b) Name, address, and ZIP + 4	\$ 150,000.       Noncash         (Complete Part II for noncash contributions.)         (c)       (d)         Total contributions       Type of contribution         \$ 11,000.       Person       X         Payroll       Noncash       Noncash
(a)	(b)	(Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
30		\$10,500.       Person X         Payroll I       Noncash I         (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$10,000.     Person X Payroll D Noncash D (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$ 10,000.     Person X Payroll Noncash (Complete Part II for noncash contributions.)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$ 17,000.     Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
34		\$5,000.       Person X         Payroll I       Noncash I         (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) (d) Total contributions Type of contribution
35	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$ 5,000.     Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
36		\$ 14,000.     Person     X       Payroll     Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		\$9,375.       Person X         Payroll         Noncash         (Complete Part II for noncash contributions.)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$48,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

59-0910352

ORLANDO MUSEUM OF ART, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$220,914.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$7,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ORLANDO MUSEUM OF ART, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Noncash Property (see instructions). Use duplicate copies of Part II		
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
DECORATIONS	_	
	\$5,000.	10/17/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
DECORATIONS	_	
	\$11,820.	10/17/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
SCHOOL BACKPACKS	_	
	\$5,000.	10/17/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
USE OF TWO GRAND PIANOS IN ROTUNDA	_	
	\$11,000.	11/17/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_   _   _ \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-	
	Description of noncash property given         DECORATIONS         (b)         Description of noncash property given         DECORATIONS         DECORATIONS         (b)         Description of noncash property given         SCHOOL BACKPACKS         SCHOOL BACKPACKS         Description of noncash property given         USE OF TWO GRAND PIANOS IN ROTUNDA         Description of noncash property given         (b)         Description of noncash property given	(b)     FMV (or estimate) (See instructions.)       DECORATIONS     s

59-0910352

Name of orga	anization		Employer identification number					
ORLAND	O MUSEUM OF ART, INC.		59-0910352					
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	ntributions to organizations describe	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religion	ous, charitable, etc., contributions of \$1,000 o	or less for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additio	nal space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
raiti								
-		e) Transfer of gi	l					
		(0) 112110101 01 9.						
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
_								
		(e) Transfer of gi	ift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gi	ift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
		[						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(b) Fulpose of girt							
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
F								
		[						

**SCHEDULE D** 

(Form 9	90)
---------	-----

I

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.



Employer identification number

59-0910352

Department of the Treasury Internal Revenue Service Name of the organization

ORLANDO	MUSEUM	OF	ART.	INC.	
		<b>0T</b>		<b>T</b> 110	

Par	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
		organization answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	<b>(b)</b> F	Funds and other accounts		
1	Total	number at end of year					
2		egate value of contributions to (during year)					
3	Aggre	egate value of grants from (during year)					
4	Aggre	egate value at end of year					
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds			
	are th	e organization's property, subject to the organization's	exclusive legal control?		Yes 📖 No		
6	Did th	e organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only	/		
	for ch	aritable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose	e conferring	9		
Par	tll	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, lin	e 7.		
1	Purpo	ose(s) of conservation easements held by the organizati					
		Preservation of land for public use (e.g., recreation or e					
		Protection of natural habitat	Preservation of a cer	tified histo	ric structure		
		Preservation of open space					
2	Comp	plete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conse			
	,	f the tax year.			Held at the End of the Tax Year		
а		number of conservation easements			a		
b				······ —	b		
		per of conservation easements on a certified historic str		·····			
d		per of conservation easements included in (c) acquired					
_		in the National Register					
3		per of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ie organiza	tion during the tax		
	year						
4		per of states where property subject to conservation ea					
5		the organization have a written policy regarding the per					
•		ions, and enforcement of the conservation easements i					
6	Staff	and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cor	iservation (	easements during the year		
7	Amo:	int of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concerv	otion accou	mente during the year		
'	► \$	int of expenses incurred in monitoring, inspecting, hand	and enorcing conserva	allon easei	ments during the year		
8		each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17(	)(h)(4)(B)(i)			
Ŭ		ection 170(h)(4)(B)(ii)?			Yes No		
9		t XIII, describe how the organization reports conservati					
•		le, if applicable, the text of the footnote to the organization	•				
		ervation easements.		, and england			
Par	t III	Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Sir	nilar Assets.		
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and I	balance sheet works of art,		
	histor	ical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of pul	blic service, provide, in Part XIII,		
	the te	xt of the footnote to its financial statements that descri	bes these items.				
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and bala	nce sheet works of art, historical		
	treasu	ures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	ublic servic	e, provide the following amounts		
	relatir	ng to these items:					
	(i) R	evenue included on Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X 🕨 12, .						
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, pro	ovide		
	the fo	llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Reve	nue included on Form 990, Part VIII, line 1		🕨	► \$		
b	Asset	s included in Form 990, Part X			► \$		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
70005	

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(construed)         9       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items         (meck all that apply).         a       X       Public exhibition       d       X       Loan or exchange programs         b       X       Scholarly research       d       X       Loan or exchange programs         c       X       Previse a description of the organization collections and explain how they further the organization's exception of the organization collection?       Yes       No         Part V       Description of the organization collection?       Yes       No       No         Part V       Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 90, Part IV, line 9, or reported an amount on Form 90, Part X, line 21.       Yes       No         b       If Yes, explain the arrangement in Part XIII. do complete the following table:       Amount       10       10         c       Beginning balance       10       11       11       11       11       11         a       Is the organization include an amount on Form 90, 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 exp	Sche	hedule D (Form 990) 2017 ORLANDO MUSEUM OF ART, INC. 59-0910352 Page 2										
clock all that apply:       a       A       Pole exhibition       d       ▲       Loan or exchange programs         b       ▲       Scholarly research       e       Other	Par	t III Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	or Othe	er Simi	lar Asse	<b>ts</b> (contir	nued)	
a       A       Public exhibition       d       X       Loan or exchange programs         b       X       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following tha	at are a s	ignificant	t use of its	collectio	n item	s
b       X       Scholarly research       e       Other												
c       ☐ Preservation for future generations         4       Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solect or receive donations of art, historical treasures, or other similar assets       to see sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form BOD, 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, line 21.       In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         bit fives, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	а		d	<u> </u>	oan or excl	nange progra	ams					
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, dit the organization scilocitor of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         c       Beginning balance         d       Additions during the year         e       Distributions during the year         f       Teding balance       10         gent the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Yes <th>b</th> <th></th> <th>е</th> <th>L C</th> <th>other</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b		е	L C	other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assits to be solid to raise funds rather than to be maintained as part of the organization's collection?       Yes       X No.         Part IV       Escrow and Cutsdoilal 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.       Is the organization angent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No.         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       1       1         c       Beginning balance       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1<	С											
tops rold to raise funds rather than to be maintained as part of the organization's collection?         Yes         X No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization include an amount on Form 990, Part X, line 21. for secrew or custodial account liability?         Is the organization as were of Ves' on Form 990, Part IV, line 10.           Part dowement Funds. Complete if the organization answered	4								oose in Par	t XIII.		
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/       Ves       No         b       If "yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       No         b       If "yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or custodial account liability?       Ves       No         b       If "yes," explain the arrangement in Part XII.       Complete it the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete it the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete it the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       [a] Current year       [c] Two years back (d) Tree years back (e) Four years back (e)	5									7	37	7
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, line 21, for escrew or custodial account liability?       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Amount         c Beginning balance       1c       Image: Complete the following table:       Image: Complete table: <th>Der</th> <th></th> <th>No</th>	Der											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7	Par			ete if the o	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	•	
on Form 990, Part X?         Yes         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         1d           d         Additions during the year         1d           e         Distributions during the year         1d           a         Distributions during the year         1d           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Int         1d           Part V         Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part X, line 10.         Int 10.         Int 10.           Tead Beginning of year balance         (a) Current vear (b) Prover (c) Prove art (c) Prove yeart							4 4					
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>d</li> <li>Amount</li> <li>d</li> </ul> a         Distributions during the year         1d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d         d	1a			-						Vee		
c       Beginning balance       Ic       Amount         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization naswered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Four years back (e) Four years back (d) Four years back (e) Four years back (d) Four years back (d) Three years back (e) Four years bac	h								······ L	l res		
c       Beginning balance       1c       1d         d       Additions during the year       1d       1d         Distributions during the year       1f       1d         2a       Distributions during the year       1d       1f       1d         2a       Distributions during the year       1d       1f       1d       1d         2a       Distributions during the year       1d       1d       1d       1d         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       1d       1d       4d/s3.53.55.         1d       Grants or scholarships       5, 36.5, 315.       5, 264.674.4       4, 474.953.4       4, 322.94.957.7         1d       de organizations       250.648.       -1,000.000.       1d       1d       1d       1d       2d/s3.64.201.977.7         1d       de organizations endowment b       79.00       %       5,375.937.5.345.315.5.264.674.4       4,47	b	in res, explain the arrangement in Part XIII	and complete the lo	nowing ta	able.					Amoun	+	
d Additions during the year       Id         e Distributions during the year       Id         f Ending balance       It         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?       Yes         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: the provided on Part Xill         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: the provided on Part Xill         1a Beginning of year balance       [a) Current year       (b) Prior year       (c) Tweys Task (d) Three years back (e) Four years back is the four years back is thefour years back is thefour years back is the four years back is	~	Beginning halance						10		Amoun	ι	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Iwo years back       (d) Ihree years back       (e) Four years back         1a       Beginning of year balance       5, 345, 315, 5, 264, 674, 4, 474, 953, 4, 322, 994, 4, 054, 567, 5, 000, 3, 000, 277, 026, 7, 150, 000, 278, 026, 7, 150, 000, 278, 026, 7, 150, 000, 278, 026, 7, 150, 000, 278, 026, 7, 150, 000, 278, 026, 7, 150, 000, 000, 000, 000, 000, 000, 000												
f       Ending balance       11         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 arangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes       No         b       If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Comparison of the explanation has been provided on Part XIII.       Image: Comparison of the explanation has been provided on Part XIII.         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Wears back       (d) Three years back is the stack.         b       contributions       5, 500.       5, 600.       9, 000.       275, 026.       7, 150.         c       No bits       5, 500.       5, 600.       9, 000.       275, 026.       7, 150.         c       Other expenditures for facilities       250, 648.       -1, 000, 000.       100, 977.       9         g       End of year balance       5, 375, 537.       5, 345, 315.       5, 246, 674.       4, 474, 953.       4, 322, 994.         2       Provide the estimated percentage of the current yeare end balance (line 1g, co												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, 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       5, 500.       5, 600.       9, 000.       275, 026.       7, 150.         c       No thinvestment earnings, gains, and losses       304, 948.       362, 790.       -31, 740.       110, 537.       463, 254.         d       Grants or scholarships       250, 648.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 010, 537.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       201, 977.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 010, 537.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       4, 322, 994.       201, 977.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000.       -1, 000, 000. </th <th>f</th> <th></th>	f											
b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         ↓           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         ↓           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           5,345,315.         5,264,674.         4,474,953.         4,322,994.         4,054,567.           b         Contributions         5,300.         5,600.         9,000.         275,026.         7,150.           c         Net investment earnings, gains, and losses         304,948.         362,790.         -31,740.         110,537.         463,254.           d         Cher expenditures for facilities         250,648.         -1,000,000.         -         -           and programs         250,648.         -1,000,000.         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -	2a									Yes		No
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         5,345,315.         5,264,674.         4,474,953.         4,322,994.         4,054,567.           b         Contributions         5,500.         5,600.         9,000.         275,026.         7,150.           c         Other expenditures for facilities         304,948.         362,790.         -31,740.         110,537.         463,254.           c         Other expenditures for facilities         250,648.         -1,000,000.         100,537.         432,22,994.           c         Other expenditures for facilities         29,178.         287,749.         187,539.         233,604.         201,977.           g         End of year balance         5,375,937.         5,345,315.         5,264,674.         4,474,953.         4,322,994.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment ▶         20.00         %           b         Permanent endowment ▶         79.00         %         %         3a(ii) X         3a(ii) X           i0         unrelated organizations         1.00         %         3a(iii) X		0										]
1a       Beginning of year balance       1       5,345,315       5,264,674       4,474,953       4,322,994       4,054,567         b       Contributions       5,500       5,600       9,000       275,026       7,150         c       Net investment earnings, gains, and losses       304,948       362,790       -31,740       110,537       463,254         d       Grants or scholarships	Par	rt V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo	rm 990, Parl	t IV, line	10.				
b       Contributions       5,500, 5,600, 9,000, 275,026, 7,150, 304,948, 362,790, -31,740, 110,537, 463,254, 304,948, 362,790, -31,740, 110,537, 463,254, 304,948, 362,790, -31,740, 110,537, 463,254, 400,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000, 100,000,0			(a) Current year	<b>(b)</b> Pri	ior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	' years	back
c       Net investment earnings, gains, and losses       304,948, 362,790, -31,740, 110,537, 463,254.         d       Grants or scholarships	1a	Beginning of year balance		5,	264,674.	4,47	4,953.	4,	322,994.	4	,054,	567.
d Grants or scholarships	b	Contributions	5,500.		,		9,000. 275,026.				7,	150.
e       Other expenditures for facilities and programs       250,648.       -1,000,000.         f       Administrative expenses       29,178.       287,749.       187,539.       233,604.       201,977.         g       End of year balance       29,178.       287,749.       187,539.       233,604.       201,977.         g       End of year balance       5,375,937.       5,345,315.       5,264,674.       4,474,953.       4,322,994.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       20.00       %         b       Permanent endowment ▶       10.00       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       %       % <t< th=""><th>С</th><th>Net investment earnings, gains, and losses</th><th>304,948.</th><th></th><th>362,790.</th><th>- 3</th><th>1,740.</th><th></th><th>110,537.</th><th></th><th>463,</th><th>254.</th></t<>	С	Net investment earnings, gains, and losses	304,948.		362,790.	- 3	1,740.		110,537.		463,	254.
and programs       250,648.       -1,000,000.         f       Administrative expenses       29,178.       287,749.       187,539.       233,604.       201,977.         g       End of year balance       5,375,937.       5,345,315.       5,264,674.       4,474,953.       4,322,994.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       Board designated or quasi-endowment ▶       20.00 %         b       Permanent endowment ▶       79.00 %       %       ************************************	d	Grants or scholarships										
f       Administrative expenses       29,178.       287,749.       187,539.       233,604.       201,977.         g       End of year balance       5,375,937.       5,345,315.       5,264,674.       4,474,953.       4,322,994.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       20.00 %         b       Permanent endowment ▶       1.00 %       %         c       Temporarily restricted endowment ▶       1.00 %       %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       3a(i)       X         (i)       unrelated organizations       3a(ii)       x       3b       4         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       4         4       Describe in Part XIII the intended uses of the organization's endowment funds.       4       2,536,638.       2,536,638.         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.       (d) Book value depreciation         1a       Land       2,536,638.       2,536,638.       2,536,638.	е											
g End of year balance       5,375,937       5,345,315       5,264,674       4,474,953       4,322,994         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       20.00       %         b Permanent endowment ▶       79.00       %       ************************************			,									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶       20.00       %         b       Permanent endowment ▶       79.00       %         c       Temporarily restricted endowment ▶       1.00       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       3a(i)       X         (ii)       urelated organizations       3a(i)       X       3a(i)       X         b       ff "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(i)       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.        3b       3b         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.       (d) Book value         1a       Land       2,536,638.       2,536,638.       2,536,638.         b       Buildings       13,027,013.       8,094,852.       4,932,161.         c       Leasehold improvements       458,963.       274,236.       184,727.					-		·		,			
a Board designated or quasi-endowment ▶       20.00       %         b Permanent endowment ▶       79.00       %         c Temporarily restricted endowment ▶       1.00       %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>basis (other)</li> <li>(e) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Accumulated</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(f) 0.027, 013.</li> <li>(f) 0.027, 013.</li> <li>(f) 0.04, 852.</li> <li>(f) 0.027, 013.</li> <li>(f) 0.04, 852.</li> <li>(f) 0.027, 013.</li> <li>(f) 0.04, 85</li></ul>	g			,	,	-	4,674.	4,	474,953.	4	,322,	994.
b       Permanent endowment ▶       79.00       %         c       Temporarily restricted endowment ▶       1.00       %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI     Land, Buildings, and Equipment.     3b     3b     3b     3b     3b     3b     3b     3b     3b     3c     3c <th></th> <th></th> <th></th> <th></th> <th>ı, column (a</th> <th>)) held as:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>					ı, column (a	)) held as:						
c       Temporarily restricted endowment ▶       1.00       %         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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations isted as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>basis (investment)</li> <li>basis (other)</li> <li>basis (other)</li> <li>basis (other)</li> <li>c) Accumulated depreciation</li> <li>(a) Cost or other 458, 963, 274, 23</li></ul>				_%								
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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations is set as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> </ul> 1a Land       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852. <li>(c) Leasehold improvements</li>												
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)       X         (ii) related organizations       3a(ii)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.       12,310.	С											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1 Land 2,536,638. b Buildings (d) Book value (d) Book value 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,638. 2,536,6	30		-	ation that	are held a	nd administe	ared for t	he organ	ization			
(i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3c         Part VI       Land, Buildings, and Equipment.       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         1a Land       2,536,638.       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.       12,310.	04			anon mai				ne organ	Ization	I	Vas	No
(ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       9       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       2,536,638.       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.       12,310.		-								3a(i)	103	
b       If "Yes" on line 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 (other)       (c) Accumulated depreciation         1a       Land       2,536,638.       2,536,638.         b       Buildings       13,027,013.       8,094,852.       4,932,161.         c       Leasehold improvements       458,963.       274,236.       184,727.         d       Equipment       1,909,246.       1,519,484.       389,762.         e       Other       12,310.       12,310.       12,310.												
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         1a Land       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.       12,310.	b											
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.         (d) Book value           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         2,536,638.         2,536,638.         2,536,638.         2,536,638.           b Buildings         13,027,013.         8,094,852.         4,932,161.           c Leasehold improvements         458,963.         274,236.         184,727.           d Equipment         1,909,246.         1,519,484.         389,762.           e Other         12,310.         12,310.         12,310.											I	
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         2,536,638.         2,536,638.         2,536,638.         2,536,638.           b Buildings         13,027,013.         8,094,852.         4,932,161.           c Leasehold improvements         458,963.         274,236.         184,727.           d Equipment         1,909,246.         1,519,484.         389,762.           e Other         12,310.         12,310.         12,310.	Par											
basis (investment)         basis (other)         depreciation           1a Land         2,536,638.         2,536,638.           b Buildings         13,027,013.         8,094,852.         4,932,161.           c Leasehold improvements         458,963.         274,236.         184,727.           d Equipment         1,909,246.         1,519,484.         389,762.           e Other         12,310.         12,310.         12,310.		Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990	), Part X,	, line 10.				
1a Land       2,536,638.       2,536,638.         b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.       12,310.		Description of property			(b) Cost	or other	(c) A	ccumulat	ed	(d) Boo	k value	Э
b Buildings       13,027,013.       8,094,852.       4,932,161.         c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.												
c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.	1a	Land										
c Leasehold improvements       458,963.       274,236.       184,727.         d Equipment       1,909,246.       1,519,484.       389,762.         e Other       12,310.       12,310.												
e Other												
	d	Equipment					1,	519,4	84.	38	9,7	62.
						-						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8, 055, 598.	Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, colum	n (B), line 1	0c.)				-	-	

Schedule D (Form 990) 2017

(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	L		
Complete if the organization answered "Yes"	on Form 000 Bart IV	line 11e See Form 000 Part	V line 12
(a) Description of investment	(b) Book value		tion: Cost or end-of-year market value
			tion. Cool of one of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Part	X, line 15.
(a)	Description		(b) Book value
(1) BENEFICIAL INTEREST IN AS	SETS HELD F	BY OTHERS	2,010,099.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		2,010,099.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ə 15.)		2,010,099.
Complete if the organization answered "Yes"	on Form 990, Part IV,		0, 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	e 25.)		
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>		te to the organization's finan	cial statements that reports the
organization's liability for uncertain tax positions under			
			Schedule D (Form 990) 2017

### Schedule D (Form 990) 2017 ORLANDO MUSEUM OF ART, INC. Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

(1) Financial derivatives(2) Closely-held equity interests

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

(b) Book value

(c) Method of valuation: Cost or end-of-year market value

732053 10-09-17

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	etur	n.
	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	4,183,519.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	307,563.		
b	Donated services and use of facilities	2b	236,975.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	940,608.		
е	Add lines 2a through 2d			2e	1,485,146.
	Subtract line 2e from line 1			3	2,698,373.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,698,373.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
4	Total expenses and losses per audited financial statements			1	4,462,489,

ORLANDO MUSEUM OF ART, INC.

1	Total expenses and losses per audited financial statements			1	4,462,489.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	236,975.		
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	940,638.		
	Add lines 2a through 2d			2e	1,177,613.
3	Subtract line 2e from line 1			3	3,284,876.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,284,876.
Pa	t XIII Supplemental Information.				

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

## PART III, LINE 4:

Schedule D (Form 990) 2017

THE ORGANIZATION'S PERMANENT COLLECTION INCLUDES AMERICAN ART, ART OF THE ANCIENT AMERICAS, AND AFRICAN ART; THIS COLLECTION ADDRESSES THE OMA'S

GOAL TO ACQUIRE UNIQUE, CULTURALLY DIVERSE AND INTERNATIONALLY RECOGNIZED

COLLECTIONS TO FURTHER ITS EXEMPT PURPOSE AS AN EDUCATIONAL INSTITUTION.

PART V, LINE 4:

GENERATE EARNINGS TO FUND OPERATIONS.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

### DIRECT EXPENSES OF FUNDRAISING EVENTS

#### COST OF GOODS SOLD OF MUSEUM SHOP SALES

657,594.

Schedule D (Form 990) 2017 ORLANDO MUSEUM OF ART, INC. Part XIII Supplemental Information (continued)	59-0910352 Page 5
RENTAL EXPENSES	149,788.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	940,608.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT EXPENSES OF FUNDRAISING EVENTS	657,594.
COST OF GOODS SOLD OF MUSEUM SHOP SALES	133,226.
RENTAL EXPENSES	149,788.
BAD DEBTS	30.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	940,638.

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	e organization answered "Yes" on organization entered more than \$1 Attach to Form 990 Go to www.irs.gov/Form990	Form 990, 5,000 on Fo ) or Form 9 for the late	Part IV, line 17, 18, o orm 990-EZ, line 6a. 90-EZ.	or 19, or if the Employer	OMB No. 1545-0047 <b>2017</b> Open to Public Inspection			
	MUSEUM OF ART, IN		on Form 990, Part IV,	59-09: line 17. Form 990				
<ul> <li>Indicate whether the organization rai</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written</li> </ul>	sed funds through any of the followir e Solicitat s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of non-g tion of gove fundraising (including o professional	government grants rnment grants events officers, directors, tru fundraising services	stees, or	<b>/es No</b> to be			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i)	y) to (or retained by)			
		Yes No	_					
Total								
3 List all states in which the organization or licensing.	3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							

Schedule G (Form 990 or 990-EZ) 2017

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

		of fundraising event contributions and gro	oss income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FESTIVAL OF			(add col. (a) through
			TREES	ANTIQUE SHOW	1	col. (c)
ē			(event type)	(event type)	(total number)	
Revenue						
Sev	1	Gross receipts	838,834.	149,894.	24,501.	1,013,229.
-			252 222	50.040		
	2	Less: Contributions	373,803.	58,942.		432,745.
			465,031.	90,952.	24,501.	580,484.
	3	Gross income (line 1 minus line 2)	405,051.	90,952.	24,301.	500,404.
	4	Cash prizes				
	-	Cash phzes				
	5	Noncash prizes				
es	ľ					
Direct Expenses	6	Rent/facility costs				
Exp						
act	7	Food and beverages				
Diz						
	8	Entertainment				
	9	Other direct expenses		82,632.	24,501.	657,594.
	10	Direct expense summary. Add lines 4 through				657,594.
Da	11 art	Net income summary. Subtract line 10 from li		- 000 Dart IV/ line 10, an		-77,110.
FC	arti	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$13,000 011 0111 990-LZ, ille 0a.		(b) Pull tabs/instant		(d) Total gaming (add
anı			<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() 3 ()
Å	1	Gross revenue				
	-					
s	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	└── Yes %	└── Yes %	
	6	Volunteer labor	No No	No No	└── No	
	-	Divert average average Add lines Othersus			•	
	l '	Direct expense summary. Add lines 2 through			▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
		Not gaming income summary. Subtract into r				
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	· · -	states?		Yes No
		No," explain:				
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
b	) If "	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2017 ORLANDO MUSEUM OF ART, INC. 59-0	0910352	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	a An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
<b>1</b> 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
	of gaming revenue retained by the third party $\triangleright$ \$		
c	c) If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	lines 9, 9b, 1	0b, 15b,
	Toc, To, and T7b, as applicable. Also provide any additional mormation. See instructions.		

	(	,		

(Form 990)         For cortain Officers. Directors, Trustees, Key Employes, and Highest         Complete if the organization answered Yee" on Form 90, Part IV, line 23.         PAtter to Form 90.         Part I Questions Regarding Compensation         ORLANDO MUSEUM OP ART, INC.         Employer identification number         59–0910352         Term 800, Part IV, line 24.         Term 800, Part IV, line 25.         Part I Questions Regarding Compensation         ORLANDO MUSEUM OP ART, INC.         Term 800, Part IV, line 24.         Term 800, Part IV, line 25.         Part I Questions Regarding Compensation         ORLANDO MUSEUM OP ART, INC.         Part I Questions Regarding Compensation         Orland MUSEUM OP ART, INC.         Part I Questions Regarding Compensation         Orland MUSEUM OP ART, INC.         Part I Questions Regarding Compensation         Orland Part III to provide any other following to or for a parson listed on Form 900,         Part I Questions Regarding Compensation         Parsonal services (such as, maid, chauffeur, chef)         Discretionary spending account         Personal services (such as, maid, chauffeur, chef)         b for my of the boxes on line 1 as echecked, did the organization follow a written policy regarding payment or         reimbursament or provision of all of the expanse discribed above? If 'No,' complete Part III to explain         Compensation explains explains and prove to prove for the organization to the explain secolation of the organization to the explain secolation of the organization for or compensation committee         Discretionary spending account         A partonal by the boxed on the 1a?         Compensation committee         Compensation survey or study         Compensation committee         Compensat	sc	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
Complete if the organization and waved "Yis" on Form 990, Part IV, line 23. Dependent to Form 990. Construction in the organization on the served "Yis" on Form 990, Part IV, line 23. Dependent for the Public Inspection INPARED IN CONSTRUCTION INFORMATION INFO	(Fo	rm 990)	-		20	17	/
Department         Attach to Form 990.         Open to Public Impedition           Name of the organization         ORLANDO MUSEUM OP ART, INC.         Employer identification number 59 - 0910352           Part Devices         ORLANDO MUSEUM OP ART, INC.         Employer identification number 59 - 0910352           Image: Complete Part III to provide any of the following to of ra person listed on Form 990.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding these litens.         Image: Complete Part III to provide any relevant information regarding to payment or reintoursement or provision of 101 of the expense described above (III how, complete Part III to explain)         1b         Image: Complete Part III to provide any relevant information regarding payment or reintoursement or provision of 101 of the expense described above (III how, complete Part III to explain)         1b         Image: Complete Part III to provide any relevant information regarding payment or reintoursement or provision of 101 of the explane described above of the organization is CoCorresonation or the describe Devices on the organization used to establish the compensation comminite         1b </th <td></td> <td>-</td> <td></td> <td></td> <td>20</td> <td></td> <td></td>		-			20		
Interest Bevols         ▲ G to www.irs.gov/Form930 for instructions and the latest information.         Implettion           Name of the organization         CRLANDO MUSEUM OF ART, INC.         Employer identification number 59 – 0910352           Part II         Questions Regarding Compensation         Yes         No           Ia         Check the appropriate box(sa) if the organization provide any relevant information regarding these terms.         Yes         No           Implete Term States or charter travel         Payments for business use of personal residence         Payments for business use of personal residence           Implete Term States or charter travel         Payments for business use of personal residence         Payments for business use of personal residence           Indicate which, if any, of the following the filing organization follow a written policy regarding payment or minimument or provision of all of the expanses described abov? If "No," complete Part III to explan         10           2         Indicate which, if any, of the following the filing organization to less tablish the compensation of the organization is CEO/Executive Director, but explain in Part III.         2           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or anellated organization:         4           Beoretion organization         Compensation drama of the explanation arrangement?         4           4         During the year, did any person listed on	Depa	tment of the Treasury					
ORLANDO MUSEUM OF ART, INC.         59-0910352           Part I         Questions Regarding Compensation           Image: Compensation of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A. In Et a. Complete Part III to provide any prevail information regarding these terms.         Yes         No           Part III - Section A. Ine Et a. Complete Part III to provide any relevant information regarding these terms.         Part VII, Section A. Ine Et a. Complete Part III to provide any relevant information regarding these terms.         Part VII, Section A. Ine Et a. Complete Part III to provide any relevant information regarding payment or trainburstment or provision of all of the sexpanses described adposed VII TNA: Complete Part III to explain .         10         Image: Complete Part III to provide any relevant VIII Section A. Ine Et al. Complete Part III to acplain and the explanation to a related organization regule substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, to and the explanation suce of y are listed organization to establish compensation or a related organization consultant III. Compensation suce or a related organization is CEO/Executive Director, but explain in Part III.         10         10         10           Organization or a related organization         Compensation committee         Written employment contract IIII. Compensation committee         10           Outing the year, did any person listed on Form 990, Part VII, Section A. Ine 1a, with respect to the filing organization or a related organization:         10         10	Interr	al Revenue Service					
Part I       Questions Regarding Compensation         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complex Compl	Nan	e of the organizatio					mber
a         Check the appropriate box(as) 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.         Yes         No           B         Check the appropriate box(as) if the organization provided any relevant information regarding these items.         Housing allowance or residence for personal use provide reproval residence for personal residence for personal residence for personal services (such as, maid, chauffeur, chef)         Image: the personal services (such as, maid, chauffeur, chef)           b         If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.         Image: the texplain in the personal services (such as, maid, chauffeur, chef)           c         If any of the boxes on line 1a are checked, did the organization used to explain in the explain.         Image: the texplain in the personal services (such as, maid, chauffeur, chef)           c         If any of the following the filing organization used to establish the complexition to establish compensation or related organization: SecOF Security Director, personal usery or study         Compensation committee         Image: the temp and the apply. Do not check any boxes for methods used by a related organization to establish compensation committee         X           d         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization to a related organization:         X      <				59-0	191035	2	
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Soction A, Ine 1a. Computed Part III to provide any relevant information regarding these items.         Impact tables or charter travel       Housing allowance or residence for personal use         Impact tables or charter travel       Housing allowance or residence for personal use         Impact tables or charter travel       Housing allowance or residence for personal use         Impact tables or charter travel       Housing allowance or residence for personal use         Impact tables or charter travel       Hayments for business use of personal residence for personal use         Impact tables or travel travel       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.         2       Did the organization require usbattration prior to reimbursing or allowing expresses incured by all directors.         2       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         Image of the organizations       Compensation survey or study         Graph of the dragonizations       Compensation oreoremay payment from, an equity based compensat	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison	4.		inte la vica i i tha avanciantica avanidad anv at the fallowing to avfor a new collisted on Favor	- 000		Yes	No
Image: Pirst-class or charter travel       Image: Ima	а			1990,			
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as, maid, chauffeur, chef)         Image: Travel for companization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       Image: Travel for companization is companization to establish the compensation of the organization is compensation of the CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization is cetablish compensation committee       Image: Travel for companization is cetablish the compensation committee         Image: Travel for companization       Travel for companization is cetablish the compensation committee       Image: Travel for companization is cetablish the compensation committee         Image: Travel for companization       Travel for companization is cetablish the compensation committee       Image: Travel for companization is cetablish the compensation committee         Image: Travel for companization       Travel for companization is cetablish the compensation committee       Image: Travel for companization is cetablish the compensation committee         Image: Travel for companization       Travel for companization       Image: Travel for companization         Image: Travel for							
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       2         Independent compensation consultant       X Compensation survey or study       4a         Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         6 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         6 Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X         6 Participate in, or receive payment from, a suplementalia nongrupicable amounts for each item in Part III. </th <td></td> <td></td> <td>, i i i i i i i i i i i i i i i i i i i</td> <td></td> <td></td> <td></td> <td></td>			, i i i i i i i i i i i i i i i i i i i				
Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by al directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation committee       2         Indicate which, if any, of the following the filing organization used to establish the compensation or the CEO/Executive Director, but explain in Part III.       2         Independent compensation consultant       X       Compensation survey or study         Form 990 of other organization:       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:       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         b       Participate in, or receive payment from, an equity-based compensation arrangement?       4a       X         ft "Yes" to any of lines 4ac, list the persons and provide the applicable amo							
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filling organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       Written employment contract         Independent compensation consultant       X Approval by the board or compensation committee       4a         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizations:       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         c       Tryse'' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2            Compensation committee         Defendence to compensation of the CEO/Executive Director, but explain in Part III.       2            Compensation committee         Difuependent compensation committee         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:         Receive a severance payment from, a supplemental nonqualified retirement plan?        4a       X            Participate in, or receive payment from, a supplemental nonqualified retirement plan?        4b       X            Participate in, or receive payment from, a supplemental nonqualified retirement plan?        5a       X            Participate in, or receive payment from, a supplemental nonqualified retirement plan?        4c       X            Participate in, or receive payment from, a supplemental nonqualified retirement plan?        4c       X            Participate in, or receive payment from, a supplemental nonqualified retirement plan?							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       Written employment contract         Compensation committee       Written employment contract       Written employment contract         Pornig 90 of other organizations       X 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:       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         b Articipate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         f "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization must complete lines 5-9.       5       5       5b       X         f "Yes" to nine 6a or 5b, describe in Part III.	b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the ferms checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         4       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         6       Compensation committee       Written employment contract       2         7       Age organization       4a       X         9       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:       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         0       During the year, did any person isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5b       X		•			1b		
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 committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish 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:       Image: Compensation arrangement?       Image: CeO/Executive Director. Payment?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: CeO/Executive Director. Payment?       Image: CeO/Executiv	2						
GEO/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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Compensation committee</li> <li>Compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>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:             <ul> <li>Receive a severance payment form, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate organization?</li> <li>Part explait on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                 <ul> <li>The organization?</li> <li>Sa X</li> <li>Any related organization?</li> <li>Sa X</li> <li>Sb X</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li></ul></li></ul></li>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
GEO/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. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Written employment contract</li> <li>Compensation committee</li> <li>Compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> <li>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:             <ul> <li>Receive a severance payment form, a supplemental nonqualified retirement plan?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate in, or receive payment from, an equity-based compensation arrangement?</li> <li>Participate organization?</li> <li>Part explait on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                 <ul> <li>The organization?</li> <li>Sa X</li> <li>Any related organization?</li> <li>Sa X</li> <li>Sb X</li> <li>If "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li></ul></li></ul></li>							
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X 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:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         6 The organization?<	3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
Compensation committee       Written employment contract         Independent compensation consultant       Independent compensation consultant         Form 990 of other organizations       Independent 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:       Independent compensation committee         a       Receive a severance payment or change of control payment?       Independent compensation arrangement?       Independent compensation arrangement?         b       Participate in, or receive payment from, an equity-based compensation arrangement?       Independent compensation       Independent compensation         c       Participate in, or receive payment from, an equity-based compensation arrangement?       Independent compensation       Independent compensation         c       Participate in, or receive payment from, an equity-based compensation arrangement?       Independent compensation       Independent compensation         c       Participate in, or receive payment from, an equity-based compensation may or accrue any compensation       Independent compensation       Independent compensation         contingent on the revenues of:       Independent compensation       Independent compensation       Independent compensation         a       The organization?       Independent compensation       Independent compensation       Independent compensation		CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
Independent compensation consultant       Image: Compensation survey or study         Image: Form 990 of other organizations       Image: Compensation survey or study         Image: Compensation or a related organization:       Image: Compensation or a related organization:         Image: Compensation or a related organization:       Image: Compensation organization:         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation organization         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation organization arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation organization organization arrangement?         Image: Compensation of the revenues of:       Image: Compensation arrangement?       Image: Compensation organization         Image: Compensation of the revenues of:       Image: Compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the retearnings of:         Image: Compensization?       Image: Compensation pay or accrue any compens		establish compens	ation of the CEO/Executive Director, but explain in Part III.				
Image: Source of the second state second state of the second state second o		·					
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6a       X		·					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       a       6a       X         a The organization?       5a       X       If "Yes" on line 6a or 6b, describe in Part III.       6b       X         f The organization?       6a       X       If "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Y		Form 990 of o	ther organizations <b>Approval by the board or compensation o</b>	committee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       1f       Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.		During the upon dis	l anu navean listad an Favor 000, Bart V/II, Castian A, line 1a, with respect to the filing				
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c The organization?       6a       X         b Any related organization?       6a       X         lf "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization? <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	4						
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X	а	0			42		x
c       Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co							X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III       8       X </th <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes," on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       1		,					
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		Only section 501(d	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
b       Any related organization? If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9		•					
b Any related organization?       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	а	The organization?			5a		
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:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	b				5b		X
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9							
a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	6			on			
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		-	-				v
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 on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9							
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>	b				<u>6b</u>		A
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	7		•	•			
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>	1				7		x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III <b>8 X</b> <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in <b>8 9 9 9</b>	٥				/		17
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9	0	•			Q		x
Regulations section 53.4958-6(c)?	9						
	5				9		
	LHA					n 990	) 2017

Schedule J (Form 990) 2017 ORLAN		ORLANDO MUSEUM OF	ART, INC.		59-0910352	352		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nplo	yees, and Highest (	Compensated Emp	loyees. Use duplica	te copies if additional s	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	oe rej orm 9	ported on Schedule 390, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	om related organizatio	ns, described in the ins	structions, on row (ii).
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.	ed inc	dividual must equal t	he total amount of F	orm 990, Part VII, S	ection A, line 1a, appli	cable column (D) and	(E) amounts for that inc	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dertents	(m-i)(a)	in column (b) reported as deferred on prior Form 990
(1) GLEN GENTELE	(i)	177,843.	• 0	• 0	.899.	5,000.	183,742.	• 0
DIRECTOR & CEO		•0	• 0	•0	• 0	•0	• 0	•0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(j)							
	(ii)							
							Schedu	Schedule J (Form 990) 2017

INC.	
ART ,	
Ъ	
MUSEUM	
ORLANDO	
J (Form 990) 2017	
nedule	

Page 3

Schedule J (Form 990) 2017

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

20

Employer identification number 59 - 0910352

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Open To Public Inspection

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

	ORLANDO	MUSEUM	OF	ART,	INC.
Part I Tv	pes of Property				

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)	(1-)	(-)	(-1)		
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d) Method of de	tormining	
		applicable	contributions or	amounts reported on	noncash contribu	•	s
		applicable	items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art	Х	43	40,816.	FAIR MARKET	VALUE	1
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other $\blacktriangleright$ ( <b>EVENT SUPPLIE</b> )	Х	271	452,473.	FAIR MARKET	VALUE	
26	Other ► ()						
27	Other 🕨 ()						
28	Other 🕨 ( )						
29	Number of Forms 8283 received by the organized	zation durin	g the tax year for c	ontributions			
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29			
						Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be ι	ised for		
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	utions?	31	X
32a	Does the organization hire or use third parties		-				
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

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

Schedule M (Form 990) 2017

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.



ORLANDO MUSEUM OF ART, INC.

Employer identification number 59 - 0910352

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

FOR THE PUBLIC TO EXPERIENCE, AND TO POSITIVELY AFFECT PEOPLE'S LIVES

WITH INNOVATIVE AND INSPIRING EDUCATION PROGRAMS THAT WILL ENDURE AS A

CULTURAL LEGACY IN CENTRAL FLORIDA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER MISC INCOME AND LOSSES FROM OPERATION OF THE MUSEUM GIFT SHOP.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ -32,190.

FORM 990, PART VI, SECTION A, LINE 6:

DUES PAYING AT VARIOUS LEVELS OF MEMBERSHIP; MEMBERS VOTE ON WHO SERVES ON THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

ANYONE INTERESTED IN THE PRACTICE, ENJOYMENT AND PROMOTION OF THE VISUAL ARTS SHALL BE ELIGIBLE FOR MEMBERSHIP AND MAY BECOME A MEMBER UPON PAYMENT OF APPROPRIATE DUES. MEMBERS ELECT THE TRUSTEES AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE CHANGES IN THE ARTICLES OF INCORPORATION.

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

THE DRAFT 990 IS MADE AVAILABLE TO THE MUSEUM'S FINANCE & ADMINISTRATION COMMITTEE. THE COMMITTEE REVIEWS THE 990 AND MEETS SPECIFICALLY TO GO OVER THE FORM FOR ANY CHANGES THAT MIGHT BE NECESSARY BEFORE APPROVING IT FOR

Schedule O (Form 990 or 990-EZ) (2017)	Page <b>2</b>
Name of the organization ORLANDO MUSEUM OF ART, INC.	Employer identification number 59-0910352
TIME TO REVIEW THE FORM 990 AND SUGGEST CHANGES BEFORE AC	CEPTING AND
APPROVING A MOTION FROM THE FINANCE & ADMINISTRATION COMM	ITTEE TO FILE THE
FORM 990 AS PRESENTED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
A CONFLICT OF INTEREST ARISES WHENEVER A TRUSTEE, COMMITT	EE MEMEBER,
EMPLOYEE OR VOLUNTEER ENGAGES IN AN ACTIVITY IN WHICH HIS	/HER PERSONAL GAIN
OR PRIVATE INTERESTS COMPETE WITH THOSE OF THE ESTABLISHE	D PURPOSE OF THE
OMA. A CONFLICT OF INTEREST CAN ARISE WHEN AN OMA TRUSTEE	, EMPLOYEE OR
VOLUNTEER USES HIS/HER POSITION, STATUS OR PREVILEGED "IN	SIDE INFORMATION"
TO OBTAIN A COMPETITIVE ADVANTAGE OVER OTHERS, FOR PERSON	AL GAIN, OR IN
COMPETITION WITH THE OMA ITSELF. A TRUSTEE'S, EMPLOYEE'S	OR VOLUNTEER'S
ASSOCIATION WITH THE OMA MAY NOT BE USED AS A SPRINGBOARD	FOR ADDITIONAL
PERSONAL GAIN THAT WOULD NOT BE AVAILABLE EXCEPT FOR THE	TRUSTEE'S,
EMPLOYEE'S OR VOLUNEER'S CONNECTION WITH THE OMA.	
THE BOARD OF TRUSTEES WILL REVIEW, DETERMINE AND DECIDE O	N ANY ISSUES OR
QUESTIONS THAT MAY ARISE UNDER THE OMA'S CODE OF ETHICS I	NCLUDING MATTERS
RELATING TO ANY CONFLICTS OF INTEREST. THE TRUSTEESHIP CO	MMITTEE WILL
REPORT FROM TIME TO TIME TO THE BOARD OF TRUSTEES AS TO M	ATTERS BROUGHT
BEFORE IT CONCERNING THIS CODE. IF ANY MATTER COMING BEFO	RE THE BOARD, ANY
OTHER COMMITTEE, EMPLOYEE OR VOLUNTEER CONSTITUTES FOR AN	Y TRUSTEE,
COMMITTEE MEMEBER, EMPLOYEE OR VOLUNTEER A CONFLICT OF IN	TEREST, THE
TRUSTEE, COMMITEE MEMEBER, EMPLOYEE OR VOLUNTEER SHALL IM	MEDIATELY ADVISE
THE FULL BOARD OR COMMITTEE OF SAID CONFLICT OF INTEREST	AND SHALL ABSTRAIN
FROM VOTING ON SAID MATTER, IF APPLICABLE. UNLESS REQUEST	ED, SAID TRUSTEE,
COMMITTEE MEMEBER, EMPLOYEE OR VOLUNTEER SHALL NOT BE PRE	SENT FOR ANY
DISCUSSION OR VOTING ON SAID MATTER. THE MINUTES OF SAID	MEETING SHALL
REFLECT SAID MATTTER.	

FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC	JPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT - PLEDGE WRITE-OFF	-30.

Page 2

Employer identification number 59 - 0910352

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

ORLANDO MUSEUM OF ART, INC.

Name of the organization