| | | | 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 990 (2 | 2017) |
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| 990 | (2017) | |
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ORLANDO MUSEUM OF ART, INC.

| _ | _ |
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| | | | 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). | | | | | _ |
| 1 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) | |
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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) | (C) 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) |
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| 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 | | | — т | | - | |
|---|--|-------------------|-----------|----------|-------|-----------|------------------|------|----------------------------|--------------------|--|-----------|----------|--|
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| Week week week week week week week week | Name and title | Ű Ő | | not cl | heck | more | than | | | • | | | | |
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| (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 | | | | | | | | | | | | _ |
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| (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 | | 0.10 | X | | | | | | 0. | (| <u>) </u> | | 0 | <u> </u> |
| 1b Sub-total 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 former 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 | | | | | | | | | a . | | - 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. |
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| | | | | | | | | | | |
| 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) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 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) | | > | 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 | - | ▶ | -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 5b, (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|---|--|------------------------|-----------------------|--------------------|
| 7b, 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 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 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 |
| 5 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 | | | | |
| | | | | | (A) Beginning of year | | (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 12 |
|------|--|----------|-------|----------------|--------------|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | • | ~ ~ ~ ~ | | – ~ |
| 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 | 990 (| 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 sectio | 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 se | ection 170 | (b)(1)(A)(i i | ii). | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | 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)(| ix) 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 section 509(a)(1) 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 | | Type I. 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 | | Type II. 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). You mus | - | | | | | | |
| 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 | | | | |
| | | | | | | | | | |
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| 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) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (| e) 2017 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | | | | | | | | |
| 2 | 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) 2014 | (c) 2015 | (d) 2016 | 6 | e) 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 | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see 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 | | | % |
| 1 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 stop | here. 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 | stop here. Explai | n in Pa | rt VI how the | • | |
| | organization meets the "facts-and-circ | | | | | | | | |
| 18 | Private foundation. If the organization | | | | | | | |] |
| | | | / | | | | | | _ |

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 |
|-----|-----|----|
| | | |
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| 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> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI 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 Part VI 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 Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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 Part VI). 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 Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | 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. |
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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 not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

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

General Rule

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 | Contributors (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 | Contributors (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 | Contributors (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.) |

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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.) |

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ORLANDO MUSEUM OF ART, INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 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 | | | | | |
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| | | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Part I | | | | | | | | |
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| | | (e) Transfer of gi | ift | | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
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| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Part I | (b) Fulpose of girt | | | | | | | |
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| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| F | | | | | | | | |
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SCHEDULE D

| (Form 9 | 90) |
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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. | |
|---------|--------|-----------|------|--------------|--|
| | | 0T | | T 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) 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 | ts (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< | 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: Amount d Amount d a Distributions during the year 1d | 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, 100,000,0 | | | (a) Current year | (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: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 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. (c) Accumulated depreciation (d) Book value basis (investment) basis (other) (e) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated (f) Book value (f) Book value (f) 0.027, 013. (f) 0.027, 013. (f) 0.04, 852. (f) 0.027, 013. (f) 0.04, 852. (f) 0.027, 013. (f) 0.04, 85 | 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ii) related organizations (iii) 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. 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations isted 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 (other) basis (investment) basis (other) basis (other) basis (other) c) Accumulated depreciation (a) Cost or other 458, 963, 274, 23 | | | | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations is set as required on Schedule R? (iii) Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (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. (c) Leasehold improvements | | | | | | | | | | | | |
| 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. 2,536,6 | 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.) | | |
| Liability for uncertain tax positions. In Part XIII, provide | | 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 4a and 4b | | | 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 4a and 4b | | | 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. |
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| (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 2017 Open to Public Inspection | | | |
|---|--|--|--|---|--|--|--|--|
| | MUSEUM OF ART, IN | | on Form 990, Part IV, | 59-09: line 17. Form 990 | | | | |
| Indicate whether the organization rai a Mail solicitations b Internet and email solicitation c Phone solicitations d In-person solicitations 2 a Did the organization have a written | 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 | /es No 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 | _ | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 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 | Gaming. 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 | | | (a) 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: | | | | |
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| 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 | | |
| 1 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 > \$ 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 | art IV 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. | | |
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| (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, | | | |
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| 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 | | | | |
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| 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. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation committee Compensation consultant Compensation survey or study Form 990 of other organizations 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: Receive a severance payment form, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate organization? Part explait on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Sa X Any related organization? Sa X Sb 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: | | 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. Compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation committee Compensation consultant Compensation survey or study Form 990 of other organizations 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: Receive a severance payment form, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? Participate in, or receive payment from, an equity-based compensation arrangement? Participate organization? Part explait on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Sa X Any related organization? Sa X Sb 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: | | | | | | | |
| 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 | | | |
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| 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. | | | | |
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| 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 Approval by the board or compensation o | 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 | | | | | | | |
| 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. 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 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 | | • | • | | | |
| 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 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III | 1 | | | | 7 | | x |
| 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 8 9 9 9 | 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 | | |
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| 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) | | | | | | | |
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| | (ii) | | | | | | | |
| | | | | | | | Schedu | Schedule J (Form 990) 2017 |

| INC. | |
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| ART , | |
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| MUSEUM | |
| ORLANDO | |
| J (Form 990) 2017 | |
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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) | | |
|-----|--|------------------------|-------------------------|---------------------------------|---------------------|-----------|----|
| | | (a) Check if | (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 (EVENT SUPPLIE) | 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 2 |
|---|---|
| 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. |
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Employer identification number 59 - 0910352

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

ORLANDO MUSEUM OF ART, INC.

Name of the organization