PUBLIC INSPECTION COPY

Filing Instructions

FORT WAYNE MUSEUM OF ART, INC.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2020

Date Due:

May 17, 2021

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/20 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the

organization and returned to:

Haines Isenbarger & Skiba LLC 4630 W Jefferson Blvd # 8 Fort Wayne, IN 46804

Important: Your return will not be filed with the IRS until the signed Form

8879-EO has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form 990

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 **2019** Open to Public Inspection

<u>A</u>	For th	e 2019 calendar year, or tax year beginning $07/01/19$, and ending $06/30/2$	20		
В	Check if a	•••		D Employer	r identification number
Ш	Address of	thange FORT WAYNE MUSEUM OF ART, INC.			
П	Name cha	ange Doing business as			953440
H	Initial retu	Number and street (or P.O. box if mail is not delivered to street address) m 311 E. MAIN ST.	Room/suite	E Telephone	
H	Final retu			260-	422-6467
Ш	terminated		- 1		
П	Amended	return F Name and address of principal officer:		G Gross rec	eipts \$ 4,231,379
亓	Application		H(a) Is this a grou	up return for s	ubordinates? Yes X No
ш	rupiloasoi	Olimano H. Dimirato III			
		311 EAST MAIN STREET	H(b) Are all subo		
_		FORT WAYNE IN 46802	If "No," a	attach a list,	(see Instructions)
		npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	_		
<u>1</u>	Website:		H(c) Group exem		•
			ear of formation: 19	921	M State of legal domicile: IN
_ P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	ğ		
æ	.	THE FORT WAYNE MUSEUM OF ART WILL COLLECT, PRESERVE AND			N.
an		AND RELATED ART TO ENGAGE AND EDUCATE BROAD AND DIVERSE	AUDIENCES		8 2 5 66 6
Governance		THROUGHOUT THE REGION AND ADD VALUE TO THEIR LIVES.		26 256	
80	2 (Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%			
ಳ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	28
	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	28
Ϋ́Ε.	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	32
Activities	6 -	Total number of volunteers (estimate if necessary)			150
-		Total unrelated business revenue from Part VIII, column (C), line 12	3 · · · · · · · · · · · · · · · · · · ·		0
	l d	Net unrelated business taxable income from Form 990-T, line 39	3 · · · · · · · · · · · · · · · · · · ·	7b	0
			Prior Year		Current Year
a	8 (Contributions and grants (Part VIII, line 1h)	2,341	,532	1,547,454
Ž	9 F	Program service revenue (Part VIII, line 2g)	95	,658	66,008
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	520	,548	450,589
œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	243	,970	23,997
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,201		2,088,048
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
45	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,311	,394	1,376,030
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
E.	b 1	Professional fundraising fees (Part IX, column (A), line 11e) [Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,585			of Market and San
ŭ	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,402	.935	1,141,775
	18 7	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,714		2,517,805
	19 F	Revenue less expenses. Subtract line 18 from line 12		,379	-429,757
P S			Beginning of Curre		End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)	13,060	,868	12,752,143
A P	21 7	Total liabilities (Part X, line 26)	188	,765	476,774
SE	22	Net assets or fund balances. Subtract line 21 from line 20	12,872		12,275,369
	art II	Signature Block			
U	nder per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the best	of my know	wledge and belief, it is
tru	ие, солге	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any knowledge.	_	
Sig	ın	Signature of officer		Date	
He	re	CHARLES A. SHEPARD III PRESI	ENT & CI	EO	
_		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid	d	TODD E. HAINES		self-emp	ployed P00691953
Pre	parer	Firm's name	Fire	m's EIN	52-2127371
Use	Only	4630 W JEFFERSON BLVD # 8	1		
_		Firm's address FORT WAYNE, IN 46804	Pho	one no.	260-436-9500
May	the IR	S discuss this return with the preparer shown above? (see instructions)	1.11		X Yes No
For		ork Reduction Act Notice, see the separate instructions.			Form 990 (2019)
DAA					5 (2510)

OUTREACH F TOURS, SEM 4c (Code: MARKETING INCREASE O AMERICA'S	ROGRAMS, EX INARS AND S) (Expenses \$ & DEVELOPME] UR AUDIENCE HISTORICAL	199,596 inc NT - WE DEVE S' INTEREST,	NORKSHOPS, IS. Is. Inding grants of \$ ILOP AND PR APPRECIAT IRARY ART	OMOTE AN INT) (Revenue \$ EGRATED STRATEGY TRINDING OF	PO
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4a (Code:) (Expenses \$	1,057,676 inc	cluding grants of \$) (Revenue \$ 36,0	147
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		r make significant change	es in how it conducts	any program		
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prior Form 990 or	===		-		□ va. [X No
2 Did the organizati	on undertake anv signif	icant program services d	uring the year which y	vere not listed on the		
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		AND ADD VAI			AUDIENCES	
AND RELATE			1. COLTECT	DDECEDITE AND	PRESENT AMERICAN	
THE FORT WAND RELATE	*					
1 Briefly describe the THE FORT WAND RELATE	e organization's missio	n:		III UIIS PAR III		
Checl 1 Briefly describe the THE FORT V AND RELATE	c if Schedule O con ne organization's missio	ntains a response o n:	r note to any line	in this Part III		
Part III State Chect 1 Briefly describe to THE FORT V AND RELATE	ment of Program if Schedule O colle organization's missio	n:	ishments or note to any line	35-0953440 in this Part III		Page 2

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 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 X 3 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 X 4 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 X 5 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 X 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III X 8 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b C Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 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? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 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 X 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Form 990 (2019) FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 X 22 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 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. X 38 Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
	N NI		Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			-
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 32 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b X 2b 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 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3h At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Ç Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 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 11 Section 501(c)(12) organizations, Enter-Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? X 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Form 990 (2019) FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Page 6 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year 28 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 28 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply, Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LON R. BRAUN 311 E. MAIN ST.

FORT WAYNE

260-422-6467

IN 46802

Form 990 (20	19) FORT	WAYNE	MUSEUM	OF	ART,	INC.	35	-09534	40			Page 7
Part VII	Compensa	ation of O	fficers, Dir	ector	s, Trus	tees, Key	Employees,	Highest	Compensated	Employees,	and	
	Independe							_	•			
	Check if So	chedule O	contains a	respo	onse or	note to an	y line in this l	Part VII				

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

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

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

 <u>See</u> instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any	bo	x, unle ficer a	Pos check ess pe	rson l	than or s both	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) CATHERINE HILL										
CHAIR	1.00	x		x				o	o	C
(2) ELLEN CUTTER		-								
VICE CHAIR	1.00	x		x				o	o	0
(3) LAUREN ZUBER	0.00			Λ		H		0	U	
	1.00							0.		_
SECRETARY (4) JUDY ROY	0.00	X	-	X		Н		0	0	0
TREASURER	1.00	x		x				0	0	0
(5) DAVID AMEN										
TRUSTEE	1.00	x						o	o	0
(6) STEPHEN BAILEY										
TRUSTEE	1.00	x						0	0	0
(7) MARK BECKER TRUSTEE	1.00	x								
(8) KATHY CALLEN	0.00	A				Н	\dashv	0	0	0
TRUSTEE	1.00	x						0	0	0
(9) RICK CARTWRIGHT										
TRUSTEE	1.00	x						o	o	0
(10) BRITTAINY CHAFFE	E					П				
TRUSTEE	1.00	x						o	o	0
(11) KAREN CHARTERS										
TRUSTEE	1.00	x						o	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, K	еу Е	mple	oyee:	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week	bç	x, unl	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below	Individual or directo	Institutional	Officer	Key employee	Highest employe		organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
	dotted line)	trustee	trustee		8	compensated				
(12) SHERRY EARLY-		H				-				
TRUSTEE	0.00	x						o	o	o
(13) SHARON EISBAF	T	Ü								0
TRUSTEE	0.00	x						o	o	o
(14) RYAN FOX		Ë								0
TRUSTEE	1.00	x						o	o	o
(15) MELANIE HALL										
TRUSTEE	1.00	x						o	o	o
(16) TOM HERR										0
TRUSTEE	1.00	x						o	0	o
(17) TERRA HIPP										0
TRUSTEE	1.00	x						o	0	o
(18) ALEC JOHNSON								V		0
TRUSTEE	1.00	x						o	0	0
(19) RAQUEL KLINE		-							J	0
TRUSTEE	1.00	x						o	0	0
1b Subtotal				.017	и		•			
c Total from continuation sheet d Total (add lines 1b and 1c)	ts to Part VII, S						•	271,439 271,439		18,509 18,509
Total number of individuals (incl reportable compensation from t	uding but not lim	nited					ve) v		00,000 of	
										Yes No
3 Did the organization list any for employee on line 1a? If "Yes," or	complete Schedu	le J	for s	uch i	ndivi	dual				3 X
4 For any individual listed on line organization and related organiz	zations greater th	nan 🛭	150,	0003	If "	Yes,"	com	plete Schedule J for such		
individual 5 Did any person listed on line 1a	receive or accru	ue co		 nsati	on fi		nv i	intelated organization or ind		4 X
for services rendered to the org	anization? If "Ye	s," co	ompl	ete S	che	dule .	J for	such person		5 X
Section B. Independent Contractor 1 Complete this table for your five	highest comper	nsate	d inc	leper	nden	t con	tract	ors that received more than	\$100.000 of	
compensation from the organiza	ation. Report com (A) business address	pens	sation	for	the	calen	dar	year ending with or within the	ne organization's tax year.	(C)
Name and	business address	_					_	Descripti	(B) on of services	(C) Compensation
Total number of independent correceived more than \$100,000 or							se l	isted above) who	0	
DAA	. semponouton I	. 9111		- i gair		-11				Form 990 (2010)

	Check if	Sch	edule O cont	ains a re	sponse or note to	o any line in this	Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>설</u> 1a	Federated camp	aigns		1a		and the same of			
d S	Membership due	s	5. Joseph (2010), 30	1b	113,618	5.11			
₽ c	Fundraising even	nts	5 (State) (State) (S	1c	325,669	1 - 1 7 - 1			
E d	Related organiza	ations	5. JS1S1. JS1. FEE	1d					J A
and Other Similar Amounts	Government grants (co	ontribution	ns)	1e	241,543				
<u>က</u> 1	f All other contributions,								
릙	and similar amounts no	t include	d above	1f	866,624				
ප g	Noncash contributions i	nduded	in lines 1a-1f	1g \$	143,529				
튭 h	Total. Add lines	1a-1f				1,547,454			
					Business Code				
2a	ADMISSION	FEES				36,047	36,047		
_e b			CICIPANT FEE		712110	18,342	18,342		
c eur	EXHIBITION	RENT	AL FEES			4,000	4,000		
ē d	EVENT TICK				712110	3,297	3,297		
Revenue p c d e	PUBLIC PRO					2,571	2,571		
f	All other progran					1,751	1,751		
g	Total. Add lines	2a-2f				66,008			
3	Investment incon		-	, interest, a	and				
	other similar amo					228,104			228,10
4	Income from inve								
5	Royalties								
			(i) Real		(ii) Personal				
6a	Gross rents	6a	13	,159					
b	Less: rental expenses	6b					- 1 1		
- 1	Rental inc. or (loss)	6c		,159					
	Net rental income Gross amount from	e or (k				13,159			13,159
'-	sales of assets		(i) Securities	-	(ii) Other			100	
١.	other than inventory	7a	2,064	601		71 - 21		- 1 ()	
b	Less: cost or other								
b c	basis and sales exps.	7b	1,842						
: °	Gain or (loss)	7c		485		000 405			222 421
	Net gain or (loss)					222,485			222,485
) oa	Gross income from								
	(not including \$								
	of contributions repo				170 473				
_	See Part IV, line 18			8a	178,473	20 TO			
	Less: direct expe			8b	221,161	-42,688			40.000
	Gross income from			vents		-42,000			-42,688
Ja	See Part IV, line 19			9a		5.51	and the same of		
	Less: direct expe			9b					
	Net income or (Id		amina activi		>				
	Gross sales of in								District Control
.00	returns and allow			10a	127,518				
h	Less: cost of goo			10b	80,054				
	Net income or (lo					47,464	47,464		
	The state of the				Business Code		,		
Yevenne d	MISCELLANEC	US			900099	6,062	6,062		
d b	*		656. 13			-,	0,002		
e c			2004 13						
ď									
	Total. Add lines					6,062			
12			structions			2,088,048	119,534	0	421,060

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			e column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	296,394	144,624	107,085	44,685
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	882,133	430,432	318,704	132,997
8	Pension plan accruals and contributions (include		7.	-	
	section 401(k) and 403(b) employer contributions)	11,009	6,239	3,038	1,732
9	Other employee benefits	103,748	57,556	29,980	16,212
10	Payroll taxes	82,746	42,586	27,456	12,704
11	Fees for services (nonemployees):				
а	Management	16,190		16,190	
b	Legal	1,448		1,448	
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			LK.III. III.	
f	Investment management fees	71,629		71,629	
g		72,722		12/025	
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	39,403	31,523	3,940	3,940
13	Office expenses	64,167	33,206	22,934	8,027
14	Information technology	01/10	33/200	22/332	0,021
15	Royalties				
16	Royalties	188,392	169,423	9,485	9,484
17	Occupancy	7,053	5,595	1,030	428
18	Payments of travel or entertainment expenses	7,055	3,333	1,030	120
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Interest				
	Payments to affiliates	242 460	147 004	62 104	20 200
22	Depreciation, depletion, and amortization	243,468 34,033	147,894 29,273	63,194 2,379	32,380
23	Insurance	34,033	29,213	2,379	2,381
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If			- 11 0 T	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	104 021	104 001		
a	PRODUCTION AND EXHIBIT	194,831	194,831		
b	COLLECTION ITEMS	165,587	165,587		
C	COLLECTION CONSERVATION	48,491	48,491	4 000	4 40-
d	PROGRAM SUPPLIES	27,892	22,313	1,395	4,184
	All other expenses	39,191	22,716	9,044	7,431
25	Total functional expenses. Add lines 1 through 24e	2,517,805	1,552,289	688,931	276,585
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Part 2	X Balance Sheet					
	Check if Schedule O contains a response or no	ote to any li	ne in this Part X			
				(A)		(B)
				Beginning of year	_	End of year
1				739,235	1	897,64
2				41,558	2	92,43
3	Pledges and grants receivable, net			100,000	3	185,00
4	Accounts receivable, net			105,079	4	24,02
5		mer officer,	director,			
	trustee, key employee, creator or founder, substantia					
	controlled entity or family member of any of these pe	ersons			5	
6		,				
<u> </u>	under section 4958(f)(1)), and persons described in				6	
7	Notes and loans receivable, net			11,046	7	7,22
8	Inventories for sale or use			17,186	8	18,11
9				101,517	9	84,48
10a	a Land, buildings, and equipment: cost or other				111	
	basis. Complete Part VI of Schedule D	10a	9,303,269			
b	Less: accumulated depreciation	10b	4,531,333	4,882,486	10c	4,771,93
11	Investments—publicly traded securities			6,823,214	11	6,443,98
12				211,540	12	197,34
13					13	
14					14	
15	Other assets. See Part IV, line 11	5525****		28,007	15	29,95
16	Total assets. Add lines 1 through 15 (must equal line	e 33)		13,060,868	16	12,752,14
17	Accounts payable and accrued expenses			98,240	17	106,03
18					18	
19	Deferred revenue	EXAMPLE 1		40,325	19	110,60
20					20	
21	Escrow or custodial account liability. Complete Part I	V of Sched	ile D		21	
22						
	trustee, key employee, creator or founder, substantia	al contributo	, or 35%			
ā	controlled entity or family member of any of these pe	rsons			22	
[]] 23		third parties			23	
24				50,200	24	40,20
25						
	parties, and other liabilities not included on lines 17-2	24). Comple	te Part X			
	of Schedule D				25	219,93
26				188,765	26	476,77
	Organizations that follow FASB ASC 958, check	here ▶ X				
Ď	and complete lines 27, 28, 32, and 33.	-	-			
 27	Net assets without donor restrictions			8,367,769	27	8,110,46
27 28	Net assets with donor restrictions			4,504,334	28	4,164,90
2	Organizations that do not follow FASB ASC 958,	check her	• •			
2	and complete lines 29 through 33.		_			
29					29	
30		nent fund			30	
2 31					31	
30 31 32				12,872,103	32	12,275,36
33				13,060,868	33	12,752,143

_	h 990 (2019) FORT WAINE MUSEUM OF ART, INC. 35-0953440			Pε	age 12
Pa	art XI Reconciliation of Net Assets				
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		88,	048
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,5	17,	805
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	29,	757
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,8		
5	Net unrealized gains (losses) on investments	5			977
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	12,2	75	369
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	110
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 15		
	Schedule O.				198
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	91311.91	20		-
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 7		
b	Were the organization's financial statements audited by an independent accountant?		2b	x	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	: • • • • • • • • • • • • • • • • • • •		1	
	separate basis, consolidated basis, or both:		1000		
	X Separate basis Consolidated basis Both consolidated and separate basis				31
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				-
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	A	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
-	Charles Availté Avil et CARD Chille A 4000		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u>sa</u>		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		26		
	and are a state of the state of the describe any steps taken to undergo such studies		JD	m 990	
			For	m フゴ(J (2019)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ву Е	mpl	oyee:	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	ox, uni	Pos check ess po	erson	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(20) A.T. KOHOUT	1.00									
TRUSTEE	0.00	x						0	0	0
(21) BARBARA NOHIN	EK ZEE-0 1.00	HE	NG							
TRUSTEE	0.00	x						o	0	0
(22) MARITA O'NEII	-MALOLEY									
TRUSTEE	1.00	x						o	o	o
(23) JEFF RADKE										•
TRUSTEE	1.00	x						0		
(24) MATTHEW ROWAN		Λ					-	0	0	0
	1.00									
TRUSTEE (25) HEATHER SCHOE	0.00	Х					_	0	0	0
	1.00									
TRUSTEE (26) KYLEE SHIREY	0.00	X						0	0	0
(20) KILEE SHIKEI	1.00									
TRUSTEE	0.00	X						0	0	0
(27) CARMEN TSE	1.00									
TRUSTEE	0.00	X						0	0	0
1b Subtotal				· · · ·	iè		•			
c Total from continuation sheet d Total (add lines 1b and 1c)							>			
2 Total number of individuals (incline reportable compensation from the compensation	uding but not lim	ited 1	to the	ose I	listed	abo	ve) v	who received more than \$10	00,000 of	
										Yes No
employee on line 1a? If "Yes," c	omplete Schedul	e J 1	for su	ıch i	indivi	dual				3
4 For any individual listed on line organization and related organiz	1a, is the sum of ations greater th	repo an \$	ortab 150.	le co 0003	ompe ? <i>If "</i>	ensati Yes."	on a	nd other compensation from	the .	
individual									,	4
for services rendered to the org	anization? If "Yes	s," cc	mple	ete S	Sche	dule .	iny u <i>I for</i>	such person		5
Section B. Independent Contractors 1 Complete this table for your five										
compensation from the organiza	tion. Report com	pens	a ind ation	eper	nden the	t con calen	tracti dar	ors that received more than year ending with or within th	\$100,000 of ne organization's tax year.	
Name and b	(A) pusiness address							Description	(B) on of services	(C) Compensation
		_					_			
Total number of independent correceived more than \$100,000 of	ntractors (includir compensation fr	ng bu om t	it no he o	t limi rgan	ited izatio	to the	se li	isted above) who		
DAA										Form 990 (2010)

hours per week (ilst any (do not check more than one box, unless person is both an officer and a director/trustee) compensation compensation compensation compensation organization compensation organization compensation organization	(F) ated amount of other pensation om the ization and organizations
hours for Q I I I I I I I I I I I I I I I I I I	
hours for related organizations below dotted line) Nour for related organizations below dotted line)	
(28) SETH WHICKER 1.00	
TRUSTEE 0.00 X 0	0
(29) CHARLES A. SHEPARD III 40.00	
PRESIDENT & CEO 0.00 X 181,049 0	9,536
(30) LON BRAUN 40.00	
VICE PRESIDENT & CFO 0.00 X 90,390 0	8,973
1b Subtotal 271,439	18,509
c Total from continuation sheets to Part VII, Section A	
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 ▶	
	Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
for services rendered to the organization? If "Yes," complete Schedule J for such person	
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.	(0)
(A) Name and business address Description of services	(C) Compensation
Total number of independent contractors (including but not limited to those listed above) who	
received more than \$100,000 of compensation from the organization ▶ DAA	Form 990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

990 or 990-EZ) 2019 FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support				Todos complete		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
6	Public support. Subtract line 5 from line 4						1,404,625 6,383,474
Sec	tion B. Total Support						0,000,1,1
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	200,119	200,358	197,610	256,084	241,263	1,095,434
9	Net income from unrelated business activities, whether or not the business is regularly carried on				68,741		68,741
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						8,952,274
12	Gross receipts from related activities, etc. (see instructions)		. v. m v		12	1,944,935
13	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth,	or fifth tax year as	s a section 501(c)(3	3)	
_	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	ipport Percenta	ge				
14	Public support percentage for 2019 (line 6,	column (f) divided by	/ line 11, column (f))		14	71.31 %
15	Public support percentage from 2018 Sched	lule A, Part II, line 1	4			15	70.46%
16a	33 1/3% support test—2019. If the organiz				/3% or more, check	k this	8 600
	box and stop here. The organization qualifi						▶ X
b	33 1/3% support test—2018. If the organiz	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check	¥—
17-	this box and stop here. The organization qu	ualifies as a publicly	supported organiza	ation			., 🖹 📙
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac organization			•			¥. 🗆
b	organization 10%-facts-and-circumstances test—201	8 If the organization	did not chook a ba	v on line 12 16a	16h or 17a and lin	· · · · · · · · · · · · · · · · · · ·	
-	15 is 10% or more, and if the organization is					le	
	Explain in Part VI how the organization mee						
							b□
18	Private foundation. If the organization did	not check a box on l	ine 13 16a 16b 1	7a or 17h check t	his how and eac		
							№ □
	instructions			38 V. Z.A			لنا 🧖 وسؤوس

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.)

Sec	tion A. Public Support			, p,	ompioto i dici	-/		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,		,,	(:,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(4)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		1					
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)			26-1				
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,				II.			
	and 12.)	L						
14	First five years. If the Form 990 is for the							
800	organization, check this box and stop here		200					>
	Bublic support personates for 2010 (line 8			(6)			45	
15 16	Public support percentage for 2019 (line 8,	column (1), divided	by line 13, column	(1))		0.6	15	<u>%</u>
	Public support percentage from 2018 Sched tion D. Computation of Investmen	nt Income Por	centage				16	%
17				oduma (6)			47	
18	Investment income percentage for 2019 (lin Investment income percentage from 2018 S		line 17				17	<u>%</u>
19a	33 1/3% support tests—2019. If the organ			1 and line 15 is me			18	%
	17 is not more than 33 1/3%, check this box							
b	33 1/3% support tests—2018. If the organ							
	line 18 is not more than 33 1/3%, check this							▶
20	Private foundation. If the organization did							7.

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

- 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,
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- 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.
- 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.
- 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.)

	Yes	No
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	11	H
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3a		
3b		
30		
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4a		
4b		
	3.74	
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4c		
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5a		
5b		
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	4	
7		
8		
9a		
38		15
9b		
9c		
	12.	
10a		
10b	or 990-	

reasons for the organization's position that its supported organization(s) would have engaged in these

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 FORT WAINE MOSEUM OF AR		35-0953	440 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	n Nov. 20, 1970	(explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organizations	must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		100
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	ED. 01		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	g mi		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3,	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra		porting organization (coo	

instructions).

Schedule A (Form 990 or 990-EZ) 2019 FORT WAYNE MUSEUM OF ART, INC. 35-0953440

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets	A41 = 599 - = = = = = = = = = = = = = = = = = =		
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 organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			7 4110 4111 101 2010
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions,			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
	From 2015			
С	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
ı	Carryover from 2014 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h		March 1921	
	and 4b from line 1. For result greater than zero, explain in		Se in the	
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

	m 990 or 990-EZ) 2019 FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Page 8
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.)
	more 2, of and of 7 100 complete the part for any additional information. (occ instructions.)
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Schedule B

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

2019

Employer identification number

FORT WAYNE MUS	SEUM OF ART, INC.	35-0953440			
Organization type (check one	e):				
Filers of:	Section:				
Form 990 or 990-EZ	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				
	overed by the General Rule or a Special Rule. b, (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile. See			
General Rule					
	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling sproperty) from any one contributor. Complete Parts I and II. See instructions for determitributions.				
Special Rules					
regulations under sect 13, 16a, or 16b, and the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support testions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Phat received from any one contributor, during the year, total contributions of the greater ne amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	art II, line of (1)			
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were recexclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious, chari	seive d the			
990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fost answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its			

Name of organization
FORT WAYNE MUSEUM OF ART, INC.

Employer identification number 35-0953440

Part I	contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.1	ARTS UNITED OF GREATER FORT WAYNE 300 E. MAIN STREET FORT WAYNE IN 46802	\$ 105,084	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	EAST ALLEN COUNTY SCHOOLS 1240 STATE ROAD 930 EAST NEW HAVEN IN 46774	\$ 44,947	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 3	Name, address, and ZIP + 4 ENGLISH, BONTER, MITCHELL FOUNDATION 110 WEST BERRY STREET FORT WAYNE IN 46802	Total contributions \$ 100,000	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					
4	FOELLINGER FOUNDATION, INC. 520 EAST BERRY STREET FORT WAYNE IN 46802	\$ 82,500	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					
5	FORT WAYNE COMMUNITY SCHOOLS 1200 S. CLINTON STREET FORT WAYNE IN 46802	\$ 150,296	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	INDIANA ARTS COMMISSION 100 N SENATE AVE INDIANAPOLIS IN 46204	\$ 36,300	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization
FORT WAYNE MUSEUM OF ART, INC

Employer identification number 35-0953440

	MITTHE MODEON OF PART, THE.		022240
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7	LINCOLN FINANCIAL FOUNDATION 1300 S. CLINTON STREET FORT WAYNE IN 46802	\$ 33,000	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
8	WILSON FAMILY FOUNDATION 110 WEST BERRY STREET FORT WAYNE IN 46802	\$ 35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• 101 F0000		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
• 10 • 5250		\$	Person 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.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

Name	of the organization			Employer	Identification number
F	ORT WAYNE MUSEUM OF ART, INC.			35-0	953440
Pa	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" on F	ds or Of	ther Similar Funds or A		
	g	1	(a) Donor advised funds	-	b) Funds and other accounts
1	Total number at end of year		(a) Donor durined failes		py runus and bullet accounts
2	Total number at end of year Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4					
5	Aggregate value at end of year	ha assata b	ald in dean advised		
•					
6	funds are the organization's property, subject to the organization's exclus	sive legal co	ontrol?		Yes No
0	Did the organization inform all grantees, donors, and donor advisors in w				
	only for charitable purposes and not for the benefit of the donor or donor				П., П.,
D	conferring impermissible private benefit?				Yes No
Г	rt II Conservation Easements. Complete if the organization answered "Yes" on F	orm 990,	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	I that apply) .		
	Preservation of land for public use (for example, recreation or educal		Preservation of a historically in	nportant la	and area
	Protection of natural habitat	·	Preservation of a certified histo	-	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contrib	ution in the form of a conservati	on	
	easement on the last day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements		A	2b	
c	Number of conservation easements on a certified historic structure include	ed in (a)	88.258,09.09.09.0	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06	and not or	13 · · · · 2 · 15 · 2 · · · 2 · · · 2 ·	20	
-	historic atmesticus listed in the National Devictor			2d	
3	Number of conservation easements modified, transferred, released, extin				
-	tax year	galorioa, oi	torrilliated by the organization i	udining tine	•
4	Number of states where property subject to conservation easement is loc	ated >			
5	Does the organization have a written policy regarding the periodic monitor		tion handling of		
	violations, and enforcement of the conservation easements it holds?				☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	iolatione a	nd enforcing concentration occor	gergerie.	
•		noiadons, a	nd emorcing conservation easen	iens dun	ng tile year
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ions and a	oforcing concernation and		
•	h n	ions, and ei	liording conservation easements	auring tr	ie year
٥	Does each conservation easement reported on line 2(d) above satisfy the				
0	and section 170/h)/4)/P)/ii)2				□ v □ u-
0	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation easemen				
	balance sheet, and include, if applicable, the text of the footnote to the or organization's accounting for conservation easements.	ganizations	inanciai statements that descri	bes the	
Pa	art III Organizations Maintaining Collections of Art,	Historica	L Transuras or Other Si	incilor A	lagata
	Complete if the organization answered "Yes" on F			illilar F	155615.
1a	If the organization elected, as permitted under FASB ASC 958, not to rep	ort in its rev	enue statement and balance sh	eet works	-
	of art, historical treasures, or other similar assets held for public exhibition				
	service, provide in Part XIII the text of the footnote to its financial stateme	ents that des	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report i	n its revenu	e statement and balance sheet	works of	
	art, historical treasures, or other similar assets held for public exhibition,) ,
	provide the following amounts relating to these items:	-	F		
	(i) Revenue included on Form 990, Part VIII, line 1			•	\$
	(ii) Assets included in Form OOO' Bort V			The last	\$
2	If the organization received or held works of art, historical treasures, or of				
_	following amounts required to be reported under FASB ASC 958 relating			310	
а	Revenue included on Form 990, Part VIII, line 1				¢
	Assets included in Form 990. Part X				\$

Sche		YNE MUSEUM (953440	Page 2
Pa	art III Organizations Maintainir						s (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of	the followin	g that make significan	t use of its	
а	X Public exhibition	d 🔀	Loan or exch	ange progra	am		
b	X Scholarly research	e X	Loan or exch. Other EDI	UCATIO	N .		
c		v [00101	************	74 FA	0 + 200 -00300 -00	
4	Provide a description of the organization's	collections and explain t	now thou furth	or the ergo	nization's avamat	oon in Dort	
7	XIII.	collections and explain i	low they fulling	er trie organ	nization's exempt purp	iose in Рап	
5							
3	During the year, did the organization solicit						□
D	art V Escrow and Custodial A		art of the organ	nization's co	ollection?		Yes X No
Г				00 D	N/ 15 0		
	Complete if the organization	on answered "Yes"	on Form 9	90, Paπ	IV, line 9, or repo	rted an amoun	t on Form
4-	990, Part X, line 21.						
1 a	Is the organization an agent, trustee, custoo		-				
	included on Form 990, Part X?				e		Yes No
b	If "Yes," explain the arrangement in Part XII	Il and complete the folio	owing table:				
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
e	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on i	Form 990, Part X, line 2	21, for escrow	or custodia	I account liability?		Yes No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	lanation has b	een provide	ed on Part XIII	-0	🗀 📙
	art V Endowment Funds.						
	Complete if the organization	on answered "Yes"	on Form 9	90. Part	IV. line 10.		
		(a) Current year	(b) Prior		(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	6,265,362		1,711	6,014,685	5,611,7	
	Contributions	-,,	5,25	-,,	0,011,005	3,011,11	0,004,055
	Net investment earnings, gains, and						
·		162,704	30	7,175	E2E 700	607 1	100 042
a	losses	102,704	30	7,173	525,789	697,1	19 -102,043
	Grants or scholarships			-			
е	Other expenditures for facilities and	210 005					
_	programs	312,835	29	3,524	288,763	294,1	56 290,290
Ť	Administrative expenses						
	End of year balance	6,115,231		5,362	6,251,711	6,014,6	5,611,722
2	Provide the estimated percentage of the cur		(line 1g, colum	n (a)) held	as:		
	Board designated or quasi-endowment	44.64 %					
	Permanent endowment ► 55.06 %	6					
C	Term endowment ► 0.30 %						
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.					
3a	Are there endowment funds not in the posse	ession of the organization	on that are hel	d and admi	inistered for the		VI
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organization	zations listed as required	d on Schedule	R?	931	50 000 common	3b
4	Describe in Part XIII the intended uses of the	ne organization's endow	ment funds	132 533	22	152 15257 155 1 12 1651	
	rt VI Land, Buildings, and Eq		morte fariation.				
	Complete if the organization		on Form 9	00 Part I	V line 11a See I	Form 000 Part	Y line 10
	Description of property	(a) Cost or other b		b) Cost or othe			
	Bookipson or property	(investment)	iasis ((other)	, ,	ccumulated preciation	(d) Book value
1.	Lond			(00101)	dep	J. CAGUOTI	
ıa	Land			0 00	1 254	EEO OEO	4 500 40-
D	Buildings			5,26.	1,354 3,	552,859	4,708,495
	Leasehold improvements			4 66			
	Equipment				4,415	960,974	63,441
	Other				7,500	17,500	
otal	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X	, column (B), i	line 10c.)			4,771,936

DAA

	line 25.	
1	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE	219,932
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	219,932

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

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 FORT WAINE MOSEUM OF ART, INC	•	35-0953440	,	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme			ırn.	36
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements			1	1,948,914
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		e		1,340,314
a		2a	-166,977		
b		2b	21,840		
c	Recoveries of prior year grants	2c	21,040		
d		2d	77,632		
e		Zu		2e	-67,505
3		.000	.00.01.00	3	2,016,419
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Y		•	2,010,413
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,629		
b	Other (Describe in Part XIII.)	4b	72,023		
c	A 3-1 Caraca A a a contrata de la contrata del contrata del contrata de la contrata del contrata del contrata de la contrata del contrata de			4c	71,629
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·		5	2,088,048
Pá	art XII Reconciliation of Expenses per Audited Financial Stateme				2,000,040
	Complete if the organization answered "Yes" on Form 990, Pa			sturii,	
1				1	2,545,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				2,545,640
	Donated services and use of facilities	2a	21,840		
b	Prior year adjustments	2b		-	
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	77,632		
е	Add lines 2a through 2d			2e	99,472
3	Subtract line 2e from line 1	3		3	2,446,176
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,629		
b	Other (Describe in Part XIII.)	4b	,		
С	Add lines 4a and 4b			4c	71,629
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	ê	2.33335	5	2,517,805
	art XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lin	es 1b and 2b	; Part V, line 4; Part X.	line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
	ART III, LINE 1A - TERMS FOR NOT REPORTING			16	
		,			
\mathbf{T}	HE MUSEUM MAINTAINS AN EXTENSIVE COLLECTION	OF ART	r. THE COLL	ECTI	ONS, WHICH
W	ERE ACQUIRED VIA PURCHASES AND CONTRIBUTIONS	S, ARE	NOT RECOGN	IZED	AS ASSETS
01	N THE STATEMENTS OF FINANCIAL POSITION. EXP	ENDITUE	RES FOR THE	ACO	UISITION
01	F ART OBJECTS ARE RECORDED AS COLLECTION IT	EMS PUE	RCHASED IN	THE	STATEMENTS
O	F ACTIVITIES AND CHANGES IN NET ASSETS IN T	HE YEAF	R THE OBJEC	TS A	RE
		• • • • • • • • • • • • • • • • • • • •	***************************************		
P	URCHASED. THE MUSEUM PROVIDES A CLEAN, SAFE	, AND S	STABLE STOR	AGE	
E	NVIRONMENT FOR ITS PERMANENT COLLECTIONS. TH	HERE WE	ERE NO DEAC	CESS:	IONS IN
T	HE YEARS ENDED JUNE 30, 2020 AND 2019.				ann a contract of the
		21 - 21 - 11 - 12 - 12 - 12 - 12 - 12 -			
	endupuunugun uu ka saa saa saa saa saa saa saa saa saa			and r	
			(+13+13)((3+++13+)(+++++)	5-55t-15-	0006-01
P	ART III, LINE 4 - COLLECTIONS AND RELATION	TO EXEN	MPT PURPOSE	9-000 mis	9395 G 15 G 15 15
	ART III, LINE 4 - COLLECTIONS AND RELATION HE COLLECTIONS CONSIST OF ART OBJECTS IN FU				UM'S

ORGANIZATION'S NEEDS OVER THE LONG-TERM.

Part XIII Supplemental Information (continued)

MISSION TO COLLECT, PRESERVE AND PRESENT AMERICAN AND RELATED ART TO ENGAGE
AND EDUCATE BROAD AND DIVERSE AUDIENCES THROUGHOUT THE REGION TO ADD VALUE
TO THEIR LIVES.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUNDS WILL BE USED FOR OPERATING PURPOSES AND TO SERVE THE

PART X - FIN 48 FOOTNOTE

THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE UNITED STATES INTERNAL REVENUE CODE AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE MUSEUM HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE MUSEUM IS ALSO EXEMPT FROM STATE INCOME TAXES.

HOWEVER, THE MUSEUM IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED
BUSINESS TAXABLE INCOME. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE
UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN
BY THE MUSEUM AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE MUSEUM HAS
TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE
SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO
BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD
BE RECOGNIZED, MEASURED, OR DISCLOSED IN THE FINANCIAL STATEMENTS.

MANAGEMENT BELIEVES THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATION BY
TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017.

Schedule D	(Form 990) 2019 FORT WAYNE MUSEUM OF III Supplemental Information (continued)	ART, INC.	35-0953440	Page 5
PART	XI, LINE 2D - REVENUE AMOUNTS I	NCLUDED I	N FINANCIALS - OT	HER
GALA	DIRECT EXPENSES	A	\$	77,632
PART	XII, LINE 2D - EXPENSE AMOUNTS	INCLUDED	IN FINANCIALS - C	THER
GALA	DIRECT EXPENSES		s\$	77,632
(2 -)(1)		2		
0.01.000				
5-6-18-6-6	0.00.00.00.00.00.00.00.00.00.00.00.00.0			
E-00000	······································		na	
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500000000000000000000000000000000000000		S. C		
Ton Car Select	1521 - 2 2 2 2 2 2 2 3 - 2 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152 - 152		A	
************		SSSISII-II	.00., 0.00.,	. 6. 76. 76. 76. 76. 77. 77. 77. 77. 77.
		KES - CESSO - CHI - NO - CHI - NO		
				. 5
zssss				
	9 9 · · · · · · · · · · · · · · · · · ·	. 53 6 - 59 - 53 - 1 63 - 53 6		59 o . 60
		0	3 + 100+ 10 + 1001 + 1000 + 10 + 10 + 10	556.6.6

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public

Employer identification number

FORT WAYNE MUSEUM (35-09534	10
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to	the organization	n an	swer	ed "Yes" on Form 990), Part IV, line 1	7.
1 Indicate whether the organization raised funds through an				eck all that apply		
				ernment grants		
. 🗖			-	•		
	f Solicitation			_		
	g Special fun	draisir	ng ev	ents		
d In-person solicitations						
 Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in If "Yes," list the 10 highest paid individuals or entities (fund 	connection with pr	ofess	ional 1	undraising services?	ser is to be	Yes No
compensated at least \$5,000 by the organization.		(iii) D	id fund-			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo conf	have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			_			
List all states in which the organization is registered or lice registration or licensing.		ributio	ns or	has been notified it is exer	npt from	
		8 .a				
		61 var-				582 - 5 - 8 - 8 - 6 - 7
	· § ·	11.51				595-0-3-10-0-10-11

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

		gross receipts c	reater than \$5,000.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			GALA		NONE	(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	504,142			504,142	
		Less: Contributions	325,669			325,669	
	3	Gross income (line 1 minus					
_		line 2)	178,473			178,473	
	4	Cash prizes					
	5	Noncash prizes	143,529			143,529	
rses	6	Rent/facility costs	18,484			18,484	
Direct Expenses	7	Food and beverages	20,832			20,832	
Direct	8	Entertainment	240			240	
	9	Other direct expenses	38,076			38,076	
	10	Direct expense summary.	Add lines 4 through 9 in column (d)			221,161	
D	11	Net income summary. Sub	tract line 10 from line 3, column (d)	1.07. 7. 5. 000 5.		-42,688	
P	art		plete if the organization answ	ered "Yes" on Form 990, P	art IV, line 19, or reporte	ed more than	
-		\$15,000 on For	m 990-EZ, line 6a.				
en			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue				bingo/progressive bingo		col. (a) through col. (c))	
Re							
-	_	Gross revenue	,				
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No No	No	No No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						
_	•	Net garning income summa	ary. Subtract line / from line 1, colum	nn (a)			
0	⊏n4	ing the state(s) in which the		e			
9			organization conducts gaming activit		-0-0-0	·····	
a	10 4	s the organization licensed to conduct gaming activities in each of these states? Yes No					
la.	Is t	Ne " eveleie:	conduct gaining activities in each or	, ta man cama a disease con			
b	Is t	No," explain:	gaming activities in each of				
b	If "I	No," explain:					
b 10a	If "I	No," explain:					
b 10a	If "I	No," explain:	gaming licenses revoked, suspende		ar?	Yes No	

Sche	dule G (Form 990 or 990-EZ) 2019	FORT WAY	NE MUSEUM	OF ART,	INC.	35-0953440 Page 3
11	Does the organization conduct gaming a					
12	Is the organization a grantor, beneficiary	or trustee of a trus	t, or a member of	a partnership or o	other entity	
40	formed to administer charitable gaming?		jgg			Yes No
13 a	Indicate the percentage of gaming activity	•				142-1
b	The organization's facility An outside facility		g			13a %
14	Enter the name and address of the pers	on who prepares t	ne organization's q	aming/special eve	ents books and	76
	records:	• •	•	3 1		
	Name Name			8.16.8116		0.000.0
	Address					
	Address				5 · · · · i 3 · GGi · Gi · · · · i 3 · · · ·	3-9
15a	Does the organization have a contract w	rith a third party fro	m whom the organ	ization receives o	aming	
	revenue?					Yes No
b	If "Yes," enter the amount of gaming rev	enue received by t	ne organization 🕨	\$	and	the
	amount of gaming revenue retained by the		\$			
С	If "Yes," enter name and address of the	third party:				
	Name					
	Name	2-32-4119-6211-6			9 - 17 - 61 - 18 - 1 - 12 - 12 - 12 - 12	8 · 8 · · · · · · · · · · · · · · · · ·
	Address ►					
16	Gaming manager information:					
	Nama Is					
	Name	Ct - 1000 - 00 - 1 - 1000 - 1 (00)				50 E 60 i
	Gaming manager compensation ▶ \$					
	Description of services provided			000		
			_			
	Director/officer Emp	oloyee	Independent o	ontractor		
17	Mandatory distributions:					
a	Is the organization required under state I	law to make charita	ble distributions fro	m the gaming pr	roceeds to	
	retain the state gaming license?					Yes No
b	Enter the amount of distributions required				anizations or	
Da	spent in the organization's own exempt a rt IV Supplemental Informa				Darid Kan Ob and	
Га	rt IV Supplemental Informa Part III, lines 9, 9b, 10b					
	See instructions.	, 100, 100, 10,	and mb, as a	philoapie. Aist	provide arry addi	tional information.
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SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

FORT WAYNE MUSEUM OF ART, INC.

Employer identification number 35-0953440

	art questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form					
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence	11.18				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			- 3		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		1			
				- 12		
R	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 exemplation could be trained to a site of the					
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						
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract	30				
	Form 990 of other organizations X Approval by the board or compensation committee	w.E				
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:					
а	Passing a superson payment or thousand superson to sup	40		х		
b		4a 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.						
	, , , , , , , , , , , , , , , , , , ,					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		-31			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	4-1				
	compensation contingent on the revenues of:					
а	The organization?	5a		X		
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	14.3				
	compensation contingent on the net earnings of:					
	The organization?	6a		X		
b	Any related organization?	6b		X		
	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		<u>X</u>		
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		<u>X</u>		
0	If "Voo" on line 0 did the approximation also fallow the unbuttella and "					
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	1 9 I	- 1			

Part II

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FORT WAYNE MUSEUM OF ART, INC. Schedule J (Form 990) 2019

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

35-0953440

Page 2

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

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

	(B) Breakdown o	(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) Borus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a) (())(a)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

FORT WAYNE MUSEUM OF ART, INC.

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

OMB No. 1545-0047

2019

Open To Public Inspection Employer identification number

35-0953440

Part I Types of Property (c) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art Art — Historical treasures 2 Art — Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 Securities — Closely held stock 10 Securities — Partnership, LLC, or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other ► (AUCTION ITEMS) 132 143,529 FAIR MARKET VALUE 25 Other ►(.....) 26 Other ► (27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a If "Yes," describe the arrangement in Part II. b 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

If "Yes," describe in Part II.

describe in Part II.

31

32a

X

X

32a

b

Schedule M (Fon	m 990) 20	019 I	ORT	WA	YNE	MUSI	EUM	OF	ART	, IN	C.		35	-0953	3440				Page 2
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SCHEDULE O (Form 990 or 990-EZ) 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.

990-EZ or to provide any additional informa

➤ Attach to Form 990 or 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

FORT WAYNE MUSEUM OF ART, INC.

35-0953440

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FORM 990 WAS SENT OUT IN ADVANCE TO THE FINANCE COMMITTEE FOR
REVIEW. THE FORM 990 WAS APPROVED BY THE FINANCE COMMITTEE AND FOWARDED TO
THE BOARD OF TRUSTEES. THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD
OF TRUSTEES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

KEY STAFF MEMBERS, VOLUNTEERS, BOARD OF TRUSTEES MEMBERS OF THE FORT WAYNE

MUSEUM OF ART ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT COULD GIVE

RISE TO CONFLICTS. THIS IS ACCOMPLISHED BY COMPLETION OF AN INTERNAL

DISCLOSURE STATEMENT ON A YEARLY BASIS AT THE FIRST BOARD OF TRUSTEES

MEETING IN SEPTEMBER OF EACH YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE CEO'S COMPENSATION IS DETERMINED FOLLOWING AN EXTENSIVE BOARD EVALUATION AND SALARY COMPARISONS WITH OTHER MUSEUMS OUR SIZE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE CEO DETERMINES THE COMPENSATION FOR THE OTHER OFFICERS. THE

COMPENSATION IS DETERMINED AFTER AN EVALUATION BY THE CEO AND A REVIEW OF

COMPARABLE SALARIES OF MUSEUMS OUR SIZE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FINANCIAL STATEMENTS, FORM 990 AND OTHER GOVERNING DOCUMENTS INCLUDING

CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
FORT WAYNE MUSEUM OF ART, INC.	35-0953440
	33 0333440
BY MAIL, EMAIL, OR IN PERSON.	
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	PAGE 1 OF 1

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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Number, street, and room or suite no, if a P.O. box, see instructions. 311 E. MAIN ST. File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See FORT WAYNE IN 46802 instructions Enter the Return Code for the return that this application is for (file a separate application for each return) 01 **Application Application** Return Is For Code is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 LON R. BRAUN 311 E. MAIN ST. The books are in the care of ▶ FORT WAYNE Telephone No. ▶ 260-422-6467 Fax No. If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until 05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ___ lacktriangle tax year beginning 07/01/19 , and ending 06/30/20If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0 any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0 estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0 using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions,

Filing Instructions

FORT WAYNE MUSEUM OF ART, INC.

Indiana Nonprofit Organization 's Annual Report

Taxable Year Ended June 30, 2020

Date Due:

February 16, 2021

Remittance:

None is required.

Mail To:

Indiana Department of Revenue

Tax Administration P.O. Box 6481

Indianapolis, IN 46206-6481

Signature:

The return should be signed and dated by an officer representing the

organization.

NP-20

State Form 51062 (R10 / 8-19)

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year 07 01 2019 and Ending 06 30 2020 Beginning _ MM/DD/YYYY

MM/DD/YYYY

Amer	nded Re	port
☐ Final	Report:	Indicate
Data	Closed	

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED.

Name of Organization				Telephone Number
FORT WAYNE MUSEUM OF .	ART, INC.			260 422 6467
Address		County		Indiana Taxpayer Identification Number
311 E. MAIN ST.		02		0001835467
City FORT WAYNE	State IN	Zip Code 46802		Federal Employer Identification Number 35 0953440
Printed Name of Person to Contact			Contact's Telephone Numb	per
CHARLES A. SHEPARD II	I		260 422 6467	1
Note: If your organization has unrelamust also file Form IT-20NP. Current Information 1. Have any changes not previously bylaws, or other instruments of 2. Indicate number of years your organization.	ted business income of more than \$1,000 y reported to the Department been made similar importance? If yes, attach a detay reganization has been in continuous exister and addresses of your current.	in your goviled descriptions	erning instruments, tion of changes.	(e.g.) articles of incorporation,
	ames, titles and addresses of your current	officers.	SEE STATE	MENT 1
4. Briefly describe the purpose or THE FORT WAYNE MUS	EEUM OF ART WILL COLI	LECT.	PRESERVE A	ND PRESENT AMERICAN
	ENGAGE AND EDUCATE			
	ION AND ADD VALUE TO			
Email Address: I declare under the penalties of perjurges true, complete, and correct.	y that I have examined this return, includ		chments, and to the	_
Signature of Officer or Trustee		Title		Date
CHARLES A. SHEPARD	III	260	422 6467	
Name of Person(s) to Contact		Daytime 1	elephone Number	
	Important: Please submit this comp Indiana Department of Rever P.O. Box 6 Indianapolis, IN 6 Telephone: (317)	oleted form nue, Tax Ad 3481 46206-6481	and/or extension to:	
your federal extension, identified v	al Revenue Service application for autom vith your Nonprofit Taxpayer Identifica date to prevent cancellation of your sale on of time to file.	ation Num	ber (TID), to the Ir	ndiana Department of Revenue, Tax
filed. A copy of the federal extension i	days after the federal extension due date must also be attached to the Indiana repoi n of time to file from the: Indiana Departn	t. In the eve	ent that a federal exte	ension is not needed, a taxpayer may
If Form NP-20 or extension is not time within sixty (60) days after receiving s	ely filed, the taxpayer will be notified by the such notice the taxpayer does not file Form	he Departm n NP-20, the	ent pursuant to I.C. 6 a taxpayer's exemption	i-2.5-5-21(d), to file Form NP-20. If on from sales tax will be canceled.

Form 990

(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Do not enter social security numbers on this form as it may be made publi ▶ Go to www.irs.gov/Form990 for instructions and the latest information, ecipping 07/01/19 and ending 06/30/20 2019 Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	ror tn	e 2019 calendar year, or tax year beginning 0//01/19, and ending 06/30/	20		
В	Check if a	applicable: C Name of organization	20	D Employe	identification number
	Address	change FORT WAYNE MUSEUM OF ART, INC.			
ī	Name cha	Doing business as		35-0	953440
H		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
Ш	Initial retu			260-	422-6467
Ш	Final retu terminated				
\Box	Amended	FORT WAYNE IN 46802		G Gross rec	eipts \$ 4,231,379
H		r Name and address of principal officer.	AND IN this a second		ubordinates? Yes X No
Ш	Application	n pending CHARLES A. SHEPARD III	H(a) Is this a gro	supretum for s	ubordinates? Yes X No
		311 EAST MAIN STREET	H(b) Are all sub	ordinates inclu	ded? Yes No
		FORT WAYNE IN 46802	If "No,"	attach a list.	(see instructions)
1	Tax-exer	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website:		H(c) Group exe	motion numbe	b
ĸ			Year of formation: 1		M State of legal domicile: IN
F	Part I	Summary	real of formation.		in Otale of enal dollinge.
8		Briefly describe the organization's mission or most significant activities:			
	1 ' '		DDECENT :		
Se	1 .	THE FORT WAYNE MUSEUM OF ART WILL COLLECT, PRESERVE AND			7A
nar	1 .	AND RELATED ART TO ENGAGE AND EDUCATE BROAD AND DIVERSE	AUDIENCES	there is a	
Governance		THROUGHOUT THE REGION AND ADD VALUE TO THEIR LIVES.		1001101101	
တ္		Check this box ▶ if the organization discontinued its operations or disposed of more than 25%			
රේ	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28
Activities	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	32
Act	6	Total number of volunteers (estimate if necessary)		6	150
-	7a	Total unrelated business revenue from Part VIII, column (C), line 12	5 7 5 6 6	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0
			Prior Yea		Current Year
a	8 4	Contributions and grants (Part VIII, line 1h)	2,34	1,532	1,547,454
Ę	9	Program service revenue (Part VIII, line 2g)	9.	5,658	66,008
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52	0,548	450,589
œ	11 4	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24:	3,970	23,997
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,20	1,708	2,088,048
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		Benefits paid to or for members (Part IX, column (A), line 4)		0	0
	45 0		1.31	1,394	1,376,030
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 276,585		0	0
Ped	b	Total fundraising expenses (Part IX column (D) line 25) 276, 585			
$\overline{\mathbf{x}}$		Other commence (Dart IV and comments) Proceedings 44 and 44 and 64 and	1 401	2,935	1,141,775
		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,329	2,517,805
	I	154 119117 1011101		7,379	-429,757
F 8	2	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cur		End of Year
Net Assets or	20	Total assets (Part X, line 16)	13,060		12,752,143
ASS	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		3,765	476,774
Net	22	Net assets or fund balances. Subtract line 21 from line 20	12,872		12,275,369
	art II	Signature Block	12/0//	,,100	12/2/3/303
_		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	4 14- 11- 1		I. d II P. e. w.
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h			wedge and belief, it is
7			ar arry rarownougo		
o:.		Signature of officer		Date	
Sig	-	1712			
He	re	CHARLES A. SHEPARD III PRESI	DENT & C	EO	
-		Type or print name and title	1.		
D-:		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai		TODD E. HAINES		self-em	
	parer	Firm's name	F	irm's EIN	52-2127371
Use	Only	4630 W JEFFERSON BLVD # 8			
		Firm's address FORT WAYNE, IN 46804	P	hone no.	260-436-9500
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2019)
DAA					, ,

Form 990 (2019) FORT WAYNE M	USEUM OF ART, INC.	35-0953440	Page 2
	m Service Accomplishments		
Check if Schedule O	contains a response or note to any lin	e in this Part III	
1 Briefly describe the organization's mis			
	JM OF ART WILL COLLECT,	PRESERVE AND PI	RESENT AMERICAN
AND RELATED ART TO		D AND DIVERSE AU	
THROUGHOUT THE REGIO		IR LIVES.	DIENCES
IIIKOOGIIOOI IIIE REGIO	N AND ADD VALUE TO THE	TR LIVES.	
0 0114			
	nificant program services during the year which	were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services			
3 Did the organization cease conducting	, or make significant changes in how it conducts	s, any program	
services?			Yes X No
If "Yes," describe these changes on Se			
4 Describe the organization's program se	ervice accomplishments for each of its three lar	gest program services, as meas	ired by
expenses. Section 501(c)(3) and 501(c)	c)(4) organizations are required to report the arr	ount of grants and allocations to	others,
the total expenses, and revenue, if any			·
4a (Code:) (Expenses \$	1,057,676 including grants of \$) (Re	evenue \$ 36,047)
	E EDUCATION AND ENJOYME	NT OF OUR CONSTI	
	D PRESENT WORKS OF ART	DRAWN FROM THE	
	WITH EXHIBITS WE HAVE		
EXHIBITS CREATED BY		DEVELOPED CORSE	LVES, AND
EXHIBITS CREATED BI	OTHER INSTITUTIONS.		
1. (6.1.001.10.101.10.101.101.101.101.101.10	e-e		
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* 527 *51 * 52 * 52 * 52 * 50 * 50 * 50 * 50 * 50		039 (100.00) (100.11.15.11.15.15.15	
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4b (Code:) (Expenses \$			venue \$ 29,961)
	295,017 including grants of \$) (Re	venue \$ 29,961) ONSITE AND
4b (Code:) (Expenses \$ EDUCATION - WE PRESE	295,017 including grants of \$ INT ADULT, COLLEGE, AND) (Re CHILDREN'S K-12	ONSITE AND
4b (Code:) (Expenses \$ EDUCATION - WE PRESE OUTREACH PROGRAMS, E	295,017 including grants of \$ INT ADULT, COLLEGE, AND EXHIBITIONS, WORKSHOPS,) (Re CHILDREN'S K-12	
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Part IV Checklist of Required Schedules

_ P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			١
	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)			١
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
Ð	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			١
	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			١
-	"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? If "Yes,"			
_	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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? 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
14a	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 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	47	
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Λ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	,		v
_	Section of Factor order in Committee of the Committee of	21		(2019

Form **990** (2019)

		7	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	X	_
24a	O			
	\$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	grant and the state of the stat			
انہ	to defease any tax-exempt bonds?	24c		-
d	J	24d		-
25a	()/))			l .
	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 Schedule L, Part I			v
26		25b	-	X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	-	_
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	nomana) If "Van " namelate Sahadula I. Part III	0.7		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	27		
20	IV instructions, for applicable filing thresholds, conditions, and exceptions):			-10
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Vas." complete Schodule I. Port IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	1	-
•		28c		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.5		
	consequation contributions? If "Vos." complete Schedule M	30		x
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,"	J.		-
	complete Schedule N, Part II	32		х
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		х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	79		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	947 X	,,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 35			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	

Pa	art v Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- 1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 32	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		= = :	12
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
l.	a 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			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			32
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_	v	
ь	and services provided to the payor?	7a	X	_
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	_	_
С				v
d	required to file Form 8282?	7c		X
u	If "Yes," indicate the number of Forms 8282 filed during the year Pid the organization receive any funds directly a indirectly to provide the provide of the provide the provide of the p	- 1		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0				
9	sponsoring organizations maintaining donor advised funds.	8		
а	Did the appropriate provided and the state of the state o	00		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter:	9b		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Once 11 (1) (1) (1) (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			
11	Section 501(c)(12) organizations. Enter:			-
a	Const income from members or characteristics			1 = 1
b	Gross income from members or snareholders Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		- 9	
12a	· · · · · · · · · · · · · · · · · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		= 1	
а	is the organization licensed to issue qualified health plane in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- /		_
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
				$\overline{}$

Form 990 (2019) FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Page 6 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year 28 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 28 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 Did the organization have members or stockholders? 6 X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? h 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 LON R. BRAUN 311 E. MAIN ST.

FORT WAYNE

260-422-6467

IN 46802

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> instructions for the order in which to list the persons above.

Check this box if neither the orga	nization nor any	relat	ed o	rgan	izatio	n compe	ensated any current officer,	director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unk icer a	Pos check ess pe nd a	more rson is directo	than one s both an or/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	- (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) CATHERINE HILL								,	<u></u>
CHAIR	1.00	x		x			0	o	0
(2) ELLEN CUTTER									
	1.00	l,							
VICE CHAIR (3) LAUREN ZUBER	0.00	X		X		\vdash	0	0	0
(3) 22101(21)	1.00								
SECRETARY	0.00	X		x			0	0	0
(4) JUDY ROY									
TREASURER	1.00	x		x			0	o	0
(5) DAVID AMEN									
TRUSTEE	1.00	x					0	o	0
(6) STEPHEN BAILEY									
TRUSTEE	1.00	x					0	o	0
(7) MARK BECKER									
TRUSTEE	0.00	x					0	o	0
(8) KATHY CALLEN									
TRUSTEE	0.00	x					0	o	0
(9) RICK CARTWRIGHT									
TRUSTEE	1.00	x					0	o	0
(10) BRITTAINY CHAFFE	E								
TRUSTEE	1.00	x					0	o	0
(11) KAREN CHARTERS									
TRUSTEE	0.00	x					o	o	0

Part VII	Section A. Officers	, Directors, Tru	stee	s, Ke	у Е	mple	yees	s, an	d Highest Compensated	Employees (continued)				- M-
	(A) Name and title	(B) Average hours per week (list any	bs of	ox, unl ficer a	Pos check ess pe ind a	erson i directo	than o	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	α	of oth ompens from t	ation he	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		janizatio ed orga	n and nization:	š
(12) S	HERRY EARLY-	ADEN 1.00												
TRUSTEE (13) S	HARON EISBAF	0.00	X						0	0				0
TRUSTEE	MAKON EISBAF	1.00	x						o	0				0
(14) R	YAN FOX	1 00												
TRUSTEE		1.00	x						0	0				0
(15) M	ELANIE HALL	1.00												
TRUSTEE		0.00	X						o	0				0
(16) T	OM HERR	1.00												
TRUSTEE (17) T	ERRA HIPP	0.00	X						0	0				0
TRUSTEE		1.00	x						0	0				0
	LEC JOHNSON	0.00								0				
TRUSTEE		1.00	x						0	0				0
(19) R	AQUEL KLINE	1.00	x						0	0				0
	al		_					•		0				
c Total f	rom continuation shee	ts to Part VII, S	ectic	n A	•(0)0(0)			•	271,439				L8,	
2 Total n			nited			listed	d abo	ve) v	271,439 who received more than \$10	00,000 of			L8,!	<u> 509</u>
3 Did the	organization list any for	mer officer, dire	ctor,	trust	ee, k	ey e	mplo	yee,	or highest compensated				Yes	No
4 For any organiz	y individual listed on line ation and related organi:	1a, is the sum o zations greater tl	of rep han :	ortat \$150	ole co ,000°	ompe ? <i>If "</i>	ensat Yes,"	ion a com	and other compensation fror aplete Schedule J for such			3		X
5 Did any	/ person listed on line 1a	a receive or accri	ue c	ompe	nsat	ion f	rom a	any i	unrelated organization or ind	dividual		4	Х	
	ndependent Contractor		s," c	ompi	ete S	sche	dule .	J for	such person		1872	5		X
1 Comple	ete this table for your five	e highest comper	nsate	ed inc	depe	nder the	t cor	tract	tors that received more than year ending with or within t	1 \$100,000 of the organization's tax year,				
		(A) business address								(B) ion of services		Cor	(C) npensati	on
2 Total n	umbor of independent or	natenatore (ball-1	ine L		at liv-	لدماث	الم الم		listed above v. 4 -					
	umber of independent co d more than \$100,000 o								iisted above) who	0			F	

Form 990 (2019) FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) Unrelated (D) Revenue excluded (A) Total revenue from tax under husiness revenue sections 512-514 1a Federated campaigns Giffs, Grants illar Amounts 1a **b** Membership dues 1b 113,618 **c** Fundraising events 325,669 1c d Related organizations 1d e Government grants (contributions) 241,543 1e f All other contributions, gifts, grants, and similar amounts not included above 866,624 1f g Noncash contributions included in lines 1a-1f 143,529 1g \$ h Total, Add lines 1a-1f 1,547,454 Business Code 712110 36,047 2a ADMISSION FEES 36,047 Service 712110 18,342 b EXHIBITION PARTICIPANT FEES 18,342 4,000 c EXHIBITION RENTAL FEES 712110 4,000 d EVENT TICKETS 3,297 712110 3,297 e PUBLIC PROGRAMS 712110 2,571 2,571 712110 1,751 1,751 f All other program service revenue g Total. Add lines 2a-2f 66,008 Investment income (including dividends, interest, and other similar amounts) 228,104 228,104 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 13,159 6a Gross rents 6a 6b b Less: rental expenses 13,159 c Rental inc. or (loss) 6c 13,159 d Net rental income or (loss) 13,159 7a Gross amount from (i) Securities sales of assets 2,064,601 7a other than inventory b Less: cost or other 1,842,116 basis and sales exps. 7b 222,485 7c c Gain or (loss) d Net gain or (loss) 222,485 222,485 8a Gross income from fundraising events (not including \$ 325,669 of contributions reported on line 1c). See Part IV, line 18 178,473 8a **b** Less: direct expenses 221,161 c Net income or (loss) from fundraising events -42,688 -42,688 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 127,518 10a b Less: cost of goods sold 80,054 10b c Net income or (loss) from sales of inventory 47,464 47,464 Business Code Miscellaneous 900099 6,062 6,062 11a MISCELLANEOUS Revenue b d All other revenue

6,062

119,534

2,088,048

0

e Total. Add lines 11a-11d 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in this i	Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		<u> </u>		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	296,394	144,624	107,085	44,685
6	Compensation not included above to disqualified				~
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	882,133	430,432	318,704	132,997
8	Pension plan accruals and contributions (include		,,		
	section 401(k) and 403(b) employer contributions)	11,009	6,239	3,038	1,732
9	Other employee benefits	103,748	57,556	29,980	16,212
10	Payroll taxes	82,746	42,586	27,456	12,704
11	Fees for services (nonemployees):				
а		16,190		16,190	
b		1,448		1,448	
C	A				
d					
e					
f	Investment management fees	71,629		71,629	
g		/525		,	
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	39,403	31,523	3,940	3,940
13		64,167	33,206	22,934	8,027
14	Office expenses Information technology	02/20/	33,200	22,554	0,021
15					
16	Royalties	188,392	169,423	9,485	9,484
17	Occupancy	7,053	5,595	1,030	428
	Payments of travel or entertainment expenses	7,055	3,393	1,030	320
18	,				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	243,468	147 004	62 104	20 200
22	Depreciation, depletion, and amortization		147,894	63,194	32,380
23	Insurance	34,033	29,273	2,379	2,381
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	104 001	104 001		
а		194,831	194,831		
b	COLLECTION ITEMS	165,587	165,587		
C	COLLECTION CONSERVATION	48,491	48,491	4 00-	
d	PROGRAM SUPPLIES	27,892	22,313	1,395	4,184
е	All other expenses	39,191	22,716	9,044	7,431
25		2,517,805	1,552,289	688,931	276,585
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to	any line	in this Part X			
	~			(A)		(B)
-				Beginning of year		End of year
1	Cash—non-interest-bearing		739,235	1	897,649	
2	Savings and temporary cash investments	. same. z.		41,558	2	92,43
3	Pledges and grants receivable, net	. v v v	100,000	3	185,00 24,02	
4	Accounts receivable, net	ccounts receivable, net				
5	Loans and other receivables from any current or former	officer, dire	ector,		-	
		key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member of any of these person	s			5	
6	Loans and other receivables from other disqualified person					
	under section 4958(f)(1)), and persons described in section			44.044	6	
7	Notes and loans receivable, net	. 6 7 6.		11,046	7	7,22
8	Inventories for sale or use			17,186	8	18,11
9	Prepaid expenses and deferred charges	Q V. g.	w.n	101,517	9	84,48
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	9,303,269			
b	Less: accumulated depreciation	10b	4,531,333	4,882,486	10c	4,771,93
11	Investments—publicly traded securities	. mv. m.	vbo. wobvv. 📙	6,823,214	11	6,443,98
12	Investments—other securities. See Part IV, line 11	. n e. n.		211,540	12	197,34
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	.ss.s.	s,, a, es, a, es, a,, e, a,	28,007	15	29,95
16	Total assets. Add lines 1 through 15 (must equal line 33)	************************************	13,060,868	16	12,752,14
17	Accounts payable and accrued expenses	. ma.	s.,,s.,ss, n.,ss,,n.,s.,s.	98,240	17	106,03
18	Grants payable	. 06.	ea.ea.exe.a. :	40.005	18	110 60
19	Deferred revenue		a	40,325	19	110,60
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part IV of				21	
22	Loans and other payables to any current or former officer					
	trustee, key employee, creator or founder, substantial con					
22	controlled entity or family member of any of these person	s	к.ек.ек.ек.		22	
23	Secured mortgages and notes payable to unrelated third			E0 200	23	40.20
24	Unsecured notes and loans payable to unrelated third pa			50,200	24	40,20
25	Other liabilities (including federal income tax, payables to					
	parties, and other liabilities not included on lines 17-24).	•				219,93
	of Schedule D			188,765	25	476,77
26	Total liabilities. Add lines 17 through 25			100,703	26	4/0,///
	Organizations that follow FASB ASC 958, check here					
	and complete lines 27, 28, 32, and 33.			8,367,769	0.7	8,110,464
27	Net assets without donor restrictions			4,504,334	27	4,164,90
28	Net assets with donor restrictions			4,304,334	28	4,104,90
	Organizations that do not follow FASB ASC 958, che	ck nere I				
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipment				30	
					31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or Total net assets or fund balances			12,872,103	32	12,275,369

Form **990** (2019)

_	990 (2019) FORT WAYNE MUSEUM OF ART, INC. 35-0953440				Pa	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				CLUST	\Box	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,517,805		805	
3	Revenue less expenses. Subtract line 2 from line 1	3		-42	29,	757	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5							
6	Donated services and use of facilities	6				977	
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	12	2,2	75 .3	369	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.		- 1	CY.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	GITTE					
	reviewed on a separate basis, consolidated basis, or both:			10			
	Separate basis Consolidated basis Both consolidated and separate basis				J =		
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						
	separate basis, consolidated basis, or both:				1	1	
	X Separate basis Consolidated basis Both consolidated and separate basis			Ē.		191	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain on	.0000					
	Schedule O.			× 5			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Simple Audit Act and ONE Circular A 4000			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-50 miles		- Ju			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
	and assented any other and assented any other and and additional and assented any other and any other any other and any other and any other any other and any other any other and any other any other and any other any other and any other any other and any other any other and any other any other and any other and any other and any other any other and any other and any other and any other any other and any other any other and any other and any other any other and any other any other and any other			OD			

Part VII Section A. Office	ers, Directors, Tru	stee	s, K	у Е	mple	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any) Average hours (do not check more than one box, unless person is both an officer and a director/trustee) Average (do not check more than one box, unless person is both an officer and a director/trustee) Average (do not check more than one box, unless person is both an officer and a director/trustee) Average (do not check more than one box, unless person is both an officer and a director/trustee) Average (do not check more than one box, unless person is both an officer and a director/trustee) Average (do not check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee) Average (view of the check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from related organizations	(F) Estimated amount of other compensation from the									
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed orga	on and Inization	5
(20) A.T. KOHOUT	1.00												
TRUSTEE	0.00	X						0	0				0
(21) BARBARA NOH		HE	NG										
TRUSTEE	0.00	x						0	o				0
	IL-MALOLE				T				-				
TRUSTEE	1.00	x						0	0				0
(23) JEFF RADKE	4 00												
TRUSTEE	0.00	x						o	o				0
(24) MATTHEW ROW		A						0	0				
	1.00												
TRUSTEE	0.00	X	_		_			0	0				0
(25) HEATHER SCH	OEGLER 1.00												
TRUSTEE	0.00	x						0	0				0
(26) KYLEE SHIRE													
TRUSTEE	0.00	x						0	0				0
(27) CARMEN TSE	1 00												
TRUSTEE	0.00	x						o	o				0
1b Subtotal							>						
c Total from continuation sh	•						•						
d Total (add lines 1b and 1c Total number of individuals (Me) i	who received more than \$10	00.000 of				
reportable compensation fro			10 11	USC	iistet	4 850	ve)	who received more than \$10	00,000 01			Yes	No
3 Did the organization list any	former officer, dire	ctor,	trust	ee, k	кеу е	mplo	yee,	or highest compensated				163	140
employee on line 1a? If "Yes For any individual listed on I organization and related org	ine 1a, is the sum o	f rep	ortat	ole c	omp	ensat	ion a	and other compensation fror	n the		3		
individual											4		
for services rendered to the											5		
Section B. Independent Contract													
Complete this table for your compensation from the organ	nization, Report con							year ending with or within t	he organization's tax year.				
Name	(A) and business address							Descript	(B) ion of services		Cor	(C) mpensati	ion
Al-													
ali.													
													_
¥													_
2 Total number of independen								listed above) who			T)	V	
received more than \$100,00	o or compensation t	irom	ine i	orga	nızat	on 🟴					Fon	n 99 0	(2019)

Part VII Section A. Officers	, Directors, Iru	stee	s, K	ey E	mple	yee:	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo	ox, uni	Pos check ess pe	erson i	than o s both or/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(28) SETH WHICKER		H				_				
TRUSTEE	0.00	x						o	o	
(29) CHARLES A. SI	EPARD I									
PRESIDENT & CEO	40.00			x				181,049	o	9,53
(30) LON BRAUN				Ī				202/035	- J	7,55
VICE PRESIDENT & CFO	40.00 0.00			x				90,390	o	8,97
***************************************	. j j. j j.									3,5.
	· 5 · · 5 · 6 · · s · · s ·									
. 271										
. 761 (61) . 14 (6) . (500) . (500) . (6) . (6) . (6) . (6)										
F. H. 479. B										
1b Subtotal	te to Part VII S	ootle			. 13 - 51	∈	•	271,439		18,50
d Total (add lines 1b and 1c)										
2 Total number of individuals (inc reportable compensation from t	luding but not lim	nited	to th	ose	listed	abo	ve) v	who received more than \$10	00,000 of	
			4m . cal.	1						Yes No
employee on line 1a? If "Yes," of	complete Schedu	le J	for s	uch i	indiv	dual	•			3
4 For any individual listed on line organization and related organiz	zations greater th	nan S	\$150	,0001	? If "	Yes,"	con	and other compensation from oplete Schedule J for such	n the	
individual5 Did any person listed on line 1a	a receive or accri	ue co		nsat	ion f	om a		unrelated organization or inc	lividual	4
for services rendered to the org	anization? If "Ye									5
1 Complete this table for your five	e highest comper	nsate	d inc	depe	nden	t con	tract	tors that received more than	\$100,000 of	
compensation from the organiza	ation. Report con (A) business address	pen	satio	n for	the	caler	dar		ne organization's tax year. (B) on of services	(C) Compensation
Name and	Dusiness address							Descripti	on of services	Compensation
2 Total number of independent co	antractore (include	ng h		at Ba-	itod	to #L	2000	listed shares who		
received more than \$100,000 o								iialeu abuve) WNO		
DAA										Form 990 (20

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Attach to Form 990 or Form 990-EZ.

2019 Open to Public Inspection

OMB No. 1545-0047

Internat Revenue Service Name of the organization

Department of the Treasury

Employer identification number 35-0953440

FORT WAYNE MUSEUM OF ART, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B)

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

(C)

(D)

(E)

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	tion A. Public Support	4		, p.			
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
c	shown on line 11, column (f)						1,404,625
6 Sec	Public support. Subtract line 5 from line 4						6,383,474
_	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,328,803	1,254,653	1,315,657	2,341,532	1,547,454	7,788,099
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	200,119	200,358	197,610	256,084	241,263	1,095,434
9	Net income from unrelated business activities, whether or not the business is regularly carried on				68,741		68,741
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						8,952,274
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,944,935
13 Sec	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	organization's first, s	second, third, fourth	, or fifth tax year as	s a section 501(c)(3	s) 	▶□
14	Public support percentage for 2019 (line 6, o	column (f) divided b	y line 11, column (f))		14	71.31 %
15	Public support percentage from 2018 Sched					15	70.46%
16a	33 1/3% support test—2019. If the organiz box and stop here. The organization qualification of the stop here.	es as a publicly sup	pported organization				▶ 🗓
b	33 1/3% support test—2018. If the organiz this box and stop here. The organization qu						•
17a	10%-facts-and-circumstances test—201: 10% or more, and if the organization meets Part VI how the organization meets the "factorganization"	the "facts-and-circu ets-and-circumstance	imstances" test, che es" test. The organi	eck this box and st zation qualifies as	t op here. Explain in a publicly supported	ı d	▶ □
b	10%-facts-and-circumstances test—201: 15 is 10% or more, and if the organization resplain in Part VI how the organization mee	8. If the organization meets the "facts-and	n did not check a bo d-circumstances" tes	ox on line 13, 16a, st, check this box a	16b, or 17a, and lin and stop here .	е	g.gg. == L
18					<u>.</u>		> 🗌
	instructions			•		xsg	▶□

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.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	•	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from		Harriege.				Ľ.	
Sac	line 6.)						- 1	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9	(f) Total
9	Amounts from line 6	(4) 2010	(5) 2010	(0) 2011	(4) 2010	(0) 2011		(i) Total
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
14	First five years. If the Form 990 is for the c	organization's first.	second, third, fourt	h, or fifth tax vear	as a section 501(c)	(3)		
	organization, check this box and stop here	_		·		•	4.7.395	> 🔲
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2019 (line 8, o	column (f), divided	by line 13, column	(f))			15	%
16	Public support percentage from 2018 Sched						16	%
Sec	tion D. Computation of Investmer							
17	Investment income percentage for 2019 (lin						17	%
18	Investment income percentage from 2018 S						18	%
l9a	33 1/3% support tests—2019. If the organ	ization did not che	eck the box on line	14, and line 15 is m	ore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this box	and stop here. T	The organization qu	alifies as a publicly	supported organiz	ation		
b	33 1/3% support tests—2018. If the organ							9
	line 18 is not more than 33 1/3%, check this							14.
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 19	9b, check this box	and see instructions	š		🖹 📘

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

- 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- 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.
 - 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.)

1 4	it v.)		
		Yes	No
			110
	1		
		11.	
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
		hu.	
	4c		
			Film
	5a		
	5b		
	5c		
	6		
		77.5	121
	7		
	8		
	0		
	9a		
	9b	merny	
	9c		
	50	JL X	
	10a	00 17	
	104		
_	10b		
A (F	orm 99	0 or 990	EZ) 2019

activities but for the organization's involvement.

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

2b

3a

Schedule A (Form 990 or 990-EZ) 2019 FORT WAYNE MUSEUM OF ART, II	NC.	35-09534	40 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
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 of	omplete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		1	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	XIII Z	
2 Enter 85% of line 1.	2	31 5, 171 5, 14	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Typ	e III su	pporting organization (see	

instructions).

Section D - Distributions							
1							
	Amounts paid to supported organizations to accomplish exempt purp Amounts paid to perform activity that directly furthers exempt purpos						
	organizations, in excess of income from activity	,,					
	Administrative expenses paid to accomplish exempt purposes of su	pported organizations					
	Amounts paid to acquire exempt-use assets	file and the second					
	Qualified set-aside amounts (prior IRS approval required)						
	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 organ	lization is responsive					
	(provide details in Part VI). See instructions.	•					
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 201			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required-explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2019			L. L			
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
0.50	Carryover from 2014 not applied (see instructions)			W W = 0			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2019 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder, Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.	1000					
	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
d	Excess from 2018 Excess from 2019						

DAA

Part VI	m 990 or 990-EZ) 2019 Supplemental Info		the explanations		35-0953440 ne 10; Part II, line 17a or	Page 8 17b; Part
	III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	Section A, lines 1, art IV, Section C, li line 1; Part V, Se	, 2, 3b, 3c, 4b, 4c ine 1; Part IV, Sec ction B, line 1e; P	5, 5a, 6, 9a, 9b, 9c, 1 ction D, lines 2 and 3 art V, Section D, lines	1a, 11b, and 11c; Part IV, ; Part IV, Section E, lines s 5, 6, and 8; and Part V,	Section 1c, 2a, 2b,
	lines 2, 5, and 6. A	Also complete this	part for any additi	ional information. (Se	e instructions.)	
Sarrana	6.0					
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22o		9 × × 20 × 20 × 20 × × 4800× 68 × × ×	s	201-201-201-1-121-2020-1-1-201-1-201-201	OF 0000 OF \$1,000 OF \$1,00	
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Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service Name of the organization

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

FORT WAYNE MUSEUM OF ART, INC. 35-0953440									
Organization type (check one):									
Filers of:	Section:								
Form 990 or 990-EZ	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								
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. So								
General Rule									
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining ibutions.								
Special Rules									
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and	line							
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.									
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year									
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 t answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990- certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	-EZ or on its							

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization
FORT WAYNE MUSEUM OF ART, INC

Employer identification number 35-0953440

POINT	WATRE MODEON OF ART, INC.		-0933440
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARTS UNITED OF GREATER FORT WAYNE 300 E. MAIN STREET FORT WAYNE IN 46802	\$ 105,084	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	EAST ALLEN COUNTY SCHOOLS 1240 STATE ROAD 930 EAST NEW HAVEN IN 46774	\$ 44 ,947	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
.3	ENGLISH, BONTER, MITCHELL FOUNDATION 110 WEST BERRY STREET FORT WAYNE IN 46802	\$ 100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	FOELLINGER FOUNDATION, INC. 520 EAST BERRY STREET FORT WAYNE IN 46802	\$ 82,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.5	FORT WAYNE COMMUNITY SCHOOLS 1200 S. CLINTON STREET FORT WAYNE IN 46802	\$ 150,296	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	INDIANA ARTS COMMISSION 100 N SENATE AVE INDIANAPOLIS IN 46204	\$ 36,300	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization
FORT WAYNE MUSEUM OF ART, INC.

Employer identification number 35-0953440

FORT	WATHE HODEON OF ART, INC.		-0933440
Part I	Contributors (see instructions). Use duplicate copies of Pa	nt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LINCOLN FINANCIAL FOUNDATION 1300 S. CLINTON STREET FORT WAYNE IN 46802	\$ 33,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WILSON FAMILY FOUNDATION 110 WEST BERRY STREET FORT WAYNE IN 46802	\$ 35,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Capitala.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person 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.)
· (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

me	of the organization		Employer	identification number
F(ORT WAYNE MUSEUM OF ART, INC.		35-0	953440
_	rt I Organizations Maintaining Donor Advised Fun- Complete if the organization answered "Yes" on F			
	Complete if the organization another or 100 off	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
1	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi			Yes No
ò	Did the organization inform all grantees, donors, and donor advisors in wr		. 3000 - 10	
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?			Yes No
D _a	rt II Conservation Easements.			100 110
-	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.		
_	Purpose(s) of conservation easements held by the organization (check all			
•	Preservation of land for public use (for example, recreation or educate		important I	and area
	Protection of natural habitat	Preservation of a certified his	•	
	Preservation of open space	Treservation of a defined his	nono sudo	idi 0
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a consensa	tion	
-	easement on the last day of the tax year.	Stort Contribution in the torn of a conserva	TION.	Held at the End of the Tax Yea
•	-		2a	Tield at the End of the Tax Tea
-	Total number of conservation easements		2b	
b	Total acreage restricted by conservation easements	ad in (a)	2c	
			- 20	
u	Number of conservation easements included in (c) acquired after 7/25/06,		2d	
	historic structure listed in the National Register Number of conservation easements modified, transferred, released, exting	quicked or terminated by the organization	during the	
3		guisned, or terminated by the organization	uuring ur	t .
	tax year ▶	antad N		
4				
5	Does the organization have a written policy regarding the periodic monito			. Yes No
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of v	violations, and enforcing conservation ease	ments dur	ing the year
	Annual of a second to a section to the second to the secon		ه	L
7	Amount of expenses incurred in monitoring, inspecting, handling of violati	ions, and enforcing conservation easemen	ts auring t	ne year
	> \$			
>	Does each conservation easement reported on line 2(d) above satisfy the			□ van □ Na
	and section 170(h)(4)(B)(ii)?			Yes No
•				
	balance sheet, and include, if applicable, the text of the footnote to the or organization's accounting for conservation easements.	rganization's financial statements that desc	andes trie	
Da	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other S	Similar	Accate
Га	Complete if the organization answered "Yes" on F		Jiiinai 1	A33613.
-	If the organization elected, as permitted under FASB ASC 958, not to rep		hoot work	^
ıa	of art, historical treasures, or other similar assets held for public exhibition			5
	service, provide in Part XIII the text of the footnote to its financial stateme		pabilo	
h	If the organization elected, as permitted under FASB ASC 958, to report in		t works of	
IJ	art, historical treasures, or other similar assets held for public exhibition, or			
		education, or research in furtherance of po	TONG SELVIC	~ ,
	provide the following amounts relating to these items:			e e
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	(ii) Assets included in Form 990, Part X	ther similar appets for financial asia assistant		\$
2	If the organization received or held works of art, historical treasures, or of		IE 1116	
	following amounts required to be reported under FASB ASC 958 relating			- e
a	Revenue included on Form 990, Part VIII, line 1		range 💆	\$
n	Assets included in Form 990, Part X			

Sche		NE MUSEUM O				35-09					ge 2
Pa	art III Organizations Maintaining	Collections of A	rt, Histor	ical Tre	asures, o	r Other	(continu	ed)			
3											
-	collection items (check all that apply):										
_											
a			ban or excha	inge progr	am NAT						
b		e 🔼 🤇	other Epic	CATIC)N	569		4 0 1 0 ·			
C											
4	Provide a description of the organization's co	llections and explain ho	w they furthe	er the orga	ınization's ex	empt purp	ose in Pa	art			
	XIII.										
5	During the year, did the organization solicit of	r receive donations of a	art, historical t	reasures,	or other simi	Іаг				-	
	assets to be sold to raise funds rather than to	be maintained as part	of the organ	ization's c	ollection?				Ye	s X	No
Pa	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.	T GIIOTTOTO TOO	o o o	00, 1 011	11, 11.10 0,	от торо					
4			. Communications	4							
1a	Is the organization an agent, trustee, custodi										
	included on Form 990, Part X?					6.00	00.00.00	0 10 - (5 - 10)	_ L Ye	s 📙	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:				r				-
							_		Amount		
C	Beginning balance	915						1c			
d	Additions during the year							1d			
	Distributions during the year							1e			
	Ending balance							1f			-
20	Did the organization include an amount on F	orm 990 Part Y line 21	for ecrow	or custodi:	al account lia	hility?			Ye	е П	No
	If "Yes," explain the arrangement in Part XIII.									" H	140
		Check here if the expir	anadon nas b	een piovic	eu on Fait A	ин		*********			_
Fa		a annuared "Vaa"	F 0	00 Dad	N/ line 4/	,					
	Complete if the organization										
	ļ	(a) Current year	(b) Prior y		(c) Two year			e years back		years b	
1a	Beginning of year balance	6,265,362	6,25	1,711	6,01	4,685	5	,611,72	2 6,0	004,0	055
b	Contributions										
	Net investment earnings, gains, and										
	losses	162,704	30	7,175	52	5,789		697,11	9 -:	-102,0	
d	Grants or scholarships										
	Other expenditures for facilities and										
•	·	312,835	20	3,524	28	8,763		294,15	6	290,	290
	programs	312,033		3,324		0,703		232,10	—	-50,	
т	Administrative expenses	6,115,231	6.06	E 200	C 05	1 711	-	014 60		611,	722
g	End of year balance			5,362		1,711	- 0	,014,68	3 3,1	OTT,	122
2	Provide the estimated percentage of the curr		ine 1g, colum	ın (a)) held	d as:						
а	Board designated or quasi-endowment	44.64 %									
b	Permanent endowment ▶ 55.06 %										
C	Term endowment ► 0.30 %										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizatio	n that are he	id and adr	ministered for	the					
	organization by:								1	Yes	No
	(i) Unrelated organizations								3a(i)		X
										_	X
	(ii) Related organizations				.00	· · · · · · · · ·	001119-001	00.00	3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organiz	7-2		R? (335)	g		S1155		3b		_
4	Describe in Part XIII the intended uses of the		nent funds.								_
Pa	art VI Land, Buildings, and Equ										
	Complete if the organization	n answered "Yes"	on Form 9	<u>90, Part</u>	IV, line 1	<u>1a. See</u>	Form 9	190, Part	X, line 10)	
	Description of property	(a) Cost or other basis (b) Cost or other basis (c) Accumulated			(d) Book value						
		(investment)		(other	r)	de	preciation				
12	Land					W					
				8.26	51,354	3	,552,	859	4,70	08.4	95
	Buildings			0,20	,004		,	333	-, /	- 1 -	
	Leasehold improvements			1 01) A A1E		0.60	074		62 /	1/1
	Equipment				24,415		960			63,4	5-31 T
	Other				17,500			500	, =:	74 4	125
Tota	II. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B),	line 10c.)					4,7	/I,9	136

5-	n	9	5	3	4	4	O	

Schedule D (Fo	orm 990) 2019	FORT	WAYNE	MUSEUM	OF	ART,	INC.	35-0953440	Page 3
Part VII	Investments				!?		000 D-4 N	/ Eng 44h Ong Farm 000 F	Cont V. Hop. 40
				nswered "Ye	es" on	Form		, line 11b. See Form 990, F	
		iption of secu uding name (urity or category				(b) Book value		of valuation: ear market value
(1) Financial d	lari otivas					_			
	d equity interests					. —			
(D) Other					D-90+E				
/A\					B - 30 - E	•			
(B)						•			
(C)	• • • • • • • • • • • • • • • • • • • •								
(D)									
(E)				ED-61-10-10-61-1	E1 -9C++ 0				
(F)	. 10 - 15 - 10 - 10 - 10 - 10		.)(
(G)	. 13 - 100 - 11 - 100 - 13 - 100								
(H)	. 6 . 60 . 6 . 60 . 6 . 7 . 6								
	(b) must equal Fo	orm 990,	Part X, col. (i	B) line 12.)					
Part VIII	Investments							·	
	Complete if t	he orga	nization a	nswered "Ye	es" or	Form	990, Part IV	, line 11c. See Form 990, F	Part X, line 13.
-	(a) D	escription of	investment				(b) Book value	(c) Method	of valuation:
								Cost or end-of-y	ear market value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	(b) must equal F		Part X, col. (B) line 13.)					
Part IX	Other Asset					_			5 · · · · · · · · · · · · · · · · · · ·
	Complete if t	the orga	inization a			n Form	990, Part IV	/, line 11d. See Form 990, I	
				(a) Descr	ription				(b) Book value
(1)									
(2)									
(3)									
_(4)				<u> </u>					
(5)									-
(6)									
(7)									
(8)									
(9)	(b) must equal F	000	Port V col /	D) line 15 l					
Part X	Other Liabi		ran A, col.	b) une ro.)	3		3		
FaitA			nization a	nswered "Y	es" or	Form	990 Part IV	/, line 11e or 11f. See Form	990. Part X.
	line 25.	alo olge	anzadori a	110110104	00 0.		000, 1 411 11	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
1.		Description	of liability						(b) Book value
	income taxes	,,							
	DABLE ADVA	NCE							219,932
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	n (b) must equal F	orm 990.	Part X, col. (B) line 25.)	.0V. D.	0.,1010.			219,932
					the foo	tnote to	the organization	n's financial statements that reports	the
								footnote has been provided in Part	

SCHE	edule D (Form 990) 2019 FORT WAINE MOSEOM OF ART, INC.	•	33-093344	J	Page
Pa	art XI Reconciliation of Revenue per Audited Financial Statemer			urn.	-
1	Complete if the organization answered "Yes" on Form 990, Pa Total revenue, gains, and other support per audited financial statements			1	1,948,914
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
а	Net unrealized gains (losses) on investments	2a	-166,977	ā. 1	
b		2b	21,840		
C	Recoveries of prior year grants	2c	,		
d		2d	77,632	100	
е		9 3 3		2e	-67,505
3	Subtract line 2e from line 1	588	50 0 0	3	2,016,419
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	255.51.527		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	71,629		
b		4b			
C	Add lines 4a and 4b			4c	71,629
5	The state of the s			5	2,088,048
Pa	art XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Pa			eturn.	
1				1	2,545,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,840		
b	Prior year adjustments	2b	/		
c	Other losses				
d			77,632		
е	Add lines 2a through 2d			2e	99,472
3	Subtract line 2e from line 1			3	2,446,176
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	71,629		
b		4b			
	Add lines 4a and 4b			4c	71,629
5	to the second se			5	2,517,805
	art XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines			line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
	ART III, LINE 1A - TERMS FOR NOT REPORTING A	ASSETS	PER SFAS 1	16	
T	UP MICEIM MAINTAINC AN EVERNOTHE COLLECTION	OE AD	m mus oott	DOMI	0110 t#11011
	HE MUSEUM MAINTAINS AN EXTENSIVE COLLECTION	OF AR	T. THE COLL	ECTI	ONS, WHICH
W	ERE ACQUIRED VIA PURCHASES AND CONTRIBUTIONS	APE	NOT PECOCN	TZED	AC ACCETC
	and nogoties the concludes and contributions	ARE.	NOI RECOGN	1250	WO WOOFID
0	N THE STATEMENTS OF FINANCIAL POSITION. EXP	ENDITU	RES FOR THE	ACO	UISTTION
0	F ART OBJECTS ARE RECORDED AS COLLECTION IT	EMS PU	RCHASED IN	THE	STATEMENTS
0	F ACTIVITIES AND CHANGES IN NET ASSETS IN TH	E YEA	R THE OBJEC	TS A	RE
-					
P	URCHASED. THE MUSEUM PROVIDES A CLEAN, SAFE,	, AND	STABLE STOR	AGE	
Ter 1	MITDONNENII EOD THE DEDIVINENII COLLEGIIONIO M			~	
	NVIRONMENT FOR ITS PERMANENT COLLECTIONS. TH	IERE WI	ERE NO DEAC	CESS	TONS IN
rju;	HE YEARS ENDED JUNE 30, 2020 AND 2019.				
	THE PROPERTY OF LOTAL SOLVENIES AND LOTAL SOLVENIES.			§ . (1)	5.02
יכו	ART III IINE A - COLLECTIONS AND BELLETON	iv bab	MDM DIDDOCE		
5.	ART III, LINE 4 - COLLECTIONS AND RELATION	LO EXE	MPT PURPUSE	8	
T	HE COLLECTIONS CONSIST OF ART OBJECTS IN FU	RTHERAI	NCE OF THE	MUSE	UM'S
		100 100 1			

Part XIII Supplemental Information (continued)

MISSION TO COLLECT, PRESERVE AND PRESENT AMERICAN AND RELATED ART TO ENGAGE AND EDUCATE BROAD AND DIVERSE AUDIENCES THROUGHOUT THE REGION TO ADD VALUE TO THEIR LIVES.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE ENDOWMENT FUNDS WILL BE USED FOR OPERATING PURPOSES AND TO SERVE THE

ORGANIZATION'S NEEDS OVER THE LONG-TERM.

PART X - FIN 48 FOOTNOTE

THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE UNITED STATES INTERNAL REVENUE CODE AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION. THE MUSEUM HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE MUSEUM IS ALSO EXEMPT FROM STATE INCOME TAXES.

HOWEVER, THE MUSEUM IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE MUSEUM AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE MUSEUM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN OR EXPECTS TO BE TAKEN AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED, MEASURED, OR DISCLOSED IN THE FINANCIAL STATEMENTS. MANAGEMENT BELIEVES THE MUSEUM IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017.

Schedule D (Form 990) 2019 FORT WAYNE MUSEUM OF ART, INC. Part XIII Supplemental Information (continued)	35-0953440	Page 5
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FI	NANCIALS - OTHER	
GALA DIRECT EXPENSES	\$	77,632
		oo.gs
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN F	INANCIALS - OTHE	R
GALA DIRECT EXPENSES	\$	77,632
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have custody or (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) (ii) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions? cal. (i) Yes No 1 2 3 5 6 7 8 9 10 **Total** 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
enue			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	504,142			504,142
		Less: Contributions	325,669			325,669
	3	Gross income (line 1 minus line 2)	178,473			178,473
	4	Cash prizes				
		Noncash prizes	143,529			143,529
(A)			18,484			
Direct Expenses		Rent/facility costs		2		18,484
Ct EX	7	Food and beverages	20,832			20,832
Dire	8	Entertainment	240			240
	9	Other direct expenses	38,076			38,076
	10	Direct expense summary.	Add lines 4 through 9 in column (d)		>	221,161
P	11 art	Net income summary. Sub-	tract line 10 from line 3, column (d) plete if the organization answ			-42,688
_		\$15,000 on For	m 990-EZ, line 6a.		unt 11, mio 10, oi 10porto	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
uses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	p			
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. A	Add lines 2 through 5 in column (d)		>	
			ary. Subtract line 7 from line 1, colur			
а	Ente	er the state(s) in which the	organization conducts gaming activi conduct gaming activities in each of	these states?		Yes No
10a b	 Wei	re any of the organization's /es," explain:	gaming licenses revoked, suspende	ed, or terminated during the tax yea		
	3		· · · · · · · · · · · · · · · · · · ·		***********************	

Sche	dule G (Form 990 or 990-EZ) 2019	FORT	WAYNE	MUSEUM	OF	ART,	INC.	35-0953440)	Page 3
11	Does the organization conduct gaming	activities wit	nonmembe	ers?					Yes	No
12	Is the organization a grantor, beneficiary									5
	formed to administer charitable gaming	?			:115				Yes	No No
13	Indicate the percentage of gaming activ	ity conducte	d in:						_	_
а	The organization's facility							13a		%
b	An outside facility				50553			13b		%
14	Enter the name and address of the per	son who pre	pares the or	ganization's ga	ming/s	pecial eve	ents books and			
	records:									
	Name >				5653 - 3					
	Address >		g. 12. 113. 11	a • • 8 • • 8 • 8 • 8 • • • • • • • • •					10100	
15a	Does the organization have a contract v		-	-		_	-			
_	revenue?						g.,	.aa.ygraraanaasa	Yes	. ∐ No
b	If "Yes," enter the amount of gaming re-						<u></u>	and the		
	amount of gaming revenue retained by		ty ▶ \$	ş 1181 <u>12 1182</u> 1 11						
C	If "Yes," enter name and address of the	third party:								
	Name ►	9 - 51 - 12 - 12 - 1		3					10100	
	Address >	g 15511 153 1551 17		s			S11152118152118			
16	Gaming manager information:									
	Name ►									
	Gaming manager compensation ▶ \$									
	Description of services provided ▶			d • • • • • • • • • • • • • • • • • • •						
	Director/officer Em	ployee	<u> </u>	ndependent co	ontracto	or				
17	Mandatory distributions:									
17	is the organization required under state	law to make	charitable (dietributione fro	m tha	namina nr	accade to			
a									Yes	∏ No
h	retain the state gaming license? Enter the amount of distributions require								res	
U	spent in the organization's own exempt					cempt orga	ariizations or			
Pa	rt IV Supplemental Inform					ired by I	Part I. line 2	b. columns (iii) and (v)	and	
	Part III, lines 9, 9b, 10l									
	See instructions.	-,,	-, ,		, p.1.00.		provide dir.	,		
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SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 2019

Open to Public Inspection

FORT WAYNE MUSEUM OF ART, INC.

Employer identification number 35-0953440

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	-		
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	. 011		
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		
				100
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 organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	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		1 - 1	
	Approval by the board of compensations and a specific committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		, 11	
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
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.	40		
	in 100 to any or interest at 5, list the persons and provide the applicable amounts for each term in 1 at 11.		-	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	-	1,1,14	
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:			
а	·	5a		х
h	The organization? Any related organization?	5b		X
-	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
	The second of th	100		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	4.1		
-	compensation contingent on the net earnings of:		118	
а		6a		X
b	The organization? Any related organization?	6b		X
-	Any related organization? If "Yes" on line 6a or 6b, describe in Part III,	OD		
	The of the od of objection at the first		li a l	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-		7		х
8	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			
	1777	ا		х
	in Part III	8		_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?			
	TO SERVICE OF THE SER	9		

Part II

FORT WAYNE MUSEUM OF ART, INC. Schedule J (Form 990) 2019

35-0953440

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

Page 2

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

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

Choose (a)	o amphipulation of	(B) Breakdown of M.2 and/or 1000 MISC commonstion	C componentian		Commonwealth and the product of the fact o	The morning.	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	(D) Nontaxable benefits	(E) lotal of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
CHARLES A. SHEPARD III (0)	181,049	00	0.0	1,950	7,586	190,585	
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3 (7)	0				W 0 5 6 50	TOTAL S. S. S. STATE	
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(1) 6	0	2					
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open To Public inspection

Employer Identification number

FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1o Art — Works of art Art — Historical treasures 2 Art — Fractional interests 3 Books and publications 5 Clothing and household Cars and other vehicles Boats and planes Intellectual property 8 Securities — Publicly traded 9 Securities - Closely held stock 10 Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 132 143,529 FAIR MARKET VALUE 25 Other ► (AUCTION ITEMS 26 Other ►(Other ►(27 28 Other > (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a If "Yes," describe the arrangement in Part II. b 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X b If "Yes," describe in Part II, If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FORT WAYNE MUSEUM OF ART, INC.

Employer identification number

35-0953440

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FORM 990 WAS SENT OUT IN ADVANCE TO THE FINANCE COMMITTEE FOR
REVIEW. THE FORM 990 WAS APPROVED BY THE FINANCE COMMITTEE AND FOWARDED TO
THE BOARD OF TRUSTEES. THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD
OF TRUSTEES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

KEY STAFF MEMBERS, VOLUNTEERS, BOARD OF TRUSTEES MEMBERS OF THE FORT WAYNE

MUSEUM OF ART ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT COULD GIVE

RISE TO CONFLICTS. THIS IS ACCOMPLISHED BY COMPLETION OF AN INTERNAL

DISCLOSURE STATEMENT ON A YEARLY BASIS AT THE FIRST BOARD OF TRUSTEES

MEETING IN SEPTEMBER OF EACH YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE CEO'S COMPENSATION IS DETERMINED FOLLOWING AN EXTENSIVE BOARD EVALUATION AND SALARY COMPARISONS WITH OTHER MUSEUMS OUR SIZE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE CEO DETERMINES THE COMPENSATION FOR THE OTHER OFFICERS. THE

COMPENSATION IS DETERMINED AFTER AN EVALUATION BY THE CEO AND A REVIEW OF

COMPARABLE SALARIES OF MUSEUMS OUR SIZE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE FINANCIAL STATEMENTS, FORM 990 AND OTHER GOVERNING DOCUMENTS INCLUDING

CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST EITHER

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page 2 Employer identification number
FORT WAYNE MUSEUM OF ART, INC.	35-0953440
	,
BY MAIL, EMAIL, OR IN PERSON.	22.122
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	PAGE 1 OF 1
	Schedule O (Form 990 or 990-EZ) (2019)

06015 FORT WAYNE MUSEUM OF ART, INC.
35-0953440 Indiana Statements

FYE: 6/30/2020

1/22/2021 12:17 PM

Statement 1 - IN Form NP-20. Line 3 - Current Officers

Officer Name	Title		
Address	City	State Zip Code	
CATHERINE HILL CHAIR			
311 EAST MAIN STREET	FORT WAYNE	IN 46802	
ELLEN CUTTER VICE	CHAIR		
311 EAST MAIN STREET	FORT WAYNE	IN 46802	
LAUREN ZUBER SECRE	ETARY		
311 EAST MAIN STREET	FORT WAYNE	IN 46802	
JUDY ROY TREAS	SURER		
311 EAST MAIN STREET	FORT WAYNE	IN 46802	
CHARLES A. SHEPARD III PRESI	DENT & CEO		
311 EAST MAIN STREET	FORT WAYNE	IN 46802	
LON BRAUN VICE	PRESIDENT & CFO		
311 EAST MAIN STREET	FORT WAYNE	IN 46802	

06015 10/29/2020 11:39 AM

Form 8868

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

Electronic filling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2020)

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) print FORT WAYNE MUSEUM OF ART, INC. 35-0953440 Number, street, and room or suite no. If a P.O. box, see instructions. 311 E. MAIN ST. File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions. filing your return. See IN 46802 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 01 Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 12 LON R. BRAUN 311 E. MAIN ST. The books are in the care of FORT WAYNE IN 46802 Telephone No. ▶ 260-422-6467 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box _____ ▶ 🔲 . If it is for part of the group, check this box _____ ▶ 🔲 and attach a list with the names and TINs of all members the extension is for. request an automatic 6-month extension of time until 05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning 07/01/19 , and ending 06/30/20 If the tax year entered in line 1 is for less than 12 months, check reason: Final return Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0 any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 0 3Ь Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0 using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.