8879-E

IRS *e-file* Signature Authorization for an Exempt Organization

and anding	9/30	₂₀ 18

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

10/01 , 2017, and ending 9/30 For calendar year 2017, or fiscal year beginning u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information. Employer identification number Name of exempt organization Wiregrass Museum of Art, Inc. 63-0958800

Name and title of officer Judy Harris

Audit Chairperson

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	548,496
2a	Form 990-EZ check here ▶ □_	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b b	Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: chec	k one box only				
X I authorize	Ferguson,	Sizemore &	Associates	_ to enter my PIN	58800 as my signature
		ERO firm name		·	Enter five numbers, but do not enter all zeros
being filed v	vith a state agency(ies)	,	rn. If I have indicated within this part of the IRS Fed/State prog screen.	, ,	
If I have ind	icated within this return	n that a copy of the retu	y signature on the organization's irn is being filed with a state agurn's disclosure consent screen	ency(ies) regulating o	
fficer's signature }				Date	} 02/12/18

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

63541649497

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Mark L. Smith ERO's signature

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

 \boldsymbol{u} Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 2017 Open to Public Inspection

<u>A</u>	For the 2017	calendar year, or tax year beginning	ng 10/01/1/	, and ending	09/30/1					
<u>B</u>	Check if applicable	C Name of organization				D	Employer	identification number		
Ш	Address change	Wiregr	cass Museum c	of Art, Inc	· .					
$\overline{\Box}$	Name change	Doing business as					63-09	958800		
=	ŭ	Number and street (or P.O. box if mail is no	ot delivered to street address)			Telephone			
ш	Initial return	P.O. Box 1624					334-7	794-3871		
	Final return/ terminated	City or town, state or province, country, and	ZIP or foreign postal code							
	Amended return	Dothan	AL 36302	2-1624		G	Gross rece	ipts \$ 548,4	<u> 196</u>	
H		F Name and address of principal officer:				H(a) Is this a group	roturn for cu	bordinates? Yes	No	
Ш	Application pending	Andrew Gosselin				n(a) is this a group	Tetum for Su	ibulullales: les	שווים	
						H(b) Are all subordi	linates includ	led? Yes	No	
						If "No," att	tach a list. (s	see instructions)		
$\overline{}$	Tax-exempt statu	X 501(c)(3) 501(c) () t (insert no.)	4947(a)(1) or	527]				
	Website: U	wiregrassmuseumoart				H(c) Group exempt	tion number	u		
	Form of organizati		ciation Other u		L Ye	ear of formation:		M State of legal domicile:		
		ummary								
		lescribe the organization's mission or	most significant activ	ities:						
		ration of a public art	- mii.doiim							
nce.			· 							
Governance										
Š			ontinued its energtion							
တိ		his box u if the organization disc	•	•			ا م ا	10		
∞ಶ	3 Number	of voting members of the governing b	oody (Part VI, line 1a)				3	18		
ies	4 Numbe	of independent voting members of th	e governing body (Pa	rt VI, line 1b)			4	18		
Activities		mber of individuals employed in calen		/, line 2a)				5		
Ac	1	imber of volunteers (estimate if neces	* '				6	57		
	7a Total u	related business revenue from Part V	'III, column (C), line 1	2			7a		0	
	b Net un	elated business taxable income from F	Form 990-T, line 34				7b		0	
					-	Prior Year	050	Current Year	21	
<u>e</u>	8 Contrib	tions and grants (Part VIII, line 1h)					,959	470,4		
en	9 Progra	service revenue (Part VIII, line 2g)	32,	,583	41,7					
Revenue	10 Investn	ent income (Part VIII, column (A), line	s 3, 4, and 7d)				106		343	
_	11 Other r	evenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	l1e)			,647	35,8		
		venue – add lines 8 through 11 (must	_			513,	,295	548,4	<u>:96</u>	
	13 Grants	and similar amounts paid (Part IX, col	umn (A), lines 1–3)							
	1	paid to or for members (Part IX, colu							0	
S		, other compensation, employee bene				194,	,130	212,6	49	
Expenses	16a Profess	onal fundraising fees (Part IX, column	n (A), line 11e)						0	
xbe	b Total fo	ndraising expenses (Part IX, column (D), line 25) u	58 , :	38 4					
Ш	17 Other 6	xpenses (Part IX, column (A), lines 11	Ia-11d, 11f-24e)			291,	,187	329,8		
	18 Total e	penses. Add lines 13-17 (must equal	Part IX, column (A),	line 25)	L	485,	,317	542,5	39	
	19 Revenu	e less expenses. Subtract line 18 from	n line 12				,978	5,9	57	
Net Assets or Fund Balances	-				T	Beginning of Curren		End of Year		
sets	20 Total a					1,048,		1,050,6		
A As	21 Total li						,890		<u> 135</u>	
_		ets or fund balances. Subtract line 21	from line 20			1,044,	,278	1,050,2	<u>35</u>	
<u> </u>	art II	ignature Block								
		perjury, I declare that I have examined thi					y knowled	ge and belief, it is		
tru	ue, correct, and	complete. Declaration of preparer (other that	an officer) is based on a	ili information of whi	cn preparer nas a	ny knowleage.				
Sig	· I .	Signature of officer				_	Date			
He	re	Judy Harris			Audit	Chairper	son			
		Type or print name and title	<u>, </u>							
		pe preparer's name	Preparer's signa	ature		Date	Check	if PTIN		
Paid	d Mark	L. Smith	Mark L. Si	nith		02/12/1	9 self-emp	loyed P00207008		
Pre	parer Firm's			Associat	es	Firm	's EIN }	63-104515	5	
Use	Only	1467 Honeys								
	Firm's	address } Dothan, AL	36305-191	2		Phor	ne no.	334-792-11	.80	
May	the IRS disc	ss this return with the preparer showr	above? (see instruct	tions)				X Yes	No	

orm	990 (2017) Wiregrass Museum of Art, Inc. 63-0958800	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
	Briefly describe the organization's mission:	
O	peration of a public art museum	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	······ <u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	207 262	
	(Code:) (Expenses \$ 387,363 including grants of \$) (Revenue \$)
P +	romote art education, understanding, and appreciation to	
Δ 2	he public, in addition to operating a museum in Dothan, labama.	
-		
	•	

	•	
	•	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
	•	
	•	
	•	
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•	
	•	
	•	
	*	
	•	
	•	
	•	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses u 387,363	

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schodule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		2
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		2
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Port III	5		2
;	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			
	"Voo." complete Schodule D. Port I.	6		2
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	.		T
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· -		f
	consolida Colombiala D. Dord III	8		
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	. •		f
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
		9		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		H
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	. 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.			
ı	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	complete Schedule D, Part VI	. 11a	Х	⊢
)	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		Ŀ
;	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			Ι.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		Ŀ
b	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			Ι,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			Ŀ
•	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		Ŀ
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		Ŀ
)	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		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
ı	Did the organization maintain an office, employees, or agents outside of the United States?			
,	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			Г
	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		
	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		:
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			T
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		:
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	· ··•		Ť
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ''		H
		18	х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 10	-21	\vdash
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		1

Part IV Checklist of Required Schedules (continued)

			Yes	No
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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
22	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			v
24-	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	245		x
	through 24d and complete Schedule K. If "No," go to line 25a			
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?			
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			v
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3.5
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7.
	conservation contributions? If "Yes," 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,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
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			l
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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					Г
	Oneon in Contradic C Contains a 150ponios of field to any line in the Fan				Y	es	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		13				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?			1	С	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		_				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2I	b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					32
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?						X
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> (3I	0		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a over, a financial account in a foreign country (such as a bank account, securities account, or other fin						
				4			Х
b	account)? If "Yes," enter the name of the foreign country: u				_		Ť
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A						
	(FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5	а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			-	С		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
	organization solicit any contributions that were not tax deductible as charitable contributions?			6	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
	gifts were not tax deductible?			61	b		_
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 g	oods					
						\dashv	
b				71	b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_			
٦	required to file Form 8282?		1		C		
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			76			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			71			
g	If the organization received a contribution of qualified intellectual property, did the organization file For		as required?	79			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?			8	:		
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			98	a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			91	b L	_	_
10	Section 501(c)(7) organizations. Enter:	1	ı				
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	1	I				
a	Gross income from members or shareholders	. 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources	441-					
120	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	11b					
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1	12	a		
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I				
а	la the appropriation lineared to increase well-field health plane in more than one state 0			13	a		
-	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b	<u></u>				
С	Enter the amount of reserves on hand	420					
14a	Did the organization receive any nayments for indeer tanning convices during the tay year?			14	а		X
h	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule	0		14	h l		

Form 990 (2017) Wiregrass Museum of Art, Inc. 63-0958800 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 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? Х 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 ${f u}$ None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: ${f u}$ ParsonsGroup LLC 110 Medical Drive

334-793-3122

AL 36303

Dothan

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo off	(do not check not box, unless per officer and a diagram of the control of the con			s both a or/trustee	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Andrew Gosselin	0.00									
President	0.00	X		Х				0	0	0
(2) Collins Trott	0.00									
Secretary	0.00	x						0	0	0
(3) Judy Harris		-21							<u> </u>	
Audit Chairperson	0.00	х		x				o	0	0
(4) Mike Owen										
	0.00									
Vice President	0.00	X						0	0	0
(5) Vimal Patel										
Treasurer	0.00	x						o	0	0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Form **990** (2017)

Pai	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	у Еі	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	bo of	x, unle	Pos check ess pe and a o	more rson is	s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con	(F) stimated mount of other npensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	orç ar	ganization nd related anizations	
1b c	Sub-total Total from continuation shee							u u					
d	Total (add lines 1b and 1c)							u					
2	Total number of individuals (increportable compensation from			to th	ose	listed	abo	ve)	who received more than \$1	00,000 of			
												Ye	s No
3	Did the organization list any for employee on line 1a? <i>If</i> "Yes,"	rmer officer, dired complete Schedu	ctor, ile J	or tru for s	ustee such	, key indiv	/ em idual	ploy	ee, or highest compensated			3	х
4	For any individual listed on line organization and related organi individual	1a, is the sum o	f rep	ortal \$150	ole co ,000	ompe ? <i>If "</i>	ensat Yes,'	ion :	and other compensation from Inplete Schedule J for such	m the		4	х
5	Did any person listed on line 1	a receive or accru	ue c	ompe	ensat	ion f	rom	any	unrelated organization or inc	dividual		5	х
Secti	for services rendered to the orgon B. Independent Contractor		·S, C	ОПР	iele c	<u> JUNE</u>	uuie	J 10	i sucii persori		<u> </u>	<u> </u>	
1	Complete this table for your five												
	compensation from the organiz	(A) business address	iperi	Salio	11 101	ше	Calei	luai	Descript	(B) tion of services		(C) Comper) Isation
	Walle dru	business uddiess							Возир	ant of solvices		Compe	Suton
2	Total number of independent or received more than \$100,000 c								listed above) who	n			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) (B) Related or exempt husiness function revenue 512-514 revenue 1a Federated campaigns 1a **b** Membership dues 1b **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 387,677 f All other contributions, gifts, grants, and similar amounts not included above 82,754 47,177 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f . 470,431 u Program Service Revenue Busn. Code 41,711 41,711 Membership dues f All other program service revenue 41,711 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 543 543 Income from investment of tax-exempt bond proceeds $\, \mathbf{u} \,$ Royalties (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets other than inventory **b** Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 29,941 See Part IV, line 18 **b** Less: direct expenses b 29,941 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory u Miscellaneous Revenue Busn, Code 5,870 5,870 11a Miscellaneous d All other revenue e Total. Add lines 11a–11d 5,870

548,496

48,124

12 Total revenue. See instructions. ...

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Seci	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respor	•	•	e column (A).	
Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.	rotal expenses	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	210 002	160 067	21 000	21 000
7	Other salaries and wages	210,083	168,067	21,008	21,008
8	Pension plan accruals and contributions (include	2 566	2.054	256	25.0
_	section 401(k) and 403(b) employer contributions)	2,566	2,054	256	256
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	~ 				
b					
C	Accounting				
d	· · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12		40,101	30,076		10,025
13	Advertising and promotion Office expenses	11,740	8,804	2,349	587
14		11//10	0,001	2/345	307
15	Information technology				
16	Royalties	40,307	31,181	6,161	2,965
17	Occupancy Travel	10/507	31/101	0/101	2,703
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,021	1,021		
20	Internal				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,781	31,025	7,756	
23	Insurance	16,629	12,472	4,157	
24	Other expenses. Itemize expenses not covered		-	•	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		59,111	59,111		
b	Repairs and maintenance	45,650	34,237	9,130	2,283
С	Professional fees	39,135		39,135	
d	Fund raising	20,524			20,524
е	All other expenses	16,891	9,315	6,840	736
25	Total functional expenses. Add lines 1 through 24e	542,539	387,363	96,792	58,384
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 u if following SOP 98-2 (ASC 958-720)				

P	art >	Balance Sheet					
		Check if Schedule O contains a response or note to	any line i	n this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			500	1	500
	2	Savings and temporary cash investments			213,141	2	252,824
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	Γ		4		
	5	Loans and other receivables from current and former office					
		trustees, key employees, and highest compensated employees	loyees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified personal control of the contr	ons (as def	fined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
		sponsoring organizations of section 501(c)(9) voluntary e					
S		organizations (see instructions). Complete Part II of Sche		6			
Assets	7	Notes and loans receivable, net			7		
Ä	8	Inventories for sale or use		· · · · · · · · · · · · · · · · · · ·		8	
	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment: cost or	.1				
			10a	1,378,354			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	581,008	834,527	10c	797,346
	11	Investments—publicly traded securities		_	-	11	•
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,048,168	16	1,050,670
	17	Accounts payable and accrued expenses		3,890	17	435	
	18	Grants payable		-	18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of	Schedule I	D		21	
"	22	Loans and other payables to current and former officers,					
Liabilities		trustees, key employees, highest compensated employee					
ig		disqualified parsons Complete Part II of Schodule I				22	
Ë	23	Secured mortgages and notes payable to unrelated third				23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	
	25	Other liabilities (including federal income tax, payables to					
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			3,890	26	435
		Organizations that follow SFAS 117 (ASC 958), check			_		
es		complete lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets			209,751	27	252,889
Balances	28	Temporarily restricted net assets			834,527	28	797,346
힏	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117 (ASC 958)					
ō		complete lines 30 through 34.		_			
ets	30	Ossital atasal, an torrat universal an accomment formula				30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment				31	
Net Assets	32	Retained earnings, endowment, accumulated income, or				32	
Z	33				1,044,278	33	1,050,235
	34	Total liabilities and net assets/fund balances			1,048,168	34	1,050,670

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		18,49			
2	Total expenses (must equal Part IX, column (A), line 25)	2	54	12,53 5,95			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10	1,05	50,23	35		
Pa	art XII Financial Statements and Reporting			_	_		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	L	丄		
				Yes N	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.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X_</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	:	<u> </u>		
	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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name	of the organization Employer identification number											
			Wiregrass Mu	seum of Art, Inc	١.			63-095	8800			
Pa	ırt I	Reaso	on for Public Charity	Status (All organizations r	must co	mplete	this part.) See	instruction	s.			
The o	orgar	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne box.)						
1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	170(b)(1)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state	: :									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local government or go	vernmental unit described in sec	tion 170	(b)(1)(A)(\	<i>(</i>).					
7	X		on that normally receives a susection 170(b)(1)(A)(vi). (Co	ubstantial part of its support from	a govern	mental un	it or from the gen	eral public				
8	П			70(b)(1)(A)(vi). (Complete Part II.)							
9	Н	•		ribed in section 170(b)(1)(A)(ix)	•	l in coniur	oction with a land-	arant college				
·	Ш	-		agriculture (see instructions). En		-		-				
10		An organization	on that normally receives: (1)	more than 33 1/3% of its support	rt from co	ntributions	s, membership fee	s, and gross				
	_	receipts from	activities related to its exemp	t functions-subject to certain ex	ceptions,	and (2) n	o more than 33 1	/3% of its				
		• • •	_	I unrelated business taxable inco 1975. See section 509(a)(2). (0	_ `		11 tax) from busin	esses				
11		An organization	on organized and operated ex	clusively to test for public safety.	See sec	tion 509(a)(4).					
12	П	An organization	on organized and operated ex	clusively for the benefit of, to per	form the	functions	of, or to carry out	the purposes				
	_	of one or mor	re publicly supported organiza	ations described in section 509(a	a)(1) or se	ection 50	9(a)(2). See sect i	on 509(a)(3).				
		Check the box	x in lines 12a through 12d tha	at describes the type of supportin	g organiza	ation and	complete lines 12	e, 12f, and 12	g.			
	а	Type I. A	supporting organization oper	rated, supervised, or controlled by	y its supp	orted orga	anization(s), typica	ally by giving				
		the suppo	orted organization(s) the power	er to regularly appoint or elect a r	majority of	the direc	tors or trustees of	the				
		supporting	g organization. You must co	mplete Part IV, Sections A and	IB.							
	b	Type II. A	A supporting organization sup	ervised or controlled in connection	n with its	supporte	d organization(s),	by having				
			•	ng organization vested in the sar	ne person	is that coi	ntrol or manage th	ne supported				
		□ ĭ	on(s). You must complete I	•								
	С			upporting organization operated in ructions). You must complete P				tegrated with,				
	d	ш		. A supporting organization opera				•)			
			, ,	organization generally must satis	•			attentiveness				
			,	ust complete Part IV, Sections								
	е		_	ved a written determination from -functionally integrated supporting			Type I, Type II, T	ype III	,			
	f		nber of supported organization									
	g	Provide the fo	ollowing information about the	supported organization(s).	1		T					
(i)		e of supported	(ii) EIN	(iii) Type of organization	` '	organization	(v) Amount of	,	(vi) Amount			
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support instructio	•	other support instructions			
					Yes	No				•1		
(A)					1.50							
(~)												
(B)												
` '												
(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			•	•	,		
Caler	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		426,860	485,425	446,959	470	0,431	1,829,675
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		426,860	485,425	446,959	470	,431	1,829,675
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.							1,829,675
	tion B. Total Support							1,025,075
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
7	Amounts from line 4	(1)	426,860	485,425	446,959	· · ·	,431	1,829,675
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							1,829,675
12	Gross receipts from related activities, etc. (see instructions)					12	78,065
13	First five years. If the Form 990 is for the							
	organization, check this box and stop here							▶ □
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2017 (line 6,	column (f) divided	by line 11, column (f))			14	100.00%
15	Public support percentage from 2016 Scheo		1.1				15	100.00%
16a	33 1/3% support test—2017. If the organiz	zation did not chec						
	box and stop here. The organization qualif	ies as a publicly su	upported organization	า				▶ X
b	33 1/3% support test—2016. If the organize	zation did not chec	k a box on line 13 o					
	this box and stop here. The organization q	ualifies as a public	ly supported organiz	ation				▶ □
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, ch	eck this box and st	t op here. Explain i	n		
	Part VI how the organization meets the "fac	cts-and-circumstand	ces" test. The organ	ization qualifies as	a publicly supporte	ed		
	organization							▶ □
b	10%-facts-and-circumstances test—201							
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances" te	st, check this box a	and stop here.			
	Explain in Part VI how the organization me	ets the "facts-and-o	circumstances" test.	The organization qu	ualifies as a public	у		
	supported organization							▶ □
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check t	this box and see			
	instructions							▶ ∟

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under the	ne tests listed t	below, please o	ompiete Part II	.)		
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,	. ,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) u	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	Т	(f) Total
9	Amounts from line 6	(u) 2010	(3) 2011	(6) 2010	(a) 2010	(0) 2011		(i) rotal
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, and 12.)							
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		
_	organization, check this box and stop here		-					<u></u> ▶ <u>L</u>
	tion C. Computation of Public Su						15	%
15								
16							16	%
	tion D. Computation of Investme			column (f))			17	0/
17 18	Investment income percentage for 2017 (lir Investment income percentage from 2016	Schedule A Part III	uivided by litte 13, (I line 17			· · · · · · · · · · · · · · · · · · ·	18	<u>%</u>
19a	33 1/3% support tests—2017. If the organ	nization did not che	ck the box on line	 I4. and line 15 is m	ore than 33 1/3%	∟ and line	.5	/0
	17 is not more than 33 1/3%, check this box							▶ □
b	33 1/3% support tests—2016. If the organ	-						-
	line 18 is not more than 33 1/3%, check this							▶
20	Private foundation. If the organization did	not check a box or	n line 14, 19a, or 19	9b, check this box a	and see instructions	s		▶ □

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 3a (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 b 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 (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 9a 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.)

		Yes	No
	1		
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	3a		
	3b		
	3с		
H	4a		
	4b		
	4c		
	5a		
-	5b		
- }	5c		
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	9a		
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	9с		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 /	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-Ju		
D	of its supported exercise a substantial degree of direction over the policies, programs, and activities of each	26		

Schedu	e A (Form 990 or 990-EZ) 2017 Wiregrass Museum of Art, Inc	٠.	63-09588	B00 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2	20, 197	0 (explain in Part VI).See	
	instructions. All other Type III non-functionally integrated supporting organizations must or	omplete	e Sections A through E.	
Secti	on 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			
col	ection of gross income or for management, conservation, or			
ma	intenance 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	ructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	b Average monthly cash balances	1b		
	c Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see	instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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			
em	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated Type	e III s	upporting organization (see	
	instructions).		· ·	

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule A (Form 990 or 990-EZ) 2017

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Wiregrass Museum of Art, Inc. 63-0958800 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X u \$ _____ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	art III Organizations Maintaining			Treasures o	or Other Simi	lar Assets	(continu		age <u>=</u>
3	Using the organization's acquisition, accession,						(OOTHITIC	cuj	
3	collection items (check all that apply):	and other records, of	neck any or the foll	owing that are a	a signilicant use o	110			
	Public exhibition	ı 🗆 ،	oon or ovehenge r	rograma					
a	\vdash		oan or exchange p	-					
b	Scholarly research	e 🔲 (Other						
C	Preservation for future generations					5 .			
4	Provide a description of the organization's colle	ections and explain ho	ow they further the	organization's e	xempt purpose in	Part			
	XIII.								
5	During the year, did the organization solicit or i		·	•				_	7
	assets to be sold to raise funds rather than to l	•	of the organization	n's collection?			Ye	s	No
Pa	ert IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 9), or reported a	an amount	on Form		
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions of	or other assets n	not		_		_
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XIII ar								
							Amount		
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f									
22	Ending balance	m 000 Part V line 21	I for occrow or cus	todial account li	ability?		☐ Ye		No
	If "Yes," explain the arrangement in Part XIII. C							· -	- 140
	irt V Endowment Funds.	nieck neie ii the expid	anation has been p	iovided on Fait	<u> </u>				
Га		anawarad "Vaa"	on Form 000 F	Oort IV/ line 1	0				
	Complete if the organization						(-) [1.
_	_	(a) Current year	(b) Prior year	(c) Two year	ars back (d)	hree years back	(e) Fou	r years t	oack
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curren	t vear end balance (li	ine 1g. column (a))	held as:	'				
	Board designated or quasi-endowment u	•	o .g, oo.a (a))						
	Permanent endowment u %								
	Temporarily restricted endowment u	%							
·	The percentages on lines 2a, 2b, and 2c should								
20	•	•	a that are hald and	administered fo	v 4h a				
зa	Are there endowment funds not in the possess	ion of the organization	n that are neld and	administered to	r the		ſ	V	
	organization by:						- m	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the o		nent funds.						
Pa	rt VI Land, Buildings, and Equip								
	Complete if the organization	answered "Yes" o	<u>on Form 990, F</u>	Part IV, line 1	1a. See Form	990, Part	X, line 10)	
	Description of property	(a) Cost or other ba	asis (b) Cost	or other basis	(c) Accumula	ted	(d) Book	value	
		(investment)		(other)	depreciation	1			
1a	Land								
b	Buildings	1,121,	133		376	,602	7	44,	531
С	Leasehold improvements		0					-	
	Equipment	257,			204	406		52,8	815
	Other					, =	•	, \	
	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X.	column (B), line 1	Oc.)	<u> </u>	u	79	97,3	346

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Schedule D (Fo	orm 990) 2017 Wiregra	ss Museum	of I	Art,	Inc.	63-0958800	Page 3
Part VII	Investments—Other Se	curities.					
	Complete if the organizat	ion answered "	Yes" on	Form	990, Part IV, line	11b. See Form 990, Page 11b. See Form 990, Page 11b.	art X, line 12.
	(a) Description of security or of				(b) Book value	(c) Method o	f valuation:
	(including name of secur	ty)				Cost or end-of-year	ar market value
(1) Financial of							
(2) Closely-hel	d equity interests			. L			
(0) 0(1)							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)				.			
	n (b) must equal Form 990, Part X		1				
Part VIII	Investments—Program			_			
	Complete if the organizat		Yes" on	Form			
	(a) Description of investment	ent			(b) Book value	(c) Method o	
						Cost or end-of-year	ar market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X	, col. (B) line 13.) ι	1				
Part IX	Other Assets.	:			000 David IV II.a.	44-l O F 000 D	- at V . Ba - 4.5
	Complete if the organizat			Form	990, Part IV, line	11a. See Form 990, Pa	
		(a) De	scription				(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	n (b) must equal Form 990, Part X	ool (P) line 15					
Part X	Other Liabilities.	, сог. (<i>Б)</i> ште тэ.) .				u	
I alt X	Complete if the organizat	ion answered "	Vec" on	Form	000 Part IV line	11e or 11f See Form	000 Part Y
	line 25.	ion answered	163 011	1 01111	330, rait iv, line	THE OF THE DECTOR	330, r art 7,
1.	(a) Description of liability	M.			(b) Book value		
	income taxes	y			(b) Book value		
	HIDOTIC IDAGS			+			
(2)				+			
(4)				+			
				+			
(5)				+			
(6)				+			
(7)				+			
(8)				+			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u

Schedule D (Fo	rm 990) 2017 1	Wiregrass I Information	Museum	of	Art,	Inc.	ϵ	3-09588	00	Page 5
Part XIII	Supplementa	I Information	(continued)							
• • • • • • • • • • • • • • • • • • • •										
•										
•										

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or Form 990-EZ. **U** Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization Wiregrass Museum o	f Art, In	c.			Employer identificat	
Part I Fundraising Activities. Complete if	the organization	n an		ed "Yes" on Form 99		
Form 990-EZ filers are not required t 1 Indicate whether the organization raised funds through ar				ack all that apply		
Π						
	f Solicitation			ernment grants		
b Internet and email solicitations		_		_		
c Phone solicitations	g Special fur	idraisir	ig eve	enis		
d In-person solicitations2a Did the organization have a written or oral agreement wi	th any individual (ir	ocludio	a offic	ore directors trustoes		
or key employees listed in Form 990, Part VII) or entity in b If "Yes," list the 10 highest paid individuals or entities (fur	n connection with p	rofess	ional f	undraising services?		Yes No
compensated at least \$5,000 by the organization.	idiaiseis) puisdailt			its under which the fullula	isel is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	id fund- r have ody or trol of outions?	(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	1		<u> </u>			
List all states in which the organization is registered or lic registration or licensing.		ntributio	ons or	has been notified it is exe	mpt from	<u> </u>

Wiregrass Museum of Art, Inc. Schedule G (Form 990 or 990-EZ) 2017 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 Yard Party Wine Experience None (add col. (a) through col. (c)) (event type) (event type) (total number) 16,836 29,091 12,255 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 16,836 12,255 29,091 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? Yes If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

11 12	dule G (Form 990 or 990-EZ) 2017	wiregras	s Museum	or Art,	Inc.	63-0958800	Page
12	Does the organization conduct gaming a	activities with nonm	nembers?				Yes N
	Is the organization a grantor, beneficiary						
	formed to administer charitable gaming?						Yes N
13	Indicate the percentage of gaming activit	•				1 1	
а	The organization's facility					13a	%
b	An outside facility					13b	%
14	Enter the name and address of the pers	on who prepares th	he organization's ga	aming/special e	events books and		
	records:						
	Name u						
	Address u						
15a	Does the organization have a contract w	ith a third party from	m whom the organ	ization receives	s gaming		
	revenue?						Yes N
b	If "Yes," enter the amount of gaming reve				and	the	
	amount of gaming revenue retained by the		\$				
С	If "Yes," enter name and address of the	third party:					
	Name u						
	Address u						
16	Gaming manager information:						
	Name u						
	Gaming manager compensation u \$						
	Description of services provided ${f u}$						
	Director/officer Emp	loyee	Independent of	ontractor			
17	Director/officer Emp Mandatory distributions:	oloyee	Independent of	ontractor			
17 a		_			proceeds to		
	Mandatory distributions: Is the organization required under state I	aw to make charita	able distributions fro	om the gaming			Yes N
а	Mandatory distributions:	aw to make charita	able distributions fro	om the gaming			Yes N
a b	Mandatory distributions: Is the organization required under state I retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt a	aw to make charita	able distributions from	om the gaming	organizations or		
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at tive organization.	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at tive organization.	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
a b	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	
	Mandatory distributions: Is the organization required under state or retain the state gaming license? Enter the amount of distributions required spent in the organization's own exempt at IV Supplemental Information Part III, lines 9, 9b, 10b,	aw to make charitate dunder state law to activities during the cion. Provide the	able distributions from the distributed to the tax year u \$ ne explanations	om the gaming other exempt of required by	rganizations or Part I, line 2b, colu	mns (iii) and (v); a	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2017

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Wiregrass Museum of Art

Employer identification number 63-0958800

De		Muse	un or Art, 1	.11C •	03-095660	<u> </u>		
Pa	rt I Types of Property		T	(a)				
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	nts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
14	structures Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
	Real estate — Confinercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37	1	47 177				
25	Other u()	X	1	47,177				
26	Other u()							
27	Other u ()							
28	Other u (T			
29	Number of Forms 8283 received by the	-	•					
	which the organization completed For	m 8283, F	art IV, Donee Acknowled	gement [29			
							Yes	No
30a	During the year, did the organization r	-		•	•			
	28, that it must hold for at least three	-			•			
	to be used for exempt purposes for the	e entire h	olding period?			30a		_X_
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acce	eptance po	olicy that requires the revi	ew of any nonstandard				
	contributions?					31		_X_
32a	Does the organization hire or use thire							
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	ount in col	umn (c) for a type of prop	erty for which column (a) is	checked,			
	describe in Part II.							

Schedule M (Form 9	90) 2017 Wir	egrass M	useum of	Art,	Inc.	63-0958	800	Page 2
Part II	Supplemental the organization	Information. In is reporting in	Provide the in Part I, col	information umn (b), th	required by P e number of c	ontributions, the	32b, and 33, and wheth number of items receive	ner ed,
	or a combination	on of both. Als	so complete	this part for	any additiona	l information.		

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.

OMB No. 1545-0047

Open to Public u Attach to Form 990 or 990-EZ. \boldsymbol{u} Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Wiregrass Museum of Art, Inc.	63-0958800
Form 990, Part VI, Line 11b - Organization's Process	s to Review Form 990
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Governing Documents Di	sclosure Explanation
No documents available to the public	

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

179

Internal Revenue Service
Name(s) shown on return

(99)

Wiregrass Museum of Art, Inc

Identifying number 63-0958800

	MILEGIA	iss Museum	or Arc, Inc.			00	0,550	
	ss or activity to which this form relates					•		
	ndirect Depreciat:			470				
Pa	-	•	erty Under Section , complete Part V be		omnlete Part	ı		
1	Maximum amount (see instructions	.\	-				1	510,000
2	Total cost of section 179 property	<i>′</i>	instructions)				2	220,000
3	Threshold cost of section 179 prop						3	2,030,000
4	Reduction in limitation. Subtract line		or loop optor O				4	
5	Dollar limitation for tax year. Subtract line						5	
6	(a) Description			ost (business use		Elected cost		
7	Listed property. Enter the amount f	rom line 29			7			
8	Total elected cost of section 179 pr						8	
9	Tentative deduction. Enter the small						9	
10	Carryover of disallowed deduction f	rom line 13 of your 20	140 Farma 4500				10	
11	Business income limitation. Enter the	ne smaller of business	income (not less than ze	ero) or line 5 (see instructions)		11	
12	Section 179 expense deduction. Ac	ld lines 9 and 10, but	don't enter more than line	11	· · · · · · · · · · · · · · · · · · ·		12	
13	Carryover of disallowed deduction t			<u></u>	13			
Note	Don't use Part II or Part III below for							
Pa	rt II Special Depreciati	<u>on Allowance a</u>	nd Other Depreciat	ion (Don't	include listed	property	/.) (Se	e instructions.)
14	Special depreciation allowance for	qualified property (oth	er than listed property) pla	aced in service	e			
	during the tax year (see instruction						14	
15	Property subject to section 168(f)(1						15	04.004
16	Other depreciation (including ACR						16	24,294
_Pa	rt III MACRS Depreciat	ion (Don't include	e listed property.) (S	ee instruct	ions.)			
			Section A				4-1	0
17	MACRS deductions for assets plac						17	<u> </u>
<u>18</u>	If you are electing to group any assets placed		rvice During 2017 Tax Y				/stam	
	Occilon B	(b) Month and year	(c) Basis for depreciation		C General Depre		/3.0	
	(a) Classification of property	placed in service	(business/investment use only–see instructions)	(d) Recovery period	(e) Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property	-						
<u>b</u>	5-year property			+				
C	7-year property							
d_	10-year property	-						
<u>e</u> _	15-year property	-		+		-		
	20-year property	-		05		0/1		
<u>g</u>	25-year property			25 yrs.	N40.4	S/L		
n	Residential rental property			27.5 yrs.	MM	S/L		
	· · ·			27.5 yrs.	MM MM	S/L		
•	Nonresidential real property			39 yrs.	MM	S/L S/L		
	<u> </u>	ssets Placed in Serv	ice During 2017 Tax Ye	ar Using the			System	1
 20a	Class life	Socio i ladea ili dei v	loc builing 2017 Tax To			S/L	Jyoton	<u> </u>
	12-year	-		12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
	irt IV Summary (See ins	structions)		ı 1 ∪ yıs.	I IVIIVI			
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, li		es 19 and 20 in column (c	a), and line 21	 . Enter		<u>-</u> :	
	here and on the appropriate lines of	•		•			22	24,294
23	For assets shown above and place							
	portion of the basis attributable to s	_			23			

W7480 Wiregrass Museum of Art, Inc. 63-0958800 Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec Basis % 179 Bonus for Depr Per Conv Meth Prior Cu	urrent_
Other	Depreciation:				
1	Walkway	9/30/00	5,390	5,390 7 MO200DB 5,390	0
2	Security system	2/07/97	10,323	10,323 7 MO200DB 10,323	0
3	Sump pump	7/09/97	540	540 7 MO200DB 540	0
4	Pionex PII/350 system	12/14/98	1,845	1,845 7 MO200DB 1,845	0
5	Mathews design	9/01/91 9/01/91	3,604 486	3,604 10 MO200DB 3,604 486 10 MO200DB 486	$0 \\ 0$
6 7	Mathews design Design fee	9/01/91	3,681	3,681 10 MO200DB 480 3,681 3,681	0
8	Palladio	10/22/91	500	500 10 MO200DB 500	0
9	Various	3/07/90	731	731 10 MO200DB 731	Õ
10	Message center	9/15/91	165	165 10 MO200DB 165	0
11	Sculpture	9/14/99	5,000	5,000 10 MO200DB 5,000	0
12	Various Pedestal display	7/27/88 10/13/93	25,830 315	25,830 7 MO200DB 25,830 315 7 MO200DB 315	0
13 14	Pedastal display Desk	3/03/94	119	315 7 MO200DB 315 119 7 MO200DB 119	0
15	Chair	3/03/94	43	43 7 MO200DB 43	0
16	Table	3/03/94	75	75 7 MO200DB 75	Õ
17	Supply cart	2/15/95	163	163 7 MO200DB 163	0
18	Letters/boards	5/05/95	307	307 7 MO200DB 307	0
19 20	Hand truck Thermo-hydrograph	6/13/95 12/28/96	46 775	46 7 MO200DB 46 775 7 MO200DB 775	$0 \\ 0$
20	5 drawer file	1/03/97	600	600 7 MO200DB 773	0
22	Booktruck/teal car	1/22/97	516	516 7 MO200DB 516	ő
23	3 files/2 tables	2/04/97	541	541 7 MO200DB 541	0
24	Shelves	4/16/97	500	500 7 MO200DB 500	0
25	2 tables/2 chairs	1/15/97	656	656 7 MO200DB 656	0
26 27	Piano-donated Scanner	12/01/96 7/23/99	25,000 293	25,000 10 MO S/L 25,000 293 5 MO200DB 293	0
28	Various	2/28/89	2,402	2,402 5 MO200DB 2,402	0
29	Telephone equipment	3/13/94	309	309 7 MO200DB 309	ŏ
30	Printer-deskjet 540	6/27/95	379	379 5 MO200DB 379	0
31	Computer/monitor	7/10/95	2,414	2,414 5 MO200DB 2,414	0
32	HP printer	3/11/97 4/01/97	281 300	281 5 MO200DB 281 300 5 MO200DB 300	0
33 34	Computer-donated Telephone system	10/14/91	3,073	300 5 MO200DB 300 3,073 7 MO200DB 3,073	0
35	Gateway GP7-450	10/13/99	1,355	1,355 5 MO200DB 1,355	ő
36	Pitney-Bowes copier	6/20/00	8,225	8,225 5 MO200DB 8,225	0
37	Gateway GP7-450	10/13/99	1,355	1,355 5 MO200DB 1,355	0
38	Gateway GP7-450	10/13/99	1,355	1,355 5 MO200DB 1,355	0
39 40	Flooring Flagpoles	1/11/01 2/19/01	3,590 1,000	3,590 15 MO S/L 3,590 1,000 15 MO S/L 1,000	$0 \\ 0$
41	Computer	10/18/00	1,452	1,452 10 MO S/L 1,452	0
42	Digital camera	11/15/00	663	663 10 MO S/L 663	Õ
43	Computer	2/01/01	1,013	1,013 10 MO S/L 1,013	0
	Painting	6/21/01	3,000	3,000 10 MO S/L 3,000	0
45 46	Upgrade-Fire Alarm System Kitchen Equipment	6/21/05 10/14/03	1,630 316	1,630 5 MO S/L 1,630 316 10 MO S/L 316	$0 \\ 0$
46 47	Upgrade to burglar alarm system	5/24/05	500	510 10 MO S/L 510 500 5 MO S/L 500	0
	KITCHEN EQUIPMENT	10/14/03	316	316 10 MO S/L 316	ő
49	Dell Computer	3/20/02	14,411	14,411 5 MO S/L 14,411	0
	Furniture & Fixtures	3/03/02	114	114 5 MO S/L 114	0
51	Equipment	3/03/02 12/02/03	624	624 5 MO S/L 624	$0 \\ 0$
52 53	TABLES & CHAIRS Adobe Create Suite 2 for Windows - Sketch		2,208 899	2,208 10 MO S/L 2,208 899 5 MO S/L 899	0
	TABLES & CHAIRS	10/01/03	2,000	2,000 10 MO S/L 2,000	0
55	SECURITY SYSTEM	4/15/04	3,800	3,800 7 MO S/L 3,800	0
	Telephone System	5/01/03	3,582	3,582 5 MO S/L 3,582	0
57 58	SOFTWARE Fire alarm system	3/02/05	1,507	1,507 5 MO S/L 1,507	$0 \\ 0$
58 59	Fire alarm system Quickbooks Pro software	6/06/06 3/19/04	1,400 810	1,400 10 MO S/L 1,400 810 5 MO S/L 810	0
	Improvements - 12 Nubby Wall panels	4/13/06	2,085	2,085 15 MO S/L 1,599	139
61	Dome Canvas Awning	5/30/06	1,338	1,338 15 MO S/L 1,011	89
	two 6' Bench - Slat	6/29/06	1,636	1,636 5 MO S/L 1,636	0
	2002 Phase III	3/31/02	7,603	7,603 50 MO S/L 2,357	152
64 65	2002 Phase III 2002 Phase III	3/31/02 3/31/02	111,203 24,386	111,203 50 MO S/L 34,473 24,386 50 MO S/L 7,560	2,224 488
66	2002 Phase III	3/31/02	1,701	1,701 50 MO S/L 7,300	34
67	2003 Phase III	3/31/03	411,606	411,606 50 MO S/L 119,366	8,232
68	2003 Phase III	3/31/03	173,750	173,750 50 MO S/L 50,387	3,475

W7480 Wiregrass Museum of Art, Inc. 63-0958800 Federal Asset Report Form 990, Page 1

		Date		Bus S	00	Basis			
Asset	Description	In Service	Cost		79 Bonus	for Depr	PerConv Meth	Prior	Current
69	2003 Phase III	3/31/03	66,536			66,536	50 MO S/L	19,295	1,331
70	Landscaping	4/09/07	2,250			2,250	50 MO S/L	473	45
71	Safe	7/27/07	526					526	0
72	Projector	9/12/07	1,112			1,112	10 MO S/L	1,112	0
73	Parking Lot	4/25/07	100,000			100,000	50 MO S/L	20,833	2,000
74	Phase IV	8/02/07	43,692			43,692	50 MO S/L	8,884	874
75	48" Conference Table	1/17/07	693			693	10 MO S/L	693	0
76	25 PPM Color Copier	4/27/07	6,359			6,359	10 MO S/L	6,359	0
77	Dell Computer - Intel Core 2 duo proc. T5		1,616			1,616	5 MO S/L	1,616	0
78	Dell Computer & Printer	2/19/07	1,342			1,342	5 MO S/L	1,342	0
79	Dell Computer & Accessories	4/19/07	1,447			1,447	5 MO S/L	1,447	0
80	Office equipment	3/31/08	4,259					4,047	212
81	Artventures	9/03/09	3,740			3,740	10 MO S/L	3,023	374
82	Artventures	9/18/09	15,990			15,990		12,792	1,599
83	Epson digital projector	3/06/09	654			654		561	66
84	Lawn mower	3/12/09	2,526			2,526	10 MO S/L	2,168	253
85	Desk	8/18/09	632			632	10 MO S/L	511	63
86	5 drawer lateral file	7/08/09	646			646	10 MO S/L	533	65
87	4 maple tables	8/11/09	2,802			2,802	10 MO S/L	2,288	280
88	Office furniture	9/17/09	217			217	10 MO S/L	174	21
89	6 silver filing cabinets	9/21/09	1,302			1,302		1,042	130
90	Maple transporte table	9/22/09	714			714		571	72
91	Key system installation	9/17/09	285				10 MO S/L	228	29
92	Dell mini-tower computer	9/25/09	1,001			1,001	5 MO S/L	1,001	500
93 94	Floor Covering	10/15/09	9,989			9,989	20 MO S/L 20 MO S/L	3,995	500
95	Exit Door Artventures	10/20/09 10/22/09	1,725 13,110			1,725 13,110	20 MO S/L 20 MO S/L	683 5,189	86 656
96	Improvements	8/08/10	928			928	20 MO S/L 20 MO S/L	333	46
97	MSI 6360 Laptop	9/20/10	565			565	5 MO S/L	565	0
98	3 Dell Inspiron Laptops	10/16/09	1.821			1,821	5 MO S/L	1,821	0
99	5 Drawer Lateral File	10/01/09	646			646		517	65
100	Maple Table	10/02/09	660			660		264	33
101	Furnitures & Fixtures	10/19/09	600			600	10 MO S/L	475	60
102	s Sculpture Bases	10/22/09	625			625	20 MO S/L	247	32
103	Office Blinds	12/11/09	726			726	10 MO S/L	569	72
104	Chair	3/24/10	253			253	5 MO S/L	253	0
105	Table & 2 Barstools	4/30/10	296					220	29
106	5 Drawer Lateral File	7/01/10	646			646	10 MO S/L	469	64
107	2 5 Drawer Lateral Files	7/01/10	1,293			1,293	10 MO S/L	937	130
108	Sony Bravia 32" Class 720p 60 hz	7/16/10	473			473	10 MO S/L	339	47
109	Chairs	8/06/10	2,277			2,277	10 MO S/L	1,632	227
	Total Other Depreciation	_	1,186,609		_	1,186,609		483,236	24,294
	•	-			-				
	Total ACRS and Other Depr	eciation	1,186,609			1,186,609		483,236	24,294
	-	=			=				
	Grand Totals		1,186,609			1,186,609		483,236	24,294
	Less: Dispositions and Trans	fers	0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals	_	1,186,609		-	1,186,609		483,236	24,294
	THE STATE TOWN	=	1,100,007		=	1,100,007			21,277

W7480 Wiregrass Museum of Art, Inc. Depreciation Adjustment Report 63-0958800 **All Business Activities** FYE: 9/30/2018 AMT Adjustments/ Form Unit Asset Description Tax AMT Preferences There are no assets that meet the criteria of this report

W7480 Wiregrass Museum of Art, Inc.
63-0958800 Future Depreciation Report FYE: 9/30/19

Form 990, Page 1 FYE: 9/30/2018

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
<u>Other</u>	Depreciation:				
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 24 33 34 35 36	Depreciation: Walkway Security system Sump pump Pionex PII/350 system Mathews design Mathews design Design fee Palladio Various Message center Sculpture Various Pedastal display Desk Chair Table Supply cart Letters/boards Hand truck Thermo-hydrograph 5 drawer file Booktruck/teal car 3 files/2 tables Shelves 2 tables/2 chairs Piano-donated Scanner Various Telephone equipment Printer-deskjet 540 Computer/monitor HP printer Computer-donated Telephone system Gateway GP7-450 Pitney-Bowes copier	9/30/00 2/07/97 7/09/97 12/14/98 9/01/91 9/01/91 9/01/91 10/22/91 3/07/90 9/15/91 9/14/99 7/27/88 10/13/93 3/03/94 3/03/94 2/15/95 5/05/95 6/13/95 1/22/97 2/04/97 1/15/97 12/01/96 7/23/99 2/28/89 3/13/94 6/27/95 7/10/95 3/11/97 4/01/97 10/13/99 6/20/00	5,390 10,323 540 1,845 3,604 486 3,681 500 731 165 5,000 25,830 315 119 43 75 163 307 46 775 600 516 541 500 656 25,000 293 2,402 309 379 2,414 281 300 3,073 1,355 8,225		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67	Gateway GP7-450 Gateway GP7-450 Flooring Flagpoles Computer Digital camera Computer Painting Upgrade-Fire Alarm System Kitchen Equipment Upgrade to burglar alarm system KITCHEN EQUIPMENT Dell Computer Furniture & Fixtures Equipment TABLES & CHAIRS Adobe Create Suite 2 for Windows - Sketch sof TABLES & CHAIRS SECURITY SYSTEM Telephone System SOFTWARE Fire alarm system Quickbooks Pro software Improvements - 12 Nubby Wall panels Dome Canvas Awning two 6' Bench - Slat 2002 Phase III 2002 Phase III 2003 Phase III	10/13/99 10/13/99 10/13/99 1/11/01 2/19/01 10/18/00 11/15/00 2/01/01 6/21/05 10/14/03 5/24/05 10/14/03 3/20/02 3/03/02 12/02/03 10/01/05 10/13/03 4/15/04 5/01/03 3/02/05 6/06/06 3/19/04 4/13/06 6/29/06 3/31/02 3/31/02 3/31/02 3/31/03	1,355 1,355 1,355 3,590 1,000 1,452 663 1,013 3,000 1,630 316 500 316 14,411 114 624 2,208 899 2,000 3,800 3,582 1,507 1,400 810 2,085 1,338 1,636 7,603 111,203 24,386 1,701 411,606	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

W7480 Wiregrass Museum of Art, Inc.
63-0958800 Future Depreciation Report FYE: 9/30/19

Form 990, Page 1 FYE: 9/30/2018

		Date In			
<u>Asset</u>	Description	Service	Cost	Tax	AMT
68	2003 Phase III	3/31/03	173,750	3,475	0
69	2003 Phase III	3/31/03	66,536	1,331	0
70	Landscaping	4/09/07	2,250	45	0
71	Safe	7/27/07	526	0	0
72	Projector	9/12/07	1,112	0	0
73	Parking Lot	4/25/07	100,000	2,000	0
74	Phase IV	8/02/07	43,692	874	0
75	48" Conference Table	1/17/07	693	0	0
76	25 PPM Color Copier	4/27/07	6,359	0	0
77	Dell Computer - Intel Core 2 duo proc. T5600	11/21/06	1,616	0	0
78	Dell Computer & Printer	2/19/07	1,342	0	0
79	Dell Computer & Accessories	4/19/07	1,447	0	0
80	Office equipment	3/31/08	4,259	0	0
81	Artventures	9/03/09	3,740	343	0
82	Artventures	9/18/09	15,990	1,599	0
83	Epson digital projector	3/06/09	654	27	0
84	Lawn mower	3/12/09	2,526	105	0
85	Desk	8/18/09	632	58	0
86	5 drawer lateral file	7/08/09	646	48	0
87	4 maple tables	8/11/09	2,802	234	0
88	Office furniture	9/17/09	217	22	0
89	6 silver filing cabinets	9/21/09	1,302	130	0
90	Maple transporte table	9/22/09	714	71	0
91	Key system installation	9/17/09	285	28	0
92	Dell mini-tower computer	9/25/09	1,001	0	0
93	Floor Covering	10/15/09	9,989	499	0
94	Exit Door	10/20/09	1,725	86	0
95	Artventures	10/22/09	13,110	655	0
96	Improvements	8/08/10	928	47	0
97	MSI 6360 Laptop	9/20/10	565	0	0
98	3 Dell Inspiron Laptops	10/16/09	1,821	0	0
99	5 Drawer Lateral File	10/01/09	646	64	0
100	Maple Table	10/02/09	660	33	0
101	Furnitures & Fixtures	10/19/09	600	60	0
102	s Sculpture Bases	10/22/09	625	31	0
103	Office Blinds	12/11/09	726	73	0
104	Chair	3/24/10	253	0	0
105	Table & 2 Barstools	4/30/10	296	30	0
106	5 Drawer Lateral File	7/01/10	646	65	0
107	2 5 Drawer Lateral Files	7/01/10	1,293	129	0
108	Sony Bravia 32" Class 720p 60 hz	7/16/10	473	47	0
109	Chairs	8/06/10	2,277	228	0
	Total Other Depreciation		1,186,609	23,794	0
	Total ACRS and Other Depreciation		1,186,609	23,794	0
	Grand Totals		1,186,609	23,794	0

Form **990**

32. Number of employees

33. Number of volunteers

Two Year Comparison Report

2016 & 2017

For calendar year 2017, or tax year beginning 10/01/17, ending 09/30/18

Name Taxpayer Identification Number

Wiregrass Museum of Art, Inc. 63-0958800 2016 **Differences** 2017 1. Contributions, gifts, grants 68,501 82,754 14,253 1. 2. Membership dues and assessments 9,219 378,458 387,677 3. Government contributions and grants 3. 32,583 41,711 9,128 4. Program service revenue 4. 5. Investment income 5. 106 543 437 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 30,187 29,941 -246 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 3,460 5,870 2,410 11. Other revenue 11. 513,295 548,496 35,201 12. Total revenue. Add lines 1 through 11 12. 13. **13.** Grants and similar amounts paid 14. Benefits paid to or for members 14. 15. **15.** Compensation of officers, directors, trustees, etc. **16.** Salaries, other compensation, and employee benefits 194,130 212,649 18,519 16. 17. Professional fundraising fees 17. 18. Other professional fees 18. 39,771 40,307 536 19. Occupancy, rent, utilities, and maintenance 19. 38,229 38,781 552 20. Depreciation and Depletion 20. 21. Other expenses 213,187 250,802 37,615 21. 485,317 542,539 57,222 **22. Total expenses.** Add lines 13 through 21 22. 27,978 5,957 -22,02123. Excess or (Deficit). Subtract line 22 from line 12 23. 513,295 548,496 35,201 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 11,975 26. Total excludable revenue 36,149 48,124 Information 26. 1,048,168 1,050,670 2,502 27. Total assets 27. 28. Total liabilities 3,890 435 -3,45528. 29. Retained earnings 1,044,278 1,050,235 29. 5,957 **30.** Number of voting members of governing body 16 18 30. 16 18 31. Number of independent voting members of governing body 31.

0

24

33.

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57

Form 990 Tax Return History 2017

Name Employer Identification Number

Wiregrass Museum of Art, Inc.

Employer Identification Number 63-0958800

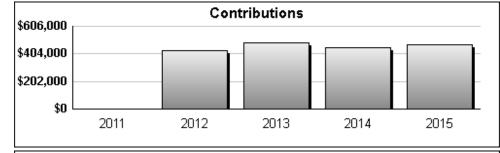
_	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants		426,860	485,425	446,959	470,431	
Membership dues						
Program service revenue		19,590	19,140	32,583	41,711	
Capital gain or loss						
Investment income		320	85	106	543	
Fundraising revenue (income/loss)		65,522	37,971	30,187	29,941	
Gaming revenue (income/loss)						
Other revenue		45,499	3,088	3,460	5,870	
Total revenue		557,791	545,709	513,295	548,496	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		161,781	165,283	194,130	212,649	
Professional fees		46,956				
Occupancy costs		60,388		39,771	40,307	
Depreciation and depletion		35,060	34,513	38,229	38,781	
Other expenses		225,129	387,095	213,187	250,802	
Total expenses		529,314	586,891	485,317	542,539	
Excess or (Deficit)		28,477	-41,182	27,978	5,957	
_						
Total exempt revenue		557,791	545,709	513,295	548,496	
Total unrelated revenue						
Total excludable revenue		65,409	22,313	36,149	48,124	
Total Assets		1,067,194	1,017,091	1,048,168	1,050,670	
Total Liabilities		9,712	791	3,890	435	
Net Fund Balances	1,010,452	1,057,482	1,016,300	1,044,278	1,050,235	

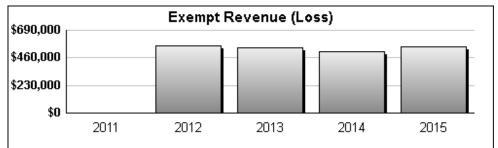
Name
Wiregrass Museum of Art, Inc.

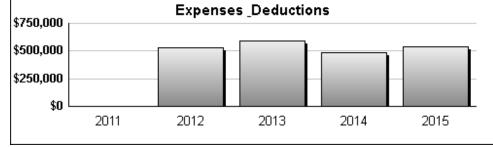
Tax Return History

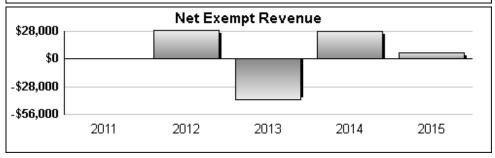
Employer Identification Number 63-0958800

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						





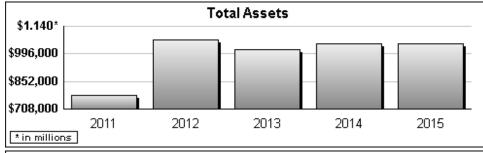


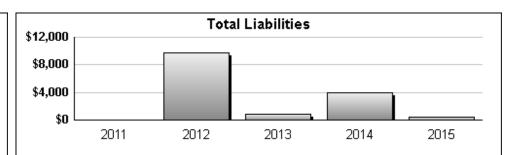


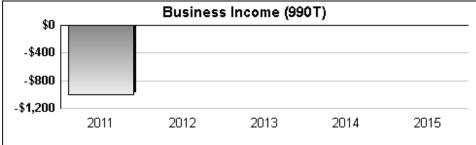
Form 990T	Tax Return History		2017
Name	Wiregrass Museum of Art, Inc.	Employer Ide	entification Number

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









W7480 Wiregrass Museum of Art, Inc.
Federal Statements 2/12/2019 7:03 PM

FYE: 9/30/2018

Taxable Interest on Investments

	Description					
	_	Amount	Unrelated Business Cod	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest	\$	543				
Total	L \$_	543				

W7480 Wiregrass Museum of Art, Inc.

63-0958800 FYE: 9/30/2018

Federal Statements

2/12/2019 7:03 PM

Form 990, Part IX, Line 24e - All Other Expenses

Description	<u>E</u>	Total xpenses	Program Service	agement & General	Fund aising
Payroll fees	\$	5,816	\$ 4,652	\$ 582	\$ 582
Licenses and permits		4,376		4,376	
Telephone		3,072	2,304	614	154
Dues and subscriptions		2,359	2,359		
Bank charges		1,268	 	 1,268	
Total	\$	16,891	\$ 9,315	\$ 6,840	\$ 736

W7480 Wiregrass Museum of Art, Inc. 63-0958800

Federal Statements

FYE: 9/30/2018

Schedule A, Part II, Line 1(e)

Description	Amount
City of Dothan	\$ 289,677
AL Council on the Arts	43,500
Houston County	10,000
Wiregrass Foundation	5,000
SE AL Community Foundation	2,000
Dothan Area CVB	2,500
Wells Fargo	5,000
Smart Growth America	10,000
AL Tourism	20,000
Direct Public Support	38,677
Workshops and Classes	12,215
Program and Tour Fees	7,567
Sponsorships	16,670
Event Rentals and Sales	7,625
Total	\$ 470,431

Schedule A, Part II, Line 12 - Current year

Description	Amount
Membership dues	\$ 41,711
Interest	543
Miscellaneous	5,870
Wine Experience	12,255
Yard Party	16,836
Art After Hours	850
Total	\$ 78,065