Form 990-T	Exempt Organization	n Busines		ax Return	OMB No 1545-0047
	For calendar year 2019 or other tax year beginning		, and ending	1010	2019
- غن <u>ة</u>	► Go to www irs gov/Form9	90T for instruction		ation (
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form				Open to Public Inspection for 501(c)(3) Organizations Only
A - Check box if address changed	Name of organization (Check box		and see instructions.)		Employer identification number (Employees' trust, see instructions)
- B Exempt under section	Print MUSEUM OF CHINESE	TN AMER	TCA		11-2517055
X 501(c)(3)	or Number, street, and room or suite no. If				Unrelated business activity code
408(e) 229(e)	Type 215 CENTRE STREET	a r .0. 00x, 300 iii	işti detionis.		(See instructions)
408A 530(a)		and 7ID or foreign	n nostal code		
529(a)	NEW YORK, NY 1001	_	i postal code	_	531390
C Book value of all assets	F Group exemption number (See instruc			- , '	
	145. G Check organization type ▶ 🗶 5		501(c) trust	401(a) 1	trust Other trust
	organization's unrelated trades or businesses.			the only (or first) unr	elated
	SPACE RENTAL		_	complete Parts I-V. It	
	blank space at the end of the previous sentence, co	mplete Parts I an		•	
business, then complete		•	, .		
	s the corporation a subsidiary in an affiliated group	or a parent-subsi	idiary controlled group?	▶ [Yes X No
	and identifying number of the parent corporation.		•		
	f ► NANCY YAO MAASBACH	-	Telepho	one number 🕨 (8	855)955-6622
Part I Unrelate	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	les				
b Less returns and allow		▶ 1 <u>c</u>			
2 Cost of goods sold (S	Schedule A, line 7)	2			
3 Gross profit. Subtract	ct line 2 from line 1c	3		The same of	
4a Capital gain net incon	me (attach Schedule D)	4a			
	n 4797, Part II, line 17) (attach Form 4797)	′ 4b			
c Capital loss deduction		4c			
5 Income (loss) from a	a partnership or an S corporation (attach statement	t) 5			/
-		6	62,520.	60,33	27. 2,193.
6 Rent income (Schedu 7 Unrelated debt-finance	ced income (Schedule E)	7			
4 8 Interest, annuities, ro	oyalties, and rents from a controlled organization (S	ichedule F) 8	<u>.</u>		
9 Investment income of	of a section 501(c)(7), (9), or (17) organization (Sc	hedule G) 9			
10 Exploited exempt acti	tivity income (Schedule I)	_ 10			
6 11 Advertising income (S	(Schedule J)	11		<u> </u>	
12	nstructions; attach schedule)	12	/		
13 Total. Combine lines	s 3 through 12	13	6/2,520.	60,3	27. 2,193.
Part II Deduction (Deductions 14 Compensation of off	ons Not Taken Elsewhere (See instrus s must be directly connected with the unrela	uctions for limita ited business in	itions on deductions) come)		
214 Compensation of off	fficers, directors, and trustees (Schedule K)				14
15 Salaries and wages					15
16 Repairs and mainter	nance				16
17 Bad debts		RECEIV	ED.	_	17
18 Interest (attach sche	edule) (see instructions)	TLOCIV	 , . (18
19 Taxes and licenses	[2]	DE0 . 0 .		-	19
20 Depreciation (attach		DEC 18 2			- (Apple
21 Less depreciation cla	laimed on Schedule A and elsewhere on return		∑ 21a		21b
22 Depletion		OGDEN,	LIT	-	22
	Terred compensation plans			-	23
24 Employee benefit pro				-	24
25 Excess exempt expe				ļ-	25
26 Excess readership c				ŀ	26
27 Other deductions (af				}	27
	Add lines 14 through 27	. 0 1	0 6 1 40	}	28 0.
	taxable income before net operating loss deductio			}	29 2,193.
	perating loss arising in tax years beginning on or a	πer January 1, 20	110		30
(see instructions)	Annahla maanna Culturatilan 00 f an lan 00		_	ŀ	
	taxable income. Subtract line 30 from line 29		<u> </u>		5- 000 T (0040)
923701 01-27-20 LHA FO	or Paperwork Reduction Act Notice, see instructi	บแร.			Porm 990-1 (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/.	A				
1 Inventory at beginning of year	1		_ 6	Inventory at end of y	ear		6		
2 Purchases	2		7	Cost of goods sold	Subtract I	ine 6			
3 Cost of labor	3]	from line 5. Enter her	e and in f	Part I,			
4a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	n 263A (v	with respect to		Yes No	
b Other costs (attach schedule)	4b		7	property produced or	r acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		7	the organization?			Selection states of Controllering		
Schedule C - Rent Income	(From Real	Property an	d Pei	rsonal Property	Lease	ed With Real Pro	perty)	
(see instructions)	<u> </u>							·	
1 Description of property									
(1) 215 CENTRE STREE	Т		-						
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued			_				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percer property exceeds 50% or ed on profit or income)	ntage If	3(a) Deductions directly columns 2(a) ar	nd 2(b) (att	tach schedule)	
(1)				62,	520.			60,327.	
(2)									
(3)					-				
(4)	-								
Total	0.	Total		62,	520.				
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, column		ter		62,		(b) Total deductions. Enter here and on page 1, Part I, line 8, column (B)	_	60,327.	
Schedule E - Unrelated Del		Income (see	ınstru	ctions)	<u> </u>	1. 4. 4. 4. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.			
		(000		. Gross income from	Ī	3. Deductions directly conto debt-finance			
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	((b) Other deductions (attach schedule)	
(1)					1		1		
(2)					1				
(3)									
(4)			T	-					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		B. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))	
(1)				%					
(2)				%	J				
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		ter here and on page 1, art i, line 7, column (B)	
Totals				•	· <u>L</u>	0		0.	
Total dividends-received deductions in	cluded in column	8				>		0.	
								Form 990-T (2019)	

Schedule F - Interest,	Annuiti	es, Roya	ities, a		Controlled C			zatio	ns (see ins	struction	15)
1 Name of controlled organiza	tion	2 5	ployer		related income	-	tal of specified	5 00	rt of column 4	that is	6 Deductions directly
1 Name of controlled digaliza	шоп	identif	ication iber		e instructions)		ments made	includ	ded in the cont zation's gross	rolling	connected with income in column 5
(1)						_					
(2)				-							
(3)											
_(4)											
Nonexempt Controlled Organi	zations					L					· · · · · · · · · · · · · · · · · · ·
7. Taxable Income		unrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of colur in the controlli gross	mn 9 tha ing orga s incomi	nızatıon's		eductions directly connected n income in column 10
<u>(1)</u>				 							
(2)	<u> </u>			 - -							
(3)	<u> </u>			 							
				 -							
(4)				<u> </u>							
							Add colun Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme	nt Inco	me of a	Section	n 501(c)((7), (9), or	(17) Or	ganization)			
(see insti											
1. Desc	ription of inci	ome			2 Amount of	ıncome	Deduction directly conne		4. Set-		5. Total deductions and set-asides
	·				<u> </u>		(attach sched		(attach s	chedule)	(col 3 plus col 4)
(1)					ļ						
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					<u></u>	0.					0.
Schedule I - Exploited (see instru		t Activity	Incom	ne, Othe	r Than Ac	lvertisi 	ng Income) 			
	_		3 Ev	penses	4 Net incon		.				7. Excess exempt
1 Description of exploited activity	unrefated incom	Gross I business ne from business	directly with pr of un	connected roduction related ss income	from unrelated business (co minus colum gain, compute through	lumn 2 n 3) If a e cols 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6 Exp attribut colur	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)			•								
(3)											
(4)								-	-		
	Enter he	re and on	Enter he	ere and on					L		Enter here and
		I, Part I, col (A)		1, Parti, , col (B)	i						on page 1, Part II, line 25
Tatal	1110 10,	. , ,			l					ı	J ·
Totals ► Schedule J - Advertising	-a laco	0.		0.	<u> </u>		,				0.
Part I Income From I			_		colidated	Racis					
Tarti income rioni	enouic	ais nep	oi teu o	ni a 0011		Dagig					
1 Name of periodical		2. Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, comput	5 Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											;
(3)							. [,
(4)								_			
Totals (carry to Part II, line (5))	•		0.	0							0.

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

			•				
1. Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,			Enter here and on page 1, Part II, line 28
Totals, Part II (lines 1-5)	▶	0.	0.				0.
	>	page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				on page 1,

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2019)

		NTEREST A	ND PENAL	TIES			STA	rement ————	1
TAX FROM FORM 99 LATE PAYMENT I	INTEREST	IV						2	51. 1. 4.
TOTAL AMOUNT DU	£							2	56.
FORM 990-T		LATE P	AYMENT I	NTERE	ST		STA	rement	
DESCRIPTION	DAT	E AM	OUNT	BAL	ANCE	RATE	DAYS	INTERE	ST
TAX DUE DATE FILED	07/15 09/16		251.		251. 252.	.0300	63		1.
TOTAL LATE PAYMEN	NT INTEREST								1.
FORM 990-T		LATE PA	YMENT PE	NALTY			STA	PEMENT	3
DESCRIPTION		DATE	AMOUNT		BALANCE	MOI	NTHS	PENALT	Y
TAX DUE DATE FILED		7/15/20 9/16/20	2	51.		51. 51.	3		4
TOTAL LATE PAYMEN	NT PENALTY						=		4.
FORM 990-T	DEDUCTIONS	CONNECTE	D WITH R	ENTAL	INCOME		STA	rement	
1 ORA 330 1									4
DESCRIPTION				IVITY MBER		UNT		TOTAL	
	AMORTIZATI(NU		AMO	21,232 1,170 11,627 8,982 8,939 401 5,783 1,578 63 552	•	TOTAL	