				$\mathcal{M}$	<u>´</u>				
Form 990.T	<b>Exempt Organization B</b>			ax Return	OMB No 1545-0047				
۳ *	(and proxy tax u				2040				
	For calendar year 2019 or other tax year beginning JUL 1,		, and ending JUN		_   2019				
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T form Do not enter SSN numbers on this form as it				Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Name of organization ( Check box if nar	, , , , , , , , , , , , , , , , , , , ,							
B Exempt under section	-∤	13-1624100							
x 501(c)(3	d''''' <del>  </del>	Of Number street and soom or suite no. If a P.O. hov. see instructions							
408(e) 220(e)	/ Ivne l	(S							
408A 530(a)	City or town, state or province, country, and Z New York, NY 10019	City or town, state or province, country, and ZIP or foreign postal code							
C Book value of all assets at end of year	F Group exemption number (See instructions	) ▶	_						
2,331,703	,503. G Check organization type ▶ 🗴 501(c)	corporation	501(c) trust	401(a) tr	rust Other trust				
H Enter the number of the	organization's unrelated trades or businesses	3	Describe	he only (or first) unre	elated				
trade or business here	▶ INVESTMENTS IN LIMITED PARTNERSHIPS	S	If only one,	complete Parts I-V If	more than one,				
describe the first in the	blank space at the end of the previous sentence, complet	e Parts I an	d II, complete a Schedule	M for each additional	trade or				
business, then complete	<del></del>		<del></del> ,		<del></del>				
-	s the corporation a subsidiary in an affiliated group or a p	arent-subsi	diary controlled group?	▶	Yes X No				
	and identifying number of the parent corporation.  Karen Stewart		Tolopho	ine number 🕨 (21	12)708-9801				
	ed Trade or Business Income		(A) Income	(B) Expenses	(C) Net				
1a Gross receipts or sal		1	(A) modific	(b) Expenses	(o) Net				
b Less returns and allo		▶ 1c							
2 Cost of goods sold (		2	·		<del>-  </del>				
3 Gross profit Subtract		3							
•	me (attach Schedule D)	4a	-14,679.		-14,679				
	n 4797, Part II, line 17) (attach Eorm 4797)	4b	458,708.		458,708				
c Capital loss deduction		4c							
5 Income (loss) from a	a partnership or an S corporation (attach statement)	5	491,496.		491,496				
6 Rent income (Sched	ule C)	6							
7 Unrelated debt-finan	ced income (Schedule E)	7							
8 Interest, annuities, ro	oyalties, and rents from a controlled organization (Schedul	e*F)8							
	of a section 501(c)(7), (9), or (17) organization (Schedule	(G) <b>9</b>							
• •	tivity income (Schedule I)	10							
11 Advertising income (	•	11							
•	nstructions; attach schedule)	12	A35 535	<del></del>	025 525				
13 Total. Combine line Part II Deduction	s 3 through 12 ons Not Taken Elsewhere (See instruction	13	935,525.		935,525				
	s must be directly connected with the unrelated bu								
	fficers, directors, and trustees (Schedule K)			$\overline{}$	14				
15 Salaries and wages	, , ,			<b>\</b>	15 588,639				
16 Repairs and mainte					16				
17 Bad debts					17				
18 Interest (attach sch	edule) (see instructions)		See Statemen	: 1	94,453				
19 Taxes and licenses					19 14,229				
20 Depreciation (attach	1 Form 4562)	OF ACT	20						
21 Less depreciation of	laimed on Schedule A and elsewhere on return	<b>MEULE</b>		:	21b				
22 Depletion					22 42,364				
23 Contributions to del	ferred compensation plans	MARY 2	54 20121 G		23				
21 Less depreciation of 22 Depletion 23 Contributions to def 24 Employee benefit pr 25 Excess exempt expe 26 Excess readership of 25 Depth 26 Excess readership of 26 Depth 26		23C3W4F2V4		<del> -</del>	24 139,979				
25 Excess exempt expe	<b>1</b>	OGDE	M, UT		25				
	osis (Schedule a)		·		26				
27 Other deductions (a	·		See Statemen	<b>├</b>	27 382,827 28 1,262,491				
	Add lines 14 through 27	troot line oo	from line 12						
	taxable income before net operating loss deduction. Subl perating loss arising in tax years beginning on or after Ja.			<u> </u>	29 -326,966				
(see instructions)	ocialing ioss arising in tax years beginning on or diter Ja	iiuaiy i, 20	iu		30				
·	taxable income Subtract line 30 from line 29			<u>-</u>	31 -326,966.				
5. Om ciated publicss	tundado moomo Goodade mie oo nom mie 23				520,500.				

For	n 990	0-T (CO19) MUSEUM OF MODERN ART			13-1624	100	Paga 2
P	art	III Total Unrelated Business Taxable Income			1		
3	2	Total of unrelated business taxable income computed from all unrelated trades or businesses (see ins	structions)		32	775	,869.
3		Amounts and tax disallowed friends	ŕ	, I	33		
	14	Charitable contributions (see instructions for limitation rules)		. (2	34	193	.967.
		Total unrelated business taxable income before pro-2018 NOLs and specific deduction. Subtact line 3-	A from the rum of	inos 32 ong 337	35	581	902
		Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction		11105 37 11110 007	36		<u></u>
			ins,		37	581	,902.
		Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		· · 7	<del></del>		,000.
		Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		· 5	38		,000.
3	9	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		Υı	_1	E 0 1	000
		enter the smaller of zero or line 37	<del></del>		39	200	,902.
<i>\</i> —		N Tax Computation	<u></u>		<del>-                                    </del>		000
<b>\</b> \		Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)		\ <b>&gt;</b>	40	121	,989.
4	1	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on li	ine 39 from	_	1 11		
		Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	41		
4	2	Proxy tax. See instructions		<b>•</b>	42		
4		Alternative minimum tax (trusts only)			43		
4	4	Tex on Noncompliant Facility Income. See instructions		~	44		
	ļ	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	121	,989.
\ P	art	V Tax and Payments		•			
1 4	6a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		<u> </u>		
1,,	b	Other credits (see instructions)	46b		]		
	C	General business credit, Attach Form 3800	46c		<u> </u>		
	đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		] ,		
	6	Total credits. Add lines 46a through 46d			46e		
4	7	Subtract line 46e from line 45			47	121	,989.
4	8	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	6 Other (	attach schedule)	48		
4		Total tax. Add lines 47 and 48 (see instructions)		17	49	121	,989.
5		2019 net 965 tax liability paid from Form 965-A or Form 966-B, Part II, column (k), line 3		9	50		0.
			518				
•		The state of the s	51b		1		
			51c		1 1		
		· · · · · · · · · · · · · · · · · · ·	51d		1 1		
			51e		1 1		
		Credit for small employer health insurance premiums (attach Form 8941)	511		1		
		Other credits, adjustments, and payments: Form 2439	<del>- '                                   </del>		1 1		
	¥,		51-		1		
e.			51g j	····	1 .4 1		
5		Total payments. Add lines 51a through 51g	•		52		
5.		Estimated tax penalty (see instructions). Check if Form 2220 is attached		0.	58	121	989.
5-		Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		4.	54		, 10).
5:		Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			<del></del>		
50		Enter the amount of line 55 you want. Credited to 2020 estimated tax		unded >	56		
	art			uons)		1	T .:-
5		At any time during the 2019 calendar year, did the organization have an interest in or a signature or of				Yes	No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	-			į	
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign	ign country				İ
		here Dnited Kingdom				. X	<del> </del>
51		During the lax year, did the organization receive a distribution from, or was if the grantor of, or transfer	eror to, a foreig	n trust? 📌 🗼			X
		If "Yes," see instructions for ot jet forms the organization may have to file.				Ì	
5	9	Enter the amount of tax exempt interest received or accrued during the tax year 🕒 \$	·····				1
۸.		Under penalties of or expert (any or that prave exemines this return, including accompanying schedules and states correct, and complete correct and complete correct.	ments, and to the t as any knowledge	ost of my knowled	ige and belief it is	true,	
Sig	_	Male at the state of		T <sub>M</sub>	ny the IRS discuss t	this return :	with
He	re	05 13 202 COO/Assistan	nt Treasur		proparar shown b		
		Signature districer Date Title	·····	ms	stuctions)? X	Yes	No
		Print/Type preparer's name Preparer's signature Date		Check ri	f PTIN		
p:	aid	1 1		selt- employed			
	-		2/2021		P005041	82	
	•	Only Firm's name F GRANT THORNTON LLP		Firm's EIN	36-605	5558	
<b>J</b> .	`	757 Third Avenue, 3rd Floor					
		Firm's address New York, NY 10017-2013		Phone no. (	212) 599-01	.00	
9237	11 0	)1.27.20	···		Form	990-T	(2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold S		ine 6			
3 Cost of labor	3		from line 5 Enter here			1 1		
4a Additional section 263A costs			line 2		w,	7		
(attach schedule)	4a		8 Do the rules of section	1 263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a					
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (I (see instructions)	rom Real	Property and		_ease	d With Real Prop	erty)	•	
1 Description of property								
(1)								
(2)	••							
(3)		-	- · · · · · · · · · · · · · · · · · · ·					
(4)		_	· · · · · · · · · · · · · · · · · · ·					
	2 Rent receiv	ed or accrued		-				
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of han	i of rent for p	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					1
(1)			****					
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>•</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>		0.
Schedule E - Unrelated Debt	-rinanceo	income (see	instructions)		3 Deductions directly con	nected wi	th or allocable	
_			2 Gross income from or allocable to debt-	(2)	to debt-finance	1	<del></del>	
1 Description of debt-fina	nced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						_	_	
(2)								
(3)								
(4)			-					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5	reportable (column 6 x		8. Allocable deducti blumn 6 x total of col 3(a) and 3(b))		
(1)	-		%					
(2)			%					
(3)			%					
(4)			%					
					ater here and on page 1, art I, line 7, column (A)		iter here and on page art I, line 7, column (I	
				I	_			0
Totals			<b>&gt;</b>		0	•		0.

pt Controlled Organizati	ion	identif	nployer ication nber	3 Net uni (loss) (see	related income e instructions)	4 Tol paye	tal of specified ments made	ınclude	d in the conti	rolling	6 Deductions directly connected with income in column 5	
·									Part of column 4 that is necluded in the controlling ganization's gross income		connected with income	
·	_							_			<del></del>	
·												
·						_						
·												
Tavable Income	zations										·	
Taxuble medine		nrelated incon ee instruction		<b>9</b> Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi i income	is included zation's		ductions directly connected i income in column 10	
								_				
	-											
											·	
											,	
							Enter here and	on page	1, Part I,		dd columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
						▶			0.		0	
ile G - Investme	nt Incon	ne of a S	Section	501(c)(7	7), (9), or ( <sup>-</sup>	7) Org	anization					
(see ınstr	uctions)			_	•							
1. Descr	ription of inco	me			2 Amount of	псоте	directly conne	onnected 4 Set-asides		5. Total deductions and set-asides (col 3 plus col 4)		
	<u>-</u>							l			Enter here and on page Part I, line 9, column (B)	
				_								
	_	Activity	Income	, Other	Than Adv		g Income	•			0	
·	<b>2</b> G				from unrelated	trade or			6 Evo	neneae	7. Excess exempt expenses (column	
	income	e from	with pro of unre	duction elated	minus columi gain, compute	3) If a cols 5	is not unrelate	ed	attribut	able to	6 minus column 5, but not more than column 4)	
				<del>.</del>							-	
	page 1,	Part I,	page 1,	Part I,		•		•			Enter here and on page 1, Part II, line 25	
<u>▶</u>		0.		0.							0	
	-	•		•	solidated	Basis						
	<del></del>		1		<del></del>		1	П		<del></del> 1		
1 Name of periodical		2 Gross advertising income			or (loss) (co	l 2 minus in, compute		on			7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
	- 1											
	Ile I - Exploited I (see instru  Description of xploited activity	(see instructions)  1. Description of incomplete incomp	(see Instructions)  1. Description of income  1. Description of income  2 Gross unrelated business income from trade or business  Enter here and on page 1, Part 1, line 10, col (A)  1 Name of periodical  2 Gross advertising 2 Gross advertising	(see instructions)  1. Description of income    Comparison of see instructions	(see instructions)  1. Description of income    Itel - Exploited Exempt Activity Income, Other (see instructions)	(see instructions)  1. Description of income  2 Amount of income  Enter here and of Part I, line 9, cold part I, line 10, connected with production of unrelated business income with production of unrelated business income from unrelated business income from unrelated business income from page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (B)  Income From Periodicals Reported on a Consolidated I  Name of periodical  2 Gross advertising 3 Direct advertising costs advertising costs  3 Direct advertising costs  4 Advertising 1 Name of periodical	(see instructions)  1. Description of income  2 Amount of income  Enter here and on page 1, Part I, line 9, column (A)  1. Description of sploited Exempt Activity Income, Other Than Advertisin (see instructions)  2 Gross unrelated business income from trade or business income from trade or business income from trade or business income  Enter here and on page 1, Part I, line 10, col (A)  Enter here and on page 1, Part I, line 10, col (B)  0 . Use J - Advertising Income (see instructions)  Income From Periodicals Reported on a Consolidated Basis  4 Net income (loss) from business income business (column 2) minus column 3) if a gain, compute cols 5 through 7  Enter here and on page 1, Part I, line 10, col (B)  0 . Use J - Advertising Income (see instructions)  Income From Periodicals Reported on a Consolidated Basis	Idle G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income  2 Amount of income  2 Amount of income  3 Deduction directly connected (attach sched)  2 Inter here and on page 1, Part 1, line 9, column (A)  Description of worder or business income from trade or business income  2 Grass unrelated business income from trade or business income  2 Grass unrelated business income  3 Deduction directly connected (attach sched)  4. Net income (loss) from unrelated rade or business (column 3) If a gam, compute cols 5 (through 7)  4. Net income (loss) from activity in so of unrelated business income  4. Net income (loss) from activity in so of unrelated business income  4. Net income (loss) from activity in so of unrelated business income  4. Net income (loss) from activity in so of unrelated business income  5. Grass income from page 1, Part 1, line 10, col (A)  1. Income From Periodicals Reported on a Consolidated Basis  1. Name of periodical  2. Gross advertising again or (loss) (col 2 minus col 2 minus col 3 if a gam, compute cols 5 circulations)  3. Defect and on page 1, Part 1, line 10, col (B)  1. Name of periodical  3. Direct advertising gain or (loss) (col 2 minus col 3 if a gam, compute cols 5 circulations)  3. Defect and on page 1, Part 1, line 10, col (B)  4. Advertising gain or (loss) (col 2 minus col 3 if a gam, compute col 5 circulations)  3. Defect and on page 1, Part 1, line 10, col (B)  4. Advertising gain or (loss) (col 2 minus col 3 if a gam, compute col 5 circulations)  1. Name of periodical	Enter here and on page Ine 8, column (A)    Ille G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)    1. Description of income   2 Amount of income   3 Deductions directly connected (attach schedule)	A Setrict Part I, line 9, column (a)  2 Amount of income  1. Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (attach schedule)  4 Setrict Part I, line 9, column (A)  5 Cerculation  6 Enter here and on page 1, Part I, line 10, col (A)  7 Enter here and on page 1, Part I, line 10, col (B)  8 Description of trade or business income from page 1, Part I, line 10, col (A)  8 Enter here and on page 1, Part I, line 10, col (B)  9 O O Description of trade or business income from page 1, Part I, line 10, col (B)  9 O O O O O O O O O O O O O O O O O O	Enter here and on page 1, Part 1, Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of income  2 Amount of income  2 Amount of income  3 Deductions directly connected (attach schedule)  5 Cross income from trade or business income from trade or business income from lage 1, Part 1, Inne 10, col (8)  5 Cross income from lage 1, Part 1, Inne 10, col (8)  6 Enter here and on page 1, Part 1, Inne 9, column (A)  6 Expenses decetly connected (attach schedule)  7 Cross income from trade or business income from lage 1, Part 1, Inne 10, col (8)  8 Enter here and on page 1, Part 1, Inne 9, column (A)  8 Expenses decetly connected with production of unrelated business income from activity that is not unrelated business income from activity that is not unrelated business income from lage 1, Part 1, Inne 10, col (8)  9 Description of trade or business income from lage 1, Part 1, Inne 10, col (8)  1 Name of periodical activations  3 Direct advertising giant or (loss) (col 2 minus column 5)  4 Advertising giant or (loss) (col 2 minus column 5)  6 Readership costs	

Form **990-T** (2019)

Totals (carry to Part II, line (5))

# 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	<b></b>	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 26
Totals, Part II (lines 1-5)	▶	0.	0.		,		0

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

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

Form 990-T (2019)

Form 990-T	Interest Paid	Statement 1
Description		Amount
INTEREST EXPENSE FROM	K-1S	94,453
Total to Form 990-T, I	Page 1, line 18	94,453
Form 990-T	Other Deductions	Statement 2
		<del></del>
Description		Amount
Description TAX PREPARATION FEES		Amount 6,650
Description TAX PREPARATION FEES PROFESSIONAL FEES INVESTMENT ADVISORY FE		

### SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning  $\,$   $\,$  JUL 1 , 2019  $\,$ 

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) OMB No 1545-0047

Entity

Name	of the organization MUSEUM OF MODERN ART	· · ·			Employer ide		n number
	Inrelated Business Activity Code (see instructions) > 45						
[	Describe the unrelated trade or business RETAIL SALES						
Pa	Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
1 a	Gross receipts or sales 7,234,999.						· · · · · · · · · · · · · · · · · · ·
b	Less returns and allowances 1,345,506. c Balance	1c	5,889,	493.		- !	
2	Cost of goods sold (Schedule A, line 7)	2	2,756,	134.			
3	Gross profit Subtract line 2 from line 1c	3	3,133,	359.			3,133,359.
4 a	Capital gain net income (attach Schedule D)	4a	,				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	_				
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	=				
6	Rent income (Schedule C)	6				. [	
7	Unrelated debt-financed income (Schedule E)	7					<u></u>
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					<u> </u>
11	Advertising income (Schedule J)	11					<del>-</del>
12	Other income (See instructions, attach schedule)	12	2 122	252			
<u>13</u>	Total. Combine lines 3 through 12	13	3,133,	359.	· · · · · ·		3,133,359.
Pai	<b>til</b> Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			n dedu	uctions.) (Ded	ductioi	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	500 654
15	Salaries and wages					15	508,654.
16	Repairs and maintenance					16	
17	Bad debts					17	<del></del>
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		1 1		74 221	19	· · · · · · · · · · · · · · · · · · ·
20	Depreciation (attach Form 4562)		20		74,331.	ł l	74 221
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			21b	74,331.
22	Depletion					22	
23	Contributions to deferred compensation plans Employee benefit programs					23	152,596.
24 25						24	132,330.
25 26	Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)					25	<del></del>
26 27	Other deductions (attach schedule)		See Sta	tement	3	26 27	1,621,909.
28	Total deductions. Add lines 14 through 27		200 200		=		2,357,490.
29	Unrelated business taxable income before net operating loss deductions.	otion Si	ubtract line 29 fre	m line 1	2	28	775,869.
30	Deduction for net operating loss arising in tax years beginning on o				ے	29	775,005.
	instructions)	. unter u	aaary 1, 2010 (3			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29					31	775,869.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (M)	Other Deductions	Statement 3
Description		Amount
ADVERTISING & PROMOTION		336,492.
MISCELLANEOUS		29,902.
OCCUPANCY (WAREHOUSE & 1	RENT)	404,628.
PROFESSIONAL FEES		107,335.
SUPPLIES, TELECOM, POST	AGE & OTHER FEES	276,233.
TAX PREPARATION FEES		1,425.
INSURANCE AND ADMINISTRA	ATION	465,894.
Total to Schedule M, Par	ct II, line 27	1,621,909.

MUSEUM OF MOD						13-16241	.00		1 ago
Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory val	uation > N/A					
1 Inventory at beginning of year	1	1,444,814.	6 1	nventory at end of yea	r		_ 6		
2 Purchases	2	1,311,320.	7 (	Cost of goods sold Su	ubtract l	ine 6			
3 Cost of labor	3		f	rom line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				ine 2		Į	7	2,7	56,134.
<ul><li>(attach schedule)</li></ul>	4a		8 [	Do the rules of section	263A (	with respect to			res No
b Other costs (attach schedule)	4b		ļ	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5	2,756,134.		he organization?		·			x
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	Perso	onal Property L	ease	d With Real Prop	erty)		
1 Description of property								-	
(1)	-								
(2)	-			<del></del>	_				
(3)	<del></del>	<del>"</del>				<del>.</del> .			
(4)					-		-		
	2. Rent receiv	ed or accrued							
					3(a) Deductions directly columns 2(a) an			me ın	
(1)								-	
(2)									
(3)	_								
(4)									
Total	0.	Total			0.			<del></del> -	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstruct	ions)					
			,			3 Deductions directly conn to debt-financi			
1. Description of debt-fir	anned evenests		01	Gross income from allocable to debt-	(a)	Straight line depreciation	га ргоре	(b) Other dedu	ctions
r. Description of desiran	anced property		1	financed property	, ,	(attach schedule)		(attach sched	
(1)	· ····-			-			<del> </del>		
(2)									
(3)									
(4)								_	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finai	adjusted basis illocable to need property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable de olumn 6 x total d 3(a) and 3	of columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		ater here and on art I, line 7, colu	
Totals				<b>▶</b>		0.			0.
Total dividends-received deductions in	cluded in column	8						·	0.
								Form 99	<b>0-T</b> (2019)

### SCHEDULE M (Form 990-T)

Department of the Treasury

Internal Revenue Service

# Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning UUL 1, 2019 .and ending UN 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

OMB No 1545-0047

Entity

2019

Open to Public Inspection for 501(c)(3) Organizations Only

Name of the organization  MUSEUM OF MODERN ART	· · · · · · · · · · · · · · · · · · ·		Employer identificati	on number
Unrelated Business Activity Code (see instructions)	71			
	RATE EVENTS	<del></del>		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances c E	Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797) 4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (att	tach		- -	
statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	. 8			
9 Investment income of a section 501(c)(7), (9), or (17)				
organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule) St	.mt 4 12	273,525.		273,525.
13 Total. Combine lines 3 through 12	13	273,525.		273,525.
Part II Deductions Not Taken Elsewhere (See directly connected with the unrelated but			uctions.) (Deductio	ns must be
14 Compensation of officers, directors, and trustees (Sched	Jule K)		14	
15 Salaries and wages			15	168,233.
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule) (see instructions)			18	
19 Taxes and licenses		1 1	19	
20 Depreciation (attach Form 4562)		20	<del></del>	
21 Less depreciation claimed on Schedule A and elsewhere	on return	21a	21b	<del></del>
22 Depletion			22	
Contributions to deferred compensation plans			23	50 470
24 Employee benefit programs			24	50,470.
25 Excess exempt expenses (Schedule I)			25	
<ul><li>26 Excess readership costs (Schedule J)</li><li>27 Other deductions (attach schedule)</li></ul>		See Statement	26	63,795.
<ul><li>Other deductions (attach schedule)</li><li>Total deductions. Add lines 14 through 27</li></ul>		DOS DOMOCINENC	<del>- '  </del>	282,498.
<ul><li>20 Total deductions. Add lines 14 (firough 27)</li><li>29 Unrelated business taxable income before net operating</li></ul>	loss deduction Su	ibtract line 20 from line :	28	-8,973.
30 Deduction for net operating loss arising in tax years begin			13 29	
instructions)	ming on or after Ja	andary 1, 2010 (See	30	0.
31 Unrelated business taxable income Subtract line 30 from	n line 29		31	-8,973.

Form 990-T (M)	Other	Income	Statement 4
Description			Amount
SPECIAL EVENTS REVENUE			273,525.
Total to Schedule M, Pa	rt I, line 12		273,525.
Form 990-T (M)	Other	Deductions	Statement 5
Description			Amount
TAX PREPARATION FEES SPECIAL EVENT EXPENSES			1,425. 62,370.
Total to Schedule M, Pa	rt II, line 27		63,795.

## SCHEDULE D . (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

MUSEUM OF MODERN ART	13-1624100					
Did the corporation dispose of any investme		Yes X No				
If "Yes," attach Form 8949 and see its instru	ictions for additional require	ments for reporting your	gain or loss			
Part I Short-Term Capital Ga	ins and Losses (See )	nstructions)				
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gain		(h) Gain or (loss) Subtract	
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 8949, Part I, line 2, column (g)		(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
2 Totals for all transactions reported on		<del></del> ,				
· ·						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on		79 968.			70.000	
Form(s) 8949 with Box C checked	- 4 F 6050 I 06 07		<u> </u>		-79,968.	
4 Short-term capital gain from installment sales			ŀ	4		
5 Short-term capital gain or (loss) from like-kin	· ·		-	5		
6 Unused capital loss carryover (attach comput	•		-	6	( )	
7 Net short-term capital gain or (loss). Combin			l	7	-79,968.	
Part II Long-Term Capital Gai	ns and Losses (See in	nstructions)		-		
to enter on the lines below This form may be easier to complete if you	(g) Adjustments to gain or loss from Form(s) 8945	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and			
round off cents to whole dollars.	(sales price)	(or other basis)	Part II line 2, column (g)		combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on		· · · · · ·				
Form(s) 8949 with Box E checked	<u> </u>					
10 Totals for all transactions reported on		•				
Form(s) 8949 with Box F checked	65,289.				65,289.	
11 Enter gain from Form 4797, line 7 or 9				11	458,708.	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12		
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13		
14 Capital gain distributions				14		
15 Net long-term capital gain or (loss) Combine	15	523,997.				
Part III Summary of Parts I and		-				
16 Enter excess of net short-term capital gain (lii	16					
17 Net capital gain Enter excess of net long-term	17	444,029.				
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns					444,029.	
Note: If losses exceed gains, see Capital Los			_			
LHA For Paperwork Reduction Act Notice,		1120			chedule D (Form 1120) 2019	
reperment inconstitution for leading,				J	01100 0 (1 01111 1 1 EU) EU 13	

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification no.

	MUSEUM OF MODERN ART						13-1	524100
st	efore you check Box A, B, or C bel atement will have the same informa oker and may even tell you which t	ation as Form 109	you received any 99-B Either will :	y Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	your broker A su reported to the IF	bstitute S by your
	Part I Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	nstruction	s) For long-term	
	transactions, see page 2  Note. You may aggregate al codes are required. Enter the							
Ye	ou must check Box A, B, or C below.	Check only one bo	x If more than one be	oox applies for your short	t-term transactions, comp	olete a separat	e Form 8949, page 1, for	each applicable box
Ĺ	(A) Short-term transactions rej	. •				•		
	(B) Short-term transactions rej	:	=	-	•		•	
	X (C) Short-term transactions no	t reported to you	on Form 1099-	В		_		
1	(a)	(b)	(c)	(d)	(e)	Adjustmen	(h)	
	Description of property (Example 100 sh XYZ Co)	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	ın column	(g), enter a code in	Gain or (loss). Subtract column (e)
	(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	` ′	Note below and		See instructions	from column (d) &
			(0.00 ; 0.05; 5. )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
_	r CAPITAL GAIN/(LOSS)		··		79,968.		adjustment	<79,968.>
	CAPITAL GAIN/(LOSS)				75,500.			<u> </u>
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_								
2	Totals. Add the amounts in colum	nns (d), (e), (a), ai	nd (h) (subtract					
-	negative amounts) Enter each to							
	Schedule D, line 1b (if Box A abo		· ·					
	above is checked), or line 3 (if B	ox C above is ch	ecked) 🕨		79,968.			<79,968.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

							taxpayer ide	ntification no.
	MUSEUM OF MODERN ART						13-1	624100
si	efore you check Box D, E, or F belo atement will have the same informa roker and may even tell you which b	ation as Form 10	you received any 99-B Either will :	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from yo r cost) was rep	ur broker A su ported to the IF	bstitute RS by your
Ϊ	Part II Long-Term. Transaction	ons involving capita	al assets you held r	more than 1 year are	generally long term (s	ee instructions)	For short term t	ransactions,
_	see page 1  Note. You may aggregate all							
_	codes are required. Enter the	totals directly on \$	Schedule D, line 8a	a, you aren't required	to report these transa	actions on Form	n 8949 (see instru	ictions)
Y:	ou must check Box D, E, or F below. (	Check only one bo fit on this page for one	If more than one be or more of the boxes	ox applies for your long- , complete as many form	term transactions, compli s with the same box chec	ete a separate Fori ked as you need	m 8949, page 2, for	each applicable box
	(D) Long-term transactions rep					•	)	
	(E) Long-term transactions rep	orted on Form(s	, ) 1099-B showin	q basıs <b>wasn't</b> re	ported to the IRS	•	,	
Ī	X (F) Long-term transactions not			-				
1		(b)	(c)	(d)	(e)	Adjustment, it	f any, to gain or	(h)
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other		nter an amount	Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(sales price)	basis See the		, enter a code in ee instructions	Subtract column (e)
			(Mo , day, yr )		Note below and	(f)	(g)	from column (d) & combine the result
					see Column (e) in the instructions	Code(s)	Amount of	with column (g)
	T CAPITAL GAIN/(LOSS)			65,289.		-	adjustment	65,289.
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2	Totals. Add the amounts in colum	=						
	negative amounts) Enter each tot							
	Schedule D, line 8b (if Box D abo	•	,	CE 200				CE 202
_	above is checked), or line 10 (if B	ox F above is ch	ecked)	65,289.	<u>.</u>			65,289.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

12-11-13

Form 8949 (2019)