923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

65 2019.05093 WHITNEY MUSEUM OF AMERICAN

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Form **990-T**

	Par	+ 111	Total Unrelated Business Taxable Income			
	32		f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	1 32	3,750.
				- (33	
	33			•	34	0.
•	34		ble building (see man actions for immunor relies)		35	3,750.
	35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of	of lines 32 and 38	36	3,730.
	36		non for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	-	-	3,750.
	37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	+	37	
	38	•	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	A	38	1,000.
	39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	77		\-
			ne smaller of zero or line 37		39	2,750.
•	Par	-	Tax Computation			
11	40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0 21)	\ \	40	578.
.	41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	1		
			ax rate schedule or Schedule D (Form 1041)	.	41	
	42	-	tax. See instructions	•	42	
	43		tive minimum tax (trusts only)		43	
	44		Noncompliant Facility Income See instructions	7	44	
	45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u>+</u>	45	578.
1	Part	<u>t V\ </u>	Tax and Payments			
11	46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)		1	
· ,	þ	Other c	redits (see instructions)		1	
	C	General	I business credit. Attach Form 3800]	
	d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)		-/-	
	е	Total c	redits. Add lines 46a through 46d		46e	
	47	Subtrac	ct line 46e from line 45	•	47	578.
	48	Other ta	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	48	<u> </u>
	49	Total ta	ax. Add lines 47 and 48 (see instructions)	\mathcal{U}	49	578.
	50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	7	50	0.
	51 a	a Paymer	nts: A 2018 overpayment credited to 2019 QA 51/a	32,000.		
	b	2019 es	stimated tax payments 5 to			
	C	: Tax dep	posited with Form 8868 ~ 5 c]	İ
	ď	f Foreign	organizations: Tax paid or withheld at source (see instructions) 5 d			İ
			withholding (see instructions) 5 te]	İ
	f	Credit fo	or small employer health insurance premiums (attach Form 8941) 5 1 f		1	İ
	g	Other co	redits, adjustments, and payments: Form 2439		1	,
	•	☐ Fo	orm 4136 ☐ Other ☐ Total ▶ 51g			İ
	52	Total pa	ayments. Add lines 51a through 51g		52	32,000.
	53	Estimat	ted tax penalty (see instructions) Check if Form 2220 is attached 🕨 🔲		53	
	54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
	. 55	Overpa	lyment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	31,422.
11	56	Enter th	ne amount of line 55 you want. Credited to 2020 estimated tax 31,422. Re	efunded >	56	0.
11	Pari	t VI	Statements Regarding Certain Activities and Other Information (see Instru	ictions)	1	
•	57	At any t	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		over a f	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		here	>	`		X
	58	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		x
		If "Yes,"	see instructions for other forms the organization may have to file.			
	59	Enter th	ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲			
,			nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	the best of my kno	wledge a	nd belief, it is true,
	Sign		CFO/CO-CHIEF OPERATI	NG -	av the IR	S discuss this return with
	Here	•	Truedl 05 1 2021 OFFICER		-	er shown below (see
			Signature of officer Date Title	ins	structions	s)? X Yes No
			Print/Type preparer's name Preparer's signature Date	Checki	f PTII	N
	Paic	d	5/11/21	self- employed		
			FREDERICK MARTENS	•	P0	00298107
	•	parer Only	Firm's name LUTZ AND CARR, CPAS LLP	Fırm's EIN ▶	13	3-1655065
	JSE		551 FIFTH AVENUE, SUITE 400			
	•		Firm's address NEW YORK, NY 10176	Phone no. 2	12-69	7-2299
•	923711	01-27-20				Form 990-T (2019)

Schedule A - Cost of Good	ds Sold. Enter	method of inve	ntory valuation N/A				
1 Inventory at beginning of year	11		6 Inventory at end of year	ur	6	1	
· 2 Purchases	2		7 Cost of goods sold. Su				
3 Cost of labor	3		from line 5. Enter here				
4 a Additional section 263A costs			line 2	•	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		=	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	, , , , ,			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leased With Real Pr	operl	ty)	
1. Description of property							
(1)		·					
(2)	<u></u>						
(3)							
(4)							
		ed or accrued		3(a) Deductions direc	tly conne	cted with the income ii	ın
(a) From personal property (if the prent for personal property is month of the property is month of the property in the property in the property is more than 50% of the property in the prope	re than	` 'of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)			(attach schedule)	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.		-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		ter 🕒		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	I Income (see	instructions)				
			2. Gross income from	 Deductions directly control to debt-final 		perty	
1. Description of debt-	financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction: (attach schedule)	s
(1)	<u> </u>		 		+		
(2)				-			
(3)							
(4)			<u> </u>				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)			%	· · · · · · · · · · · · · · · · · · ·	+-		
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	-
Totals			▶		٥.		0.
Total dividends-received deductions	ncluded in column	. 8	- 1		_		0.

Form 990-T (2019)

Schedule F - Interest,	Annuities, R	oyalties, a	nd Rent	s From C	ontrolle	ed Organiz	zatior	IS (see ins	structio	ns)
•			Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organize	ation	2. Employer identification number		elated income instructions)		al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
<u></u>			 							
(1)			 				├		\dashv	
(2)			+				†			
(3)			 							
(4) Nonexempt Controlled Organ	uzations		<u> </u>				<u> </u>			
7. Taxable Income	8. Net unrelated	d income (loca)	O Total	of specified pay	monto	10. Part of colu	mn Q that	us included	11 D	eductions directly connected
7. Taxable Income	(see instr		9. 10.21	made	nents	in the controll				th income in column 10
(1)	1		1				-			
(2)				-						
(3)	<u> </u>									
(4)				-					-	
			•			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			٥.		0.
Schedule G - Investme	ent Income o	f a Sectio	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
	tructions)									
1. Desc	cription of income			2. Amount of	ıncome	 Deduction directly connectly connectly connectly connectly. 	ected	4. Set-	asides ichedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
179				Enter here and Part I, line 9, co			·		•	Enter here and on page 1, Part I, line 9, column (D)
Totals .	•		<u>.</u> ▶		0.					0.
Schedule I - Exploited (see instr		ivity Incon	ne, Othe	r Than Ac	lvertisi	ng Income	9			
Description of exploited activity	2. Gross unrelated busine income from trade or busines	ss directly with p	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus columgain, compute through	I trade or slumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)	<u> </u>									
(4)	1	- 								
	Enter here and c page 1 Part I fine 10, col (A)	իւթ 1(բանո	ere and on 1. Part I), col (D)							Enter here and on page 1 Part II, line 25
Totals . Dalacetic	las lassas :	0.	0.	<u></u>			<u> </u>			0.
Schedule J - Advertis					Dania					
Part I Income From	Periodicals	ea c	on a Con	solidated	Basis					
1. Name of periodical	2. G advert inco	ising adv	3. Direct vertising costs			5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)	<u></u>									」 i
(3)	I]
(4)										
Totals (carry to Part II, line (5))	•	0.		o.						0.
	-									Form 990-T (2019)

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▶

|Partill| 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.) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership 2. Gross advertising 5. Circulation 6. Readership costs (column 6 minus column 5, but not more 3. Direct 1. Name of periodical costs advertising costs income ıncome than column 4) (1) (2) (3) (4) Ō. 0. Totals from Part I 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (8) Enter here and on page 1, Part II, line 26 Ο. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable time devoted to business to unrelated business 1. Name % (1) % (2) % (3) %

Form 990-T (2019)

0.

(4)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

MUSEUM STORE - SALE OF ITEMS UNRELATED TO EXEMPT PURPOSE

TO FORM 990-T, PAGE 1

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

, and ending JUN 30, 2020

Open to Public Inspection for

ENTITY

Department of the Treasury Internal Revenue Service

▶ 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).

501(c)(3) Organizations Only

OMB No 1545-0047

Name	WHITNEY MUSEUM OF AMERICAN ART				13-1789		14.11.501
	Inrelated Business Activity Code (see instructions) > 451211						
	Describe the unrelated trade or business MUSEUM STORE	- SAL	E OF ITEMS	UNRELATE	TO EXEMPT	PURPOS	
Pa			(A) Inc	ome	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 353,000.					1	
b	Less returns and allowancesc Balance ▶	1c		353,000.			
2	Cost of goods sold (Schedule A, line 7)	2		158,000.			
3	Gross profit. Subtract line 2 from line 1c	3		195,000.	<u> </u>		195,000
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					
8	Interest, annuities, royalties, and rents from a controlled		ŀ				
	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)	12					
13	Total. Combine lines 3 through 12	13		195,000.			195,000
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions 1	for limitatio e.)	ns on ded	uctions.) (De	eductions	s must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	170,000
16	Repairs and maintenance					16`	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		1	ì		19	250
20	Depreciation (attach Form 4562)		L	20		-	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	L	21a		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)		SEE	STATEMENT	2	27	21,000
28	Total deductions. Add lines 14 through 27					28	191,250
29	Unrelated business taxable income before, net operating loss dedu				13	29	3,750
30	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2	018 (see			
	instructions)					30	0

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

3,750.

Page 3

	_			_	_	_	_	_	_	
	2		1	7	o	a	7	7	0	
L		_	1	•	О	"	J	_	0	

WHITNEY MUSEUM					13-178931	.8		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation					
1 Inventory at beginning of year	1		6 Inventory at end	of year		6		
- 2 Purchases	2		7 Cost of goods s	old. Subtract	line 6			
3 Cost of labor	3		from line 5. Ente	r here and in	Part I,	l <u></u> i		
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of s	ection 263A	(with respect to		Yes	No
b Other costs (attach schedule)	4b		property produc	ed or acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization	2	,			
Schedule C - Rent Income	(From Real	Property an	d Personal Prop	erty Leas	ed With Real Pro	perty)		
(see instructions)	•		•					
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			3(a) Dadivetions discoul			_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the personal property exceeds 50 at is based on profit or incom)% or if	3(a) Deductions directly columns 2(a) air	nd 2(b) (attach sch		п
(1)								
(2)			•					
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
•			2. Gross income from		 Deductions directly conto debt-finance 		cable	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a	Straight line depreciation (attach schedule)	(b) Other (attach	deductions schedule)	s
(1)		· · -	-					
(2)								
(3)						1		
(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 a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deduction total of column and 3(b))	
(1)			<u> </u>	%				
(2)				%				
(3)				%		1		
(4)				%				
					Enter here and on page 1, Part I, line 7, column (A)	Enter here a	ind on page 7, column (E	
Totals					0	,		٥.
Total dividends-received deductions in	cluded in column	n 8				`		- 0.
LAWI MIAIRCHAS LCCCIACA ACARAMONIS III	oracion in continu							<u> </u>

Form 990-T (2019)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER OPERATING EXPENSES FACILITY EXPENSES		17,000 4,000	
TOTAL TO SCHEDULE M, PART II	, LINE 27 .	21,000	0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

, and ending JUN 30, 2020

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

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).

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

Name	of the organization WHITNEY MUSEUM OF AMERICAN ART	_		Employer ider		on number
	Jurelated Business Activity Code (see instructions) ▶ 900000					
	Describe the unrelated trade or business INVESTMENT IN	LIMI	TED PARTNERSHIPS			
	t I Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1 a	Gross receipts or sales	ſ			İ	
b	Less returns and allowances c 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 (attach					
	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) STMT 3	12	-114,000.			-114,000.
13	Total. Combine lines 3 through 12	13	-114,000.		į	-114,000.
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions i	for limitations on dec e.)	luctions.) (Ded	ductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	·
18	Interest (attach schedule) (see instructions)				18	·
19	Taxes and licenses		1 1		19	<u></u>
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss dedu			13	29	-114,000.
30	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2018 (see			_
	instructions)			STMT 4	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-114,000.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T	(M)	OTHER INCOME		STATEMENT	3
DESCRIPTION				AMOUNT	
AMOUNTS REPO	ORTED ON FORMS K-	1 BY LIMITED PART	TNERSHIP	-114,	000.
መ <u>ስመል</u> ፤. መስ ፍርዝ	HEDULE M, PART I,	LINE 12		-114,	000
TOTAL TO BC					
SCHEDULE M	NET		DEDUCTION	STATEMENT	4
			DEDUCTION LOSS REMAINING		
SCHEDULE M	NET	OPERATING LOSS I LOSS PREVIOUSLY	LOSS	STATEMENT	4