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/	Form	,990-T	E		anization Bus	sine	ss İı			۱, ۱	ОМВ	No 1545-0587
(•	and proxy tax und					M	ົ	017
		~ 14'	For ca		year beginning MAY 1, 20			, and ending APR		ויצ		.U I /
		ratment of the Treasury real Revenue Service Solution in the Treasury of the Treasury real Revenue Service To 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)	Public Inspection for Organizations Only
	A [Check box if address changed	Check box ii Name of organization (D Employer identification number (Employees' trust, see Instructions)	
	ВЕ	xempt under section	Print	VISUAL ARTS, IN	c.					13-3410749		
	X]501(c)(3)	_ or	Number, street, and roc	om or suite no. If a P.O. bo	x, see ir	structio	ons.			lated busir	ness activity codes
		408(e) 220(e) Type 65 BLEECKER STREET, 7TH FL. 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012] (""		-,		
	F							900099				
		ok value of all assets	<u> </u>	F Group exemption nur	mber (See instructions.)					باند		
	aı	end of year 314,456,	870.	G Check organization ty	rpe X 501(c) cor	poration		501(c) trust	401(a	ı) trust		Other trust
	H De	scribe the organization	n's prima	ary unrelated business ac	tivity. PARTNERSHI	P INV	ESTME	NT INCOME				
	1 Du	iring the tax year, was	the corp	oration a subsidiary in ar	affiliated group or a parei	nt-subsi	diary co	ontrolled group?		Y	es X	No ON
	lf	Yes," enter the name a	ınd ident	ifying number of the pare	ent corporation.							
		e books are in care of		HE FOUNDATION					none number 🕨 2	_	7-755	
			` _	le or Business In	come	_	(A) Income	(B) Expense	S at the same of the	erenerot.	(C) Net
		Gross receipts or sale			4	1 1						
	þ	Less returns and allow			_ c Balance _ ►	1c			The Control of the Co	HILLER	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL PROPERTY OF THE PARTY OF
	2	Cost of goods sold (S		· ·		2			THE RESERVE		翻索到。	
	3	Gross profit. Subtract			(7	3		305 909				305 000
		Capital gain net incom	-	•	47071	4a		305,808.			-	305,808.
				art II, line 17) (attach For	m 4797)	4b	-					
	С 5	Capital loss deduction			ittach statement\	4c 5		27 690	LESSTMT. S17			27,690.
0	6	Rent income (Schedul	,							it i lank		
2020	7			d income (Schedule E) 7 alties, and rents from controlled organizations (Sch. F) 8							\vdash	
	8										 	
7	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)										
Z	•	Exploited exempt activ										
N	11	Advertising income (S				11	_					
۵	12	Other income (See ins		<u>.</u>		12			到这朝那红汉			
Щ		Total. Combine lines	3 throu	gh 12		13		333,498.				333,498.
NN	Pa	rt(l) Deductio	ns No	t Taken Elsewhe	ere (See instructions for	or limita	ations c	on deductions)				
⋖		(Except for c	contribu	itions, deductions mus	st be directly connected	with t	he unre	elated business	income.)			
S	14	•	icers, di	rectors, and trustees (Sch	nedule K)				_	14	ļ	
	15	Salaries and wages			_					15		
		Repairs and mainten	ance							16_	<u> </u>	
	17	Bad debts						ann amamene	N7771 1 0	17_		9 492
	18	Interest (attach sche	dule)					SEE STATEMEI	NT 16	18		8,482. 1,856.
	19	Taxes and licenses	(0		- mulas)					19	-	32,103.
•	20			e instructions for limitation	on rules)			1 04 1		20	_	32,103.
	21	Depreciation (attach	FUIIII 45	002) Sabadula A and alcower	70 00 return		~~~	21 22a		22b	1	
	22 23	Depletion	anneu oi	I Schedule A allu eisewild	THE CEIVE	\mathcal{U}_{-}	\	[224]		23	-	
	24	Contributions to defe		1	· Octoberania and a company		RS-OSC			24	 	
	25	Employee benefit pro		ilperisation plans	MAR 1 0 20	20	인			25	 	
	26	Excess exempt exper		hedule I)	<u>පි</u>		8			26		
	27	Excess readership co			OCDEN		-1			27		
	28	Other deductions (at		· ·	OGDEN,	<u></u>		SEE STATEMEN	NT 19	28		1,135.
	29	Total deductions. A		•					28			43,576.
	30			-	ng loss deduction. Subtrac	t line 29	from l	ne 13	<i>-</i> 3	30		289,922.
	31			(limited to the amount o						31		
	32			•	duction. Subtract line 31 fr	om line	30		31	32		289,922.
	33	Specific deduction (6	Generally	\$1,000, but see line 33	instructions for exceptions)			34	33		1,000.
	34	Unrelated business	taxable	income. Subtract line 33	3 from line 32. If line 33 is	greater	than lin	e 32, enter the sr	maller of zero or 10	11 T		<u></u>
		line 32							7	34	<u>L</u>	288,922.

Form 990-1	(2017) VISUAL ARTS, INC.	13-3410	749	Page 2
Part	Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.		23美	
•	Controlled group members (sections 1561 and 1563) check here See instructions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
-	(1) \$ (2) \$ (3) \$			
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)			
	Income tax on the amount on line 34 SEE STATEMENT 20	_	AT AT A STATE OF A	84,339.
	module tax on the amount on this of		35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 34 from	_		
	Tax rate schedule or Schedule D (Form 1041)	P	36	
37	Proxy tax. See instructions	>	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See Instructions	1 10	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	5	40	84,339.
<u>Part'l</u>			[market]	
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u></u>	建	
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	84,339.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)	43	
44	Total tax Add lines 42 and 43	49	44	84,339.
45 a	Payments: A 2016 overpayment credited to 2017	25,000.	高 認	
	2017 estimated tax payments 51/0 45b	78,000.		
	Tax deposited with Form 8868	10,000.		
	Foreign organizations: Tax paid or withheld at source (see instructions) 45d			
	Backup withholding (see instructions) 45e			
	Credit for small employer health insurance premiums (Attach Form 8941) 45f			
		 -		
9	Other credits and payments: Form 2439 Total Form 4136 Other Total Form 245g			
40			1 A B	113,000.
46	Total payments. Add lines 45a through 45g Estimated tax penalty (see instructions). Check if Form 2220 is attached		46	
47			41	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	SC .	48	29 ((1
50 ⁴⁹	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	2/	49	28,661.
Part V		efunded 10	50	2,410.
		_ -		
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other author			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to fil	e		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			500 March
	here >			. X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fi	oreign trust?		X
	If YES, see instructions for other forms the organization may have to file.			
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$			萨森 野市
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled.		ige and belief, it is t	rue,
Sign		_	ay the IRS discuss t	his return with
Here	3 3 2020 CFO & TREASURER		e preparer shown be	
	Signature of officer Date Title	ins	structions)? X	Yes No
	Print/Type preparer's name Preparer's in a Date	Check I	f PTIN	
Paid		self- employed	1	
	JAMES J. REILLY MAR-0-3-202	1	P001837	3 9
Preparer Use Only Firm's name ▶ CONDON O'MEARA MCGINTY & DONNILLY TUP Firm's EIN ▶ 13				
USE C	ONE BATTERY PARK PLAZA	1		
	Firm's address NEW YORK, NY 10004	Phone no. 2:	12-661-7777	
				990-T (2017)
				\·/

Form 990-T (2017) VISUAL ARTS, INC.

Schedule A - Cost of Goods	Sold Fater		atom cuplication N 37/3			
	Gold. Enter	method of inver				
1 Inventory at beginning of year	1		6 Inventory at end of year		7019	6
2 Purchases	2		7 Cost of goods sold. S		(ed	
3 Cost of labor	3		from line 5. Enter here	and in Part I,		
4a Additional section 263A costs	1.1		line 2			7
(attach schedule)	4a		8 Do the rules of section	• •		Yes No
b Other costs (attach schedule)	4b	. 		acquired for resale) appl	y to	1000 1000 1000 1000 1000 1000 1000 100
5 Total Add lines 1 through 4b	5	<u> </u>	the organization?	annel With Dan	l D	
Schedule C - Rent Income (F	rom Real	Property and	i Personai Property L	eased with Rea	Proper	ту)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receive	ed or accrued		2(a) Dadusta	na diroetti ee	annested with the income in
frent for personal property is more than frequency from for			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge (a) Deduction	nns 2(a) and 2	nnected with the income in 2(b) (attach schedule)
(1)		<u> </u>				
(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 (ter		(b) Total deduction of the control o	page 1,	0.
Schedule E - Unrelated Debt-		income (see	instructions)			
					rectly connec	ted with or allocable
. .			Gross income from or allocable to debt-	(a) Straight line depres		(b) Other deductions
Description of debt-finan	ced property		financed property	(attach schedule		(attach schedule)
(1)			<u> </u>			
(2)		15, 11,15			· ·	
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to niced property in schedule)	6. Column 4 divided by column 5	7. Gross income reportable (colum 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		1	
(2)			/ %			
(3)			%			
(4)			%			=
				Enter have and so an	20.1	Enter here and an acce 1
				Enter here and on pa Part I, line 7, column		Enter here and on page 1, Part I, line 7, column (B)
Totals			.		0.	0.
Total dividends-received deductions incl	uded in column	18	•		▶	0.

orm 990-T (2017) VISUAL A		the and Danie	F 0	tuelled Over	al-ollon	13-341		Page 4
schedule F - Interest,	Annuities, Royal				nization	S (see ins	structions	s)
. "			Controlled Or	ganizations			 -	
1. Name of controlled organize	identii		related income e instructions)	 Total of specific payments made 	inclu	5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
1)			 		 -			
2)					 	_		
3)								<u>. </u>
4)								
onexempt Controlled Organ	nizations			,		=;===		
7. Taxable Income	8. Net unrelated incom	ne (loss) 9 Total	of specified paym	ents 10 Part o	of column 9 tha	it is included	11. Ded	fuctions directly connected
	(see instruction	s)	made	in the co	ontrolling orga gross income		with	income in column 10
(1)								
2)								
3)								
(4)								
				Enter he	columns 5 an re and on paga ne 8, column (1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
otals				<u> </u>		0.		0.
schedule G - Investme		Section 501(c)(7	7), (9), or (1	7) Organizati	ion			
(see inst	tructions)	<u></u>	·			 		
	cription of income	. 	2. Amount of	ncome directly	ductions connected schedule)	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
1)		-						<u> </u>
2)								
3)						 		
4)			F. A B	2,8128720, 3c, 3c	an over a seco	acaseminis na kresa	en en en en en	* F-A
-A-l-		_	Enter here and o Part I, line 9, col					Enter here and on page 1, Part I, line 9, column (B)
otals Schedule I - Exploited (see instr	•	Income, Other	Than Adv	Pat. "Estroyau" "Est	ne	The state of the s	W-exp-fig-term	<u> </u>
(366 111311	T	-	4					
Description of exploited activity	Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (col minus column gain, compute through	trade or 5. Gross umn 2 from ac 3) If a is not u cols 5 busines	ss income tivity that unrelated ss income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
2)								
3)								
4)								
	Enter here and on \(\) page 1, Part I, line 10, cot (A)	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26
otals •	0.	0.	A CALLED		425234			0.
Schedule J - Advertisi								
Part Income From	Periodicals Rep	orted on a Con	solidated 	Basis 				
Name of periodical .	2. Gross advertising income	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus 5. C in, compute ii rough 7	Pirculation ncome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)							-	
2)								
3)					<u> </u>	 		
2) 3) 4)		_				 		
			AND THE PROPERTY OF THE PARTY O	CONTROL OF STREET			<u>}</u>	AN ARMAN COMPARED STATE STATE OF STREET IN SEC.
otals (carry to Part II, line (5))	▶	0.	o.					0.
- () (0))								Form 990-T (2017)

Form 990-T (2017) VISUAL ARTS, INC.

Part III 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 27
Totals, Part II (lines 1-5)	▶	0.	0,				C

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) SEE STATEMENT 21		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2017)

FOOTNOTES

STATEMENT 16

THE FOUNDATION IS AMENDING THE APRIL 30, 2018 FORM 990-T (2017 RETURN) AS A RESULT OF THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019'S REPEAL OF THE INTERNAL REVENUE CODE SECTION 512(A)(7) TRANSPORTATION FRINGE BENEFITS TAX ENACTED BY THE 2017 TAX CUTS AND JOBS ACT.

THE ANDY WARHOL	FOUNDATION FOR THE VISUA	13-3410749
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 17
DESCRIPTION	,	AMOUNT
SUMMIT ROCK PRI	ARTNERS, L.P IV (EIN: 26-2208448) VATE EQUITY PORTFOLIO II (EIN: 61-1732265) VATE EQUITY PORTFOLIO III (EIN: 82-1682057)	34,756, -3,095, -3,971,
TOTAL TO FORM 9	90-T, PAGE 1, LINE 5	27,690.
FORM 990-T	INTEREST PAID	STATEMENT 18
DESCRIPTION		AMOUNT
INVESTMENT INTE	REST EXPENSE	8,482.
TOTAL TO FORM 9	90-T, PAGE 1, LINE 18	8,482.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 19
DESCRIPTION		AMOUNT
OTHER PARTNERSH	IP DEDUCTIONS	1,135.
TOTAL TO FORM 9	90-T, PAGE 1, LINE 28	1,135

FORM	990-T LINE 35C TAX COMPUTATION	STATEMENT 20
1.	TAXABLE INCOME	288,922
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	50,000
3.	LINE 1 LESS LINE 2	238,922
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	25,000
5.	LINE 3 LESS LINE 4	213,922
6.	INCOME SUBJECT TO 34% TAX RATE	213,922
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,500
9.	25 PERCENT OF LINE 4	6,250
10.	34 PERCENT OF LINE 6	72,733
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	9,446
`13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	95,929
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	60,674
	DAYS	
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 245 TAX PRORATED FOR NUMBER OF DAYS IN 2018 120	64,391 19,948
18.	TOTAL TAX PRORATED 365	84,339

FORM 990-T SCHEDULE K	STATEMENT 21		
NAME	TITLE	PERCENT	COMPENSATION
JOEL WACHS	PRESIDENT	.00%	0
KATHLEEN C. MAURER	TREAS./SEC./CFO	.00%	0
DONALD WARHOLA	VICE PRESIDENT	.00%	0
CATHERINE OPIE	DIRECTOR	.00%	0
SHANA BERGER	DIRECTOR	.00%	0
CARRIE MAE WEEMS	DIRECTOR	.00%	0
RUBY LERNER	DIRECTOR	.00%	0
JONATHAN LEE	DIRECTOR	.00%	0
TREVOR OWEN SCHOONMAKER	DIRECTOR	.00%	0
ADAM D. WEINBERG	DIRECTOR	.00%	0
JULIAN ZUGAZAGOITIA	DIRECTOR	.00%	0
SARAH ELIZABETH LEWIS	DIRECTOR	.00%	0
COURTNEY FINK	DIRECTOR	.00%	0
IGOR MAYA DACOSTA	DIRECTOR	.00%	0
DEBORAH KASS	DIRECTOR	.00%	0
JOHN TAFT	DIRECTOR	.00%	0
ANNE PASTERNAK	DIRECTOR	.00%	0
PAUL HA	DIRECTOR	.00%	0

FORM 990-T COMPENSATION: NONE

THE OFFICERS AND DIRECTORS ARE COMPENSATED BY THE FOUNDATION FOR THEIR SERVICES, BUT NONE OF THE COMPENSATION IS ALLOCATED TO THE FORM 990-T. THE COMPENSATION OF THE OFFICERS AND DIRECTORS IS DISCLOSED ON THE FOUNDATION'S FORM 990-PF.

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

2017

Name

THE ANDY WARHOL FOUNDATION FOR THE

VISUAL ARTS, INC.

Employer identification number

13-3410749

Example: Short-Term Capital Gains and Losses - Assets Held One Year or Less								
See instructions for how to figure the amounts to enter on the lines below.	ne lines below. (d) (e) (g) Adjustments to gai							
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	19, 1)	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								
1b Totals for all transactions reported on		li			i i			
Form(s) 8949 with Box A checked								
2 Totals for all transactions reported on								
Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on								
Form(s) 8949 with Box C checked								
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7		4				
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5				
6 Unused capital loss carryover (attach computa	ition)			6				
7 Net short-term capital gain or (loss). Combine				7	<u></u>			
経界高代刊学 Long-Term Capital Gair	ns and Losses - Ass	ets Held More Thar	n One Year					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,	(ħ) Gain or (loss) Subtract column (e) from column (d) and 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			<u> </u>					
9 Totals for all transactions reported on								
Form(s) 8949 with Box E checked					305,808.			
10 Totals for all transactions reported on			·	 .				
Form(s) 8949 with Box F checked								
11 Enter gain from Form 4797, line 7 or 9				11				
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7		12_				
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	· <u>-</u>			
14 Capital gain distributions	14_							
15 Net long-term capital gain or (loss). Combine	305,808.							
Rart III Summary of Parts I and	<u> </u>							
16 Enter excess of net short-term capital gain (lin	ie 7) over net long-term capita	l loss (line 15)		16_				
17 Net capital gain. Enter excess of net long-term	capital gain (line 15) over net	t short-term capital loss (line	: 7)	17	305,808.			
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns. If	the corporation					
has qualified timber gain, also complete Part I	18	305,808.						
Note: If losses exceed gains, see Capital losse	es in the instructions.							

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017 VISUAL ARTS, INC. Alternative Tax for Corporations with Qualified Timber Gain. Complete Part IV only if the corporation has Part IV qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions. 19 Enter qualified timber gain (as defined in section 1201(b)(2)) 20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line 21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17 22 Multiply line 21 by 23.8% (0.238) . 23 Subtract line 17 from line 20. If zero or less, enter -0-24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed 25 Add lines 21 and 23 . 26 Subtract line 25 from line 20. If zero or less, enter -0-27 Multiply line 26 by 35% (0.35) 28 Add lines 22, 24, and 27 29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed 30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return

Schedule D (Form 1120) 2017

Form 8949 (2017) Attachment Sequence No. 12A Name(s) shown on return, Name and SSN or taxpayer identification no, not required if shown on page 1 Social security number or THE ANDY WARHOL FOUNDATION FOR THE taxpayer identification no. VISUAL ARTS INC 13-3410749 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your Part II | Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (h) (c) (e) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example, 100 sh XYZ Co) (Mo, day, yr) disposed of Note below and from column (d) & (Mo, day, yr) combine the result see *Column (e*) ın Amount of Code(s) the instructions with column (g) adjustment BAUPOST VALUE PARTNERS L.P. (EIN: 26-2208448) 291,173. SRA PRIVATE EQUITY PORTFOLIO II (EIN: 61-1732265) 14,635.

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

305,808.

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.