Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-149,	258.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 4	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	36	-149,	258.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,	000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	38	-149,	258.
Part	V Tax Computation	<del>,                                    </del>		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	_	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)	42		
43	Tax on Noncompliant Facility Income. See instructions	43		
Part 1	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments	44	-	<u> </u>
Part 1	<del></del>	T		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  Other credits (see instructions)  45a  45b	<b>-</b>  ,		
b	General business credit. Attach Form 3800 45c	† ′		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48	-	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
50 a	Payments: A 2017 overpayment credited to 2018 5 ba 26,251.	,		
b	2018 estimated tax payments Signature 180,000.	]		
c	Tax deposited with Form 8868	]		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			
e	Backup withholding (see instructions) 50e	] -		
f	Credit for small employer health insurance premiums (attach Form 8941)	]		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ <b>5</b> 0g			
51	Total payments. Add lines 50a through 50g	<b>s</b> fi	106,	251.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<del>  \$2  </del>		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	105	254
رے <sup>54</sup>	Overpayment. It line 31 is larger than the total of lines 40, 49, and 32, enter amount overpaid	54	106,	
Part '	Enter the amount of line 54 you want. Credited to 2019 estimated tax     50,000.   Refunded 50   Statements Regarding Certain Activities and Other Information (see instructions)	58	, ەد	251.
L	<del></del>		Vac	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes	No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			(
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	<del></del>		x
-	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year		]	1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	edge and belief, it is tru	16,	
Sign		lay the IRS discuss thi	s return w	uth.
Here	CFO & TREASURER	ne preparer shown belo		
	Signature of officer Date Title	nstructions)? X Y	'es	No
	Lynna She hashara a mana	If PTIN		
Paid	MAR 0 3 2020 self- employed		_	
Prepa	arer	P0018376		
Use (	Only Firm's name ► CONDON O'MEARA MCGINTY & DONNALLY LP Firm's EIN ►	13-3628	255	
	ONE BATTERY PARK PLAZA	12-661-7777		
823711 O		Form 9	90-T	(2010)
043/11 0	-05-13	rom s	,55° I	(ZU10)

Schedule A - Cost of Goods	SOID. Enter	method of invent	tory valuation N/A		<del></del>	<del></del>	
1 Inventory at beginning of year	1	Theurod of liftern	6 Inventory at end of ye			6	
2 Purchases	2		7 Cost of goods sold. S		ine 6		
3 Cost of labor	3		from_line.5. Enter_here		Part I		
4a Additional section 263A costs			line 2	0.0110.111.1	-u.r.,————	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes	s No
<b>b</b> Other costs (attach schedule)	4b	<del></del>	property produced or			200	
5 Total. Add lines 1 through 4b	5	<del></del>	the organization?	204000	To room y apply to	7342	T CASE
Schedule C - Rent Income (see instructions)		Property and	Personal Property	Lease	d With Real Prop	erty)	
Description of property							
(1)							
(2)							
(3)							
(4)							
·		ed or accrued	<u>.</u>		2/a) Dadushara daradha	annouted with the vaccine	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	columns 2(a) ar	connected with the income nd 2(b) (attach schedule)	in
(1)	<u></u>						
(2)		_					
(3)							
_(4)							
Total	0.	Total		0.	]		
(c) Total income. Add totals of columns 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 (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)				
			2 0		<ol><li>Deductions directly control to debt-finance</li></ol>		
1. Description of debt-fin	anced property		Gross income from or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule	
(1)						<del>                                     </del>	
(2)				1	· <del>-</del> ,		
(3)		· · · · ·	·	<del> </del>	* . <del>_</del> .	<u> </u>	
(4)				<del>                                     </del>		<del></del>	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to noed property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	columns
(1)			%				
(2)_			%				
(3)			%				
(4)	<u>, , , , , , , , , , , , , , , , , , , </u>		%				
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on pa Part I, line 7, column	
Totals			_	. 1	0	1	0.
i ora 12			•	¹ <u></u>		<u> </u>	
Total dividends-received deductions in	cluded in columi	n 8					0.

Form 990-T (2018) VISUAL A								13-341	0749	Page
Schedule F - Interest,	Annuities, Ro	yalties, ar	nd Rents	From Co	ntrolle	d Organiza	tions	see ins	tructions	)
<del></del>			Exempt	Controlled O	rganızatı	ons				
Name of controlled organization     Controlled organization     Controlled organization     Controlled organization     Controlled organization     Controlled organization     Controlled organization					Total of specified ayments made 5. Part of colum included in the organization's gr		ed in the contr	ne controlling connected with		
(1)							╁═╼	<del></del>		
			+			<del></del>	<del>                                     </del>		-+	
(2)			<del>                                     </del>				<del>                                     </del>			
(3)	<del></del>		<del></del>				├─			
(4)							ــــــــــــــــــــــــــــــــــــــ			
Nonexempt Controlled Organ	T		<u> </u>			_		- 1		
7. Taxable Income	8. Net unrelated (see instr		9. Total	of specified payn made	nents	10. Part of colu in the controll gross	mn 9 tha ing organ s income	nzation's	11. Ded with	uctions directly connected ncome in column 10
(1)						_				
(2)										
(3)			<del> </del>							
(4)	<del> </del>	<del></del>	<del> </del>							
172						Add colum Enter here and line 8, d		1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
<u>lotais</u>					<b>•</b>	<del></del>		0.	<del></del>	0.
Schedule G - Investme		f a Section	1 <b>501(c)</b> (7	7), (9), or (1	17) Org	ganization				
(see ins	tructions)			·						
1. Des	cription of income			2. Amount of	ıncome	<ol> <li>Deduction</li> <li>directly connected</li> <li>(attach sched)</li> </ol>	ected	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)										<u> </u>
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>	<u></u>	0.					0.
Schedule I - Exploited (see instr	•	vity Incom	e, Other	Than Adv	ertisin	g Income				
	1 20.	3. ∈	xpenses	4. Net incom		<b>5</b> 0				7. Excess exempt
1. Description of exploited activity	2. Gross unrelated busines income from trade or busines	directly with p	connected roduction nrelated ss income	from unrelated business (co minus column gain, compute through	lumn 2 n 3), if a n cols 5	5. Gross inco from activity is not unrelate business inco	that ted	6. Exp attribute colum	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)	<del>                                     </del>		-							1
(3)	<del> </del>			<u> </u>		-		· · · · · · ·		
(4)										
	Enter here and o page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals	• <u> </u>	0.	0.	MINING.					×442	0.
Schedule J - Advertis	ing income	see instruction	ns)							<u> </u>
Rant II Income From	Periodicals F	Reported o	on a Con	solidated	Basis					
1. Name of periodical	2. Gadvert	ssing ad	3. Direct vertising costs	cols 5 th	ol 2 minus ain, comput irough 7	ļ		6. Reade cost	s	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>			7.3.53	M.			- lá	
(2)						Á				
(3)		<del></del>				§		†		
(4)	<del></del>									
				[						
Totals (carry to Part II, line (5))	<u> </u>	0.		0.						0. Form <b>990-T</b> (2018

Form 990-T (2018) VISUAL ARTS, INC.

13-3410749 Page 5

Part I	Income From Periodicals Reported on a Separate Basis	(For each penodical 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	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						·	
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.	<b>医性炎性 </b>			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
Totais, 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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 5		%	
Total. Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FORM 990-T	INCO	ME (LOSS) FROM I	PARTNERSHIPS	STATEMENT 1
DECOP-T-DIFFON				NET INCOME OR (LOSS)
DESCRIPTION	· · · · · · ·			OR (LOSS)
(EIN: 26-22	UE PARTNERS, L.P. 208448) - ORDINARY C PRIVATE EQUITY PO	BUSINESS INCOME	E (LOSS)	-88,926
(EIN: 61-17 SUMMIT ROCK	732265) - ORDINARY C PRIVATE EQUITY PO	BUSINESS INCOME ORTFOLIO III		-15,035
(EIN: 82-16	582057) - ORDINARY	BUSINESS INCOME	(LOSS)	-8,272
TOTAL INCLU	DED ON FORM 990-T	, PAGE 1, LINE 5	5	-112,233
FORM 990-T		INTEREST PA	AID	STATEMENT 2
DESCRIPTION				AMOUNT
INVESTMENT	- INTEREST EXPENSE		ø	6,333
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 18		6,333.
FORM 990-T		OTHER DEDUCT	TIONS	STATEMENT 3
DESCRIPTION	<b>I</b>			AMOUNT
OTHER PARTN	MERSHIP DEDUCTIONS			26,988
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 28		26,988
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
FORM 990-T	NET	LOSS	<del></del>	STATEMENT 4
	NET LOSS SUSTAINED		DEDUCTION  LOSS REMAINING	
FORM 990-T TAX YEAR 04/30/19		LOSS PREVIOUSLY	LOSS	
TAX YEAR 04/30/19	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE 4/30/2020

ţ-

FORM 990-T SCHEDULE K	STATEMENT 5		
NAME	TITLE	PERCENT	COMPENSATION
JOEL WACHS	PRESIDENT	.00%	
KATHLEEN C. MAURER	TREAS./SEC./CFO	.00%	
DONALD WARHOLA	VICE PRESIDENT	.00%	
CATHERINE OPIE	DIRECTOR	.00%	
SHANA BERGER	DIRECTOR	.00%	
CARRIE MAE WEEMS	DIRECTOR	.00%	
RUBY LERNER	DIRECTOR	.00%	
JONATHAN LEE	DIRECTOR	.00%	
TREVOR OWEN SCHOONMAKER	DIRECTOR	.00%	
ADAM D. WEINBERG	DIRECTOR	.00%	
JULIAN ZUGAZAGOITIA	DIRECTOR	.00%	
SARAH ELIZABETH LEWIS	DIRECTOR	.00%	
COURTNEY FINK	DIRECTOR	.00%	
IGOR MAYA DACOSTA	DIRECTOR	.00%	
DEBORAH KASS	DIRECTOR	.00%	
JOHN TAFT	DIRECTOR	.00%	
ANNE PASTERNAK	DIRECTOR	.00%	
PAUL HA	DIRECTOR	.00%	
NAOMI BECKWITH	DIRECTOR	.00%	
CORY DAVIS	DIRECTOR	.00%	
DEBORAH WILLIS	DIRECTOR	.00%	
TOTAL TO FORM 990-T, SCHEDULE	К		

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

Name

₹

THE ANDY WARHOL FOUNDATION FOR THE

**Employer identification number** 

VISUAL ARTS INC 13-3410749 See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below This form may be easier to complete if you round off cents to whole dollars. (sales price) 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 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 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Rartilla Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (e) Cost (or other basis) (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 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 8b Totals for all transactions reported on 8,338. Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 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 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 8 338. 15 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III Summary of Parts I and II 16 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 8,338. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 8,338. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

JWA

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

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) 2018

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), in ine 10 (if Box F above is checked).

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.

823012 11-28-18