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	E				siness Income der section 6033(rn [OMB No 1545-0047	
Form 200-1	For cale	ndar year 2019 or other to	<u>2</u>	2019					
Department of the Treasury		► Go to www irs go)4#	Open to Public Inspection for 501(c)(3) Organizations Onl	lor				
Internal Revenue Service	P Do				y be made public if your orga	725		501(c)(3) Organizations Onl over identification number	
A Check box if address changed		Name of organization (me changed and see instruction:	s)		oyees trust, see instructions)	r
B Exempt under section	1	THE NELSON G							
X 501(C)(3)	Print	Number street, and roor	n or suite no I	faPO	box, see instructions			012977	
408(e) 220(e	Type	4505						ated business activity codustructions)	đe
408A530(a)	4525 OAK STR							
529(a)	4	City or town, state or pro			IP or foreign postal code		0000	•	
C Book value of all assets at end of year		KANSAS CITY,					90009		
		up exemption number							
572,182,849.	1	eck organization type			rporation X 501(c)	trust	401(a)	trust Other tr	rust
H Enter the number o					► <u>3</u>	Describe	the only	(or first) unrelated	
trade or business he	re ►PAS	SS-THROUGH INV	ESTMENTS	3	If only one,	complete Parts I	-V If more	e than one, describe the	
first in the blank sp	ace at the	e end of the previous so	entence, cor	mplete	Parts I and II, complete a Se	chedule M for ea	ch addition	nal	
trade or business, the									
		·	-	_	roup or a parent-subsidiary o	controlled group?		▶ Yes X	No
		identifying number of t	he parent co	rporation					
		AMMY J. BLUHM			Telephon	e number ▶ 81	6-751-	-0417	<u>-'-</u>
Part I Unrelated	Trade	or Business Incom	ie	γ	(A) Income	(B) Expen	ses	. (C) Net	
1 af Gross receipts or	sales								1
b Less returns and allow	ances		c Balance 🕨	1c	_				
2 Cost of goods so	old (Sched	lule A, line 7)		2					<u></u>
3 Gross profit Sul	otract line	2 from line 1c		3					
4a Capital gain net	ıncome (a	attach Schedule D)		4a					
b Net gain (loss) (F	orm 4797,	Part II, line 17) (attach Fo	m 4797)	4b	366,426.			366,42	26.
c Capital loss dedi	uction for	trusts		4c					
5 Income (loss) from a	partnership o	r an S corporation (attach state	ment)	5	-600,296.	ATCH 1		-600,29	<u> 96.</u>
6 Rent income (Sci	hedule C)			6					
7 Unrelated debt-f	nanced in	come (Schedule E) .		7				_	
8 Interest, annuities roy	alties, and re	ents from a controlled organizati	on (Schedule F)	8					
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization	n (Schedule G)	9					
10 Exploited exemp	activity i	ncome (Schedule I) .		10					
11 Advertising incor	ne (Sched	dule J)		11					
_12 Other income (S	ee instruc	ctions, attach schedule)		12/					
13 Total Combine I	nes 3 thr	ough 12		/3	-233,870.			-233,87	70.
		Taken Elsewhere he unrelated busin			ons for limitations on d	eductions)(I	Deduction	ons must be directl	y
					······································		1	T	
			•					 	
								 	—
							1	 	—
					The first of the first that the second			 	
18 Interest (attach s	scneaule)	(see instructions)		• • •	<u>RECEIV</u>	6	18	 	—
19 Taxes and license	es				6 F 2 0 2 2	2	19	 	—
20 Depreciation (att	acn Form	4662)				2 021 3 	 -	,	
ET ECOS depresidado		on concadio mana cis		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· • • • • • • • • • • • • • • • • • • •		21b	 	
					OGDEN		22	 	
							23	 	
,								<u> </u>	
/								 -	
26 Excess readershi	p costs (S	ichedule J)							
27 Other deductions	s (attach s	schedule)		· • <u>/</u>		ATCH. 2		16,68	
28 Total deductions	 Add line 	es 14 through 27		1.			28	16,68	
					deduction Subtract line		3 29	-250,-55	<u> </u>
,				\ 1	ratter January 1, 2018 (see	ျာstructions) 🕜	.√. 30		
		e income Subtract line		χ9		/ !	<u>.]) 3</u> 1_	-250,55	
For Paperwork Reduc	tion Act I	Notice, see instructions		/			/	Form 990-T (2	(19)
JSA 2740 1 000				\			•	[7]]]	
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	990-T (2019) THE NELSON GALLERY FOUNDATION		6012977	
2	Total Unrelated Business Taxable Income			
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	B2	1	165,
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	84		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract ine	H		
	34 from the sum of lines 32 and 33	B5	1	164,
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	Hr		
30		1		
27	Instructions)	36	1	64,5
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	-		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,0
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37	 	4	
_	enter the smaller of zero or line 37	39		163,5
	t IV Tax Computation	<u>, l ,</u>		
40	Prgaruzations Taxable as Corporations. Multiply line 39 by 21% (0 21) Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	40		
41	Trusts Taxable at Trust Rates. See instructions for tax domination income tax on			
	the amount on line 39 from. Tax rate schedule or X Schedule 9 (Form 1041)	41		51,3
42	Proxy tax. See instructions			
43	Alternative minimum tax (trusts only)	43		
14	Tax on Noncompliant Facility Income. See instructions	44		
15	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	· · · · · · · · · · · · · · · · · · ·	51,
	Tax and Payments	1		
16 a	Foreign tax credit (corporations attach Form 1/118, trusts/attach Form 1/16) 46a			
	Other credits (see instructions)			
c	General business credit. Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	- · · · · · · · · · · · · · · · · · · ·	46e		
17	Subtract line 46e from line 45	47		51,3
	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
	Total tax. Add lines 47 and 48 (see instructions)	49		51,3
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments A 2018 overpayment credited to 2019	1 1		
b	2019 estimated tax payments	•		
C	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
đ	Backup withholding (see instructions)			
d e	Backup withholding (see instructions)			
d e f	Backup withholding (see instructions)			
d e f	Backup withholding (see instructions)			
d e f g	Backup withholding (see instructions)	42		91 1
d e f g	Backup withholding (see instructions)	\$2		
d e f g	Backup withholding (see instructions)	53		
d e f g 32 33	Backup withholding (see instructions)	53 54		3
d e f g	Backup withholding (see instructions)	53 54 55		3
d e f g 2 3 4 5	Backup withholding (see instructions)	53 54 55 56		3
d e f g 2 3 4 5	Backup withholding (see instructions)	54 55 56		3
d e f g 32 34 55 6	Backup withholding (see instructions)	53 54 55 56 other	authority	3
d e f g 2 3 4 5 6	Backup withholding (see instructions)	53 54 55 56 other	authority	39,5
d e f g 2 3 4 5 6	Backup withholding (see instructions)	53 54 55 56 other a	authority to file	39,5
d e f g 2 3 4 5 6	Backup withholding (see instructions)	53 54 55 56 other a	authority to file	39, 5 Yes
d e f g 2 3 4 5 6	Backup withholding (see instructions)	54 55 56 other ay have	to file country	39,5 Yes
d e f g 2 2 3 4 5 5 6 6 7 / / / / / / / / / / / / / / / / /	Backup withholding (see instructions)	54 55 56 other ay have	to file country	39,5 Yes
d e f g 2 3 4 5 5 6 Part 8 1	Backup withholding (see instructions)	54 55 56 other ay have	to file country	39, 5 Yes
d e f g 2 2 3 3 4 5 5 6 7 / / 8 1	Backup withholding (see instructions)	53 54 55 56 other a y have foreign	to file country	39, 5
d e f g 2 3 4 4 5 5 6 7 7 /	Backup withholding (see instructions)	53 54 55 56 other a y have foreign	to file country	39, 5 Yes
d e f g 2 3 4 5 5 6 Part 7 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Backup withholding (see instructions)	53 54 55 56 other a y have oreign n trust?	to file country	Yes
d e f g 2 3 4 5 5 6 Part	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want Credited to 2020 estimated tax \$39, 542. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the betting penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the betting penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the betting penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the betting penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the betting the penalties of penury	53 54 55 56 other a y have oreign n trust?	authority to file country knowledge ar S discuss reparer sho	Yes
d e f g 2 3 4 5 5 6 Part	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owerd Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Overpayment if line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid The same amount of lines 55 you want Credited to 2020 estimated tax > 39, 542. Refunded > VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature of over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may fince. FinceN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > Under penalties of penuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best true, colored the file of the penalties of officer. Signature of officer Delta Title Signature of officer	53 54 55 56 other a y have oreign n trust?	authority to file country knowledge ar S discuss reparer sho	Yes Yes this rewn below by
d e f g 2 3 4 4 5 5 6 Part 7 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment if line 55 you want Credited to 2020 estimated tax pay 39, 542. Refunded Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Statements Regarding Certain Activities and Other Information (see instructions at any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may fince. Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign firest penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best organization of the forms the organization of which preparer has any k	53 54 55 56 31 56 31 56 31 31 31 31 31 31 31 31 31 31 31 31 31	authority to file country knowledge ar S discuss freparer sho s)? X Yea	339, 5 Yes Yes
d e f g 3 4 5 6 Part 7 9 iign	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Horm 4136 Other Total payments. Add lines 51a through 51g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment. If line 55 you want Credited to 2020 estimated tax > 39, 542. Refunded > VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempl interest received or accrued during the tax year \$ Under panellies of penus, I declare that I have examined this return, including accompanying schedules and statements, and to the best financial accounts of files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best financial account of files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial	53 54 55 56 other and the interpretation of the point interpretation of the point interpretation of the polygode in the polygo	knowledge aresparer shosp? X Yes	Yes Yes Yes 2834
d e f g Si	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Other Total Form 4136 Other Total Form 4136 Other Total Form 2439 Other Total Form 4136 Statements, Add lines 51a through 51g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fires," see instructions for other forms the organization may have to file. Enter the amount of tax-exempl interest received or accrued during the tax year Signature of officer Print/Type preparer's name MICHAEL J ENGLE Firm's name BKD, LLP BKD, LLP Firm's semicondary forms and the file of the f	53 54 55 56 Siher and the interpretation of	knowledge are shown by Year PTIN P0048	this rewn be 2834
d e f g si	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Horm 4136 Other Total payments. Add lines 51a through 51g. Estimated tax penalty (see instructions) Check if Form 2220 is attached. Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Overpayment. If line 55 you want Credited to 2020 estimated tax > 39, 542. Refunded > VI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2019 calendar year, did the organization have an interest in or a signature or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempl interest received or accrued during the tax year \$ Under panellies of penus, I declare that I have examined this return, including accompanying schedules and statements, and to the best financial accounts of files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best financial account of files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial account of files are considered that I have examined this return, including accompanying schedules and statements, and to the best files. Financial	53 54 55 56 Siher and the interpretation of	knowledge are shown by Year PTIN P0048	Yes Yes 2834

Form 990-T (2019)

Total dividends-received deductions included in column 8

Schedule F – Interest, Ann	uities, Royalties			ontrolled Or			zations (se	e instruct	ions)	
, 1 Name of controlled organization	2 Employer identification numb	er 3	3 Net unre	elated income instructions)	4 Total	of specified ents made 5 Part of column 4 to included in the control organization's gross in		olling	6 Deductions directly connected with income in column 5	
(1)		_								
(2)										
(3)					ļ					
(4)					<u> </u>					l. <u>.</u>
Nonexempt Controlled Organiz			Ι .			10	Part of colum	- O that is		1 Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific payments made		inc	luded in the cannization's gro	ontrolling		nected with income in column 10
(1)					_				ļ	
(2)					_					
(3)		· · · · · · · · · · · · · · · · · · ·	<u> </u>						ļ	
(4)	<u>,</u>					-	dd columns 5			dd columns 6 and 11
Totals	 ncome of a Sec	tion 50)1(c)(7)	, (9), or (17		Pa	ter here and or int I, line 8, coli on (see ins	umn (A)		ler here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deduction directly con (attach sch	nnected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)									.	
(3) (4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	Other Ti	nan Advert	ising Ir	icome	(see instr	uctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ unre	penses ectly cted with ction of elated s income	from unrelated or business 2 minus column of a gain, column of the colum	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income 6 Expens attributable column		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					_					
(2)							-	1		
(3)										
(4)										
	Enter here and on page 1, Part 1, line 10, col (A)	page 1	re and on , Part I, , col (B)							Enter here and on page 1, Part II, line 25
Totals ► Schedule J- Advertising In	ICOMe (see instri	ictions)		1				-		
Part i Income From Per			Conso	lidated Bas						
income from ter	lodicais report	cu on a	001130	lidated Dat	,,,,			1		
1 Name of periodical	2 Gross advertising income		3 Direct dvertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		2 minus col 3) If income a gain, compute		rect gain or (loss) (col 5 Circulation ng costs a gain, compute 5 correct income			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1									
(2)										,
(3)	"									1
(4)										,
Totals (carry to Part II, line (5))										v

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

Form 990-T (2019)

SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning $\frac{05/01}{}$, 2019, and ending

04/30 ,20 20

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)

	THE CONTRACT OF STREET
Name of the organization	Employer identification number
THE NELSON GALLERY FOUNDATION	44-6012977
Unrelated Business Activity Code (see instructions) ▶ 900099	
Describe the unrelated trade or business ▶ SPECIAL EVENTS	

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
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			
4a	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		•		
	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) ATCH, 4.	12	202,130.		202,130.
13	Total Combine lines 3 through 12	13	202,130.		202,130.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

	connected with the unrelated business income y		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts	I	
18	Interest (attacli schedule) (see instructions)		
19	Taxes and licenses	19	9,193.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 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)		
27	Other deductions (attach schedule)	27	27,515.
28	Total deductions Add lines 14 through 27	28	36,708.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	165,422.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	165,422.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service
Name of the organization

For calendar year 2019 or other tax year beginning $\frac{0}{2}$

05/01 , 2019, and ending $_$

04/30 .20 20

ent of the Treasury
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)

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

Employer identification number

THE NELSON GALLERY FOUNDATION 44-6012977 Unrelated Business Activity Code (see instructions) ▶ 900099 Describe the unrelated trade or business ▶ MERCURY FUND II LP INVESTMENT Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 1 a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 44,505. 44,505. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach -44,505. -44,505. 5 Rent income (Schedule C) Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 Total Combine lines 3 through 12...... 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		
20	Depreciation (attach Form 4562).		
21	Less depreciation claimed on Schedule A and elsewhere on return 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)		
27	Other deductions (attach schedule)	27	
28	Total deductions Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

44-6012977

ATTACHMENT 1

FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PTP PASSIVE ACTIVITY LOSSES ALLOWED

-600,296.

INCOME (LOSS) FROM PARTNERSHIPS

-600,296.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES INVESTMENT FEES

1,237. 15,450.

PART II - LINE 27 - OTHER DEDUCTIONS

16,687.

ATTACHMENT 3

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
RICHARD C. GREEN, JR. 4525 OAK STREET KANSAS CITY, MO 64111	BOARD CHAIR	0	0.
RAMON MURGUIA 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
SANDRA A.J. LAWRENCE 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
SHIRLEY BUSH HELZBERG 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
MARK O'CONNELL 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
JULIAN ZUGAZAGOITIA 4525 OAK STREET KANSAS CITY, MO 64111	DIRECTOR/CEO	0	0.
GRANT BURCHAM 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
KAREN CHRISTIANSEN 4525 OAK STREET KANSAS CITY, MO 64111	CHIEF OPERATING OFFICER	0	0.
KENT SUNDERLAND 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
THOMAS M. BLOCH 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.

ATTACHMENT 3 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
BILL LYONS 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
EVELYN CRAFT BELGER 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
SUSAN MCGREEVY 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
DON HALL, JR. 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
NEIL D. KARBANK 4525 OAK STREET KANSAS CITY, MO 64111	SECRETARY	0	0.
SARA MORGAN 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
GREG MADAY 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
G. KENNETH BAUM 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
BILL GAUTREAUX 4525 OAK STREET KANSAS CITY, MO 64111	TRUSTEE	0	0.
WILLIAM B. TAYLOR 4525 OAK STREET KANSAS CITY, MO 64111	TREASURER	0	0.

TOTAL COMPENSATION

ATTACHMENT 3 (CONT'D)

SCHD.	ĸ,	FORM	990-T,	COMPENSATION	OF	OFFICERS,	DIRECTORS,	&	TRUSTEES

BUSINESS NAME AND ADDRESS PERCENT TITLE COMPENSATION PAUL DEBRUCE 0 TRUSTEE 0. 4525 OAK STREET KANSAS CITY, MO 64111

THE	MELSON	CALLERY	FOUNDATT	$\cap N$

ATTACHMENT 4

SCHEDULE M - OTHER INCOME

SPECIAL EVENT INCOME

202,130.

TOTAL

202,130.

ATTACHMENT	5	_

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SPECIAL EVENT EXPENSES TAX PREPARATION FEES

26,277. 1,238.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

27,515.

44-6012977

ATTACHMENT 6

MERCURY FUND II LP

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

MERCURY FUND II LP

-44,505.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-44,505.

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

► Attach to Form 1041

▶ Go to www.irs gov/Form1041 for instructions and the latest information.

THE NELSON GALLERY FOUNDATION

Employer identification number 44-6012977

T LI	E NELSON GALLERI FOUNDATION	<u> </u>	7012	211
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income			
1	Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions	1		163,541.
2	Interest	2		
3	Taxes	3		
4	Refund of taxes	4	(
5	Depletion (difference between regular tax and AMT)	5		
6	Net operating loss deduction Enter as a positive amount	6		
7	Interest from specified private activity bonds exempt from the regular tax	7		
8	Qualified small business stock (see instructions)	8		
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9		
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10		
11	Disposition of property (difference between AMT and regular tax gain or loss)	11		-12,373.
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12		
13	Passive activities (difference between AMT and regular tax income or loss) AT.CH .3	13		41,940.
14	Loss limitations (difference between AMT and regular tax income or loss)	14		
15	Circulation costs (difference between regular tax and AMT)	15		
16	Long-term contracts (difference between AMT and regular tax income)	16		
17	Mining costs (difference between regular tax and AMT)	17		
18	Research and experimental costs (difference between regular tax and AMT)	18		
19	Income from certain installment sales before January 1, 1987	19	(
20	Intangible drilling costs preference	20		
21	Other adjustments, including income-based related adjustments	21		
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies)	22	(
23	Adjusted alternative minimum taxable income Combine lines 1 through 22	23		193,108.
	Note: Complete Part II below before going to line 24			
24	Income distribution deduction from Part II, line 42			
25	Estate tax deduction (from Form 1041, line 19)			
26	Add lines 24 and 25	26		
27	Estate's or trust's share of alternative minimum taxable income Subtract line 26 from line 23	27		193,108.
	If line 27 is			

- \$25,000 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c The estate or trust isn't liable for the alternative minimum tax
- Over \$25,000, but less than \$183,500, go to line 43
- \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50
- ESBTs, see instructions

	+ LOD13, See mandenons		
Pa	t II Income Distribution Deduction on a Minimum Tax Basis		
28	Adjusted alternative minimum taxable income (see instructions)	28	193,108.
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	
30	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter -0	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable		
	purposes (from Form 1041, Schedule A, line 4)	31	44,505.
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	(44,505.)
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34 If zero		
	or less, enter -0	35	193,108.
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	
37	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	37	
38	Total distributions Add lines 36 and 37	38	'4
39	Tax-exempt income included on line 38 (other than amounts included on line 7)	39	1
40	Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38	40	1
For F	aperwork Reduction Act Notice, see the Instructions for Form 1041	Sch	nedule I (Form 1041) (2019)

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

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Page 2 Income Distribution Deduction on a Minimum Tax Basis (continued) Part II 41. Tentative income distribution deduction on a minimum tax basis. Subtract line 29 from line 35. If zero or less enter -0-............... 41 193,108. Income distribution deduction on a minimum tax basis. Enter the smaller of line 40 or line 41 42 Enter here and on line 24. . . . Alternative Minimum Tax 43 \$25,000 44 45 46 47 47 48 48 49 193,108. 49 Go to Part IV of Schedule I to figure line 50 if the estate or trust has gualified dividends or has a gain on lines 18a and 19 of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary) Otherwise, if line 49 is • \$194,800 or less, multiply line 49 by 26% (0 26) Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the result 50 47,538. 51 47,538. 52 51,302. Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedule G, line 2a) . . 53 Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0- Enter here and on -0-54 **Line 50 Computation Using Maximum Capital Gains Rates** Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worksheet, or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instructions before completing this part 193,108. 55 Enter the amount from line 49 Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as 56 44,505. Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary) If you didn't complete Schedule D 57 If you didn't complete a Schedule D Tax Worksheet for the regular tax or 58 the AMT, enter the amount from line 56. Otherwise, add lines 56 and 57. and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) | 58 59 Enter the smaller of line 55 or line 58......... 44,505 59 60 148,603. 60 If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26) Otherwise, multiply line 60 by 28% 61 38,637. 61 62 Maximum amount subject to the 0% rate 62 \$2,650 Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, whichever applies (as figured for the regular tax) If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 119,036 63 Subtract line 63 from line 62 If zero or less, enter -0-. 44,505 65 65 Enter the smaller of line 64 or line 65 This amount is taxed at 0% 66 66 44,505

Schedule I (Form 1041) (2019)

Pai	t IV Line 50 Computation Using Maximum Capital Gains Rates ('conti	nued)		
68,	Maximum amount subject to rates below 20%	68	\$12,950		
69	Enter the amount from line 64	69			
70	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet, whichever applies (as figured for the regular tax). If you didn't complete Schedule D or either worksheet for the regular tax, enter the amount from Form 1041, line 23, if zero or less, enter -0		119,036.		
71	Add line 69 and line 70		119,036.		
72	Subtract line 71 from line 68 If zero or less, enter -0-				
73	Enter the smaller of line 67 or 72				
74	Multiply line 73 by 15% (0 15)			74	
75	Add lines 66 and 73	_75		ļ	
	If lines 75 and 55 are the same, skip lines 76 through 80 and go to line 81. Of	therw	use, go to line 76.		
76	Subtract line 75 from line 65	76	44,505.		
77	Multiply line 76 by 20% (0 20)			77	8,901.
	If line 57 is zero or blank, skip lines 78 through 80 and go to line 81. Other				
78	Add lines 60, 75, and 76	78			
79	Subtract line 78 from line 55				
80	Multiply line 79 by 25% (0 25)			80	
81	Add lines 61, 74, 77, and 80			81	47,538.
82	If line 55 is \$194,800 or less, multiply line 55 by 26% (0 26) Otherwise, multiply				
	and subtract \$3,896 from the result		• • •	82	50,208.
83	Enter the smaller of line 81 or line 82 here and on line 50			83	47,538.

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Name of estate or toust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

► Go to www irs gov/F1041 for instructions and the latest information.

OMB No 1545-0092

200**19**

Employer identification number 44-6012977 THE NELSON GALLERY FOUNDATION X No Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Note: Form 5227 filers need to complete only Parts I and II Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below (d) to gain or loss from Form(s) 8949, Part I, from column (d) and combine the result with This form may be easier to complete if you round off cents (or other basis) (sales price) line 2, column (g) column (g) to whole dollars 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 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2018 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below (d) to gain or loss from from column (d) and Proceeds Cost Form(s) 8949, Part II, line 2, column (g) This form may be easier to complete if you round off cents (sales pnce) (or other basis) combine the result with column (g) to whole dollars 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 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts, 12 12 13 13 44,505. 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on line 18a, column (3) on the back 16 For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2019

Loss Carryover Worksheet in the instructions to figure your capital loss carryover Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero

Caution Skip this part and complete the Schedule D Tax Worksheet in the instructions if

- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39)	21	163,541.		<u> </u>
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero				
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				İ
24	Add lines 22 and 23	ļ			
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g otherwise enter 0				
26	Subtract line 25 from line 24 If zero or less, enter -0	26	44,505.		
27	Subtract line 26 from line 21 If zero or less, enter -0	27	119,036.		
28	Enter the smaller of the amount on line 21 or \$2,650	28	2,650.		
29	Enter the smaller of the amount on line 27 or line 28	29	2,650.	-	
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is taxed at 09	%		30	
31	Enter the smaller of line 21 or line 26	31	44,505.		
32	Subtract line 30 from line 26	32	44,505.		
33	Enter the smaller of line 21 or \$12,950	33	12,950.		
34	Add lines 27 and 30	34	119,036.		
35	Subtract line 34 from line 33 If zero or less, enter -0	35			
36	Enter the smaller of line 32 or line 35	36		****	
37	Multiply line 36 by 15% (0 15)			37	
38	Enter the amount from line 31	38	44,505.		
39	Add lines 30 and 36	39			
40		40	44,505.		
41	Multiply line 40 by 20% (0 20)	:	▶	41	8,901.
42	Figure the tax on the amount on line 27 Use the 2019 Tax Rate Schedule for Estates				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	42	42,401.		
43	Add lines 37, 41, and 42	43	51,302.		
44	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	44	58,868.		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and o				
	G, Part I, line 1a (or Form 990-T, line 41)		<u> </u>	45	51,302.

Schedule D (Form 1041) 2019

The Nelson Gallery Foundation
Form 990-T, Line 30 - Net Operating Loss Deduction

Tax Year: 4/30/2020

NET OPERATING LOSS DEDUCTION FOR PASS-THROUGH INVESTMENTS

Loss

EIN: 44-6012977

Loss Year Ending	NOL Generated	Previously used	Loss Available
4/30/2020	(250,557)		(250,557)
Net Operating Loss Ava	ılable		(250,557)
Net Operating Loss Ded	luction (Limited to Taxable	Income) - 4/30/2020	-
Net Operating Loss Cari	(250,557)		