Form	9	9	0
(Rev.	Janua	ary 20	020)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. ►

Open to Public

		the Treasury	Go to www.irs.gov/Fo	rm990 for instructions ar	nd the latest	informa	ation.		Inspection
Α	For the	e 2019 cal	endar year, or tax year beginning	6/1/2019	, and e	nding	5/3	1/2020	
В	Check if	applicable:	C Name of organization HUNTER MU	ISEUM OF AMERICAN AR	T		D Employer	dentifica	ation number
	Address	change	Doing business as						
Π	N		Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite		62-0511893	3	
	Name ch	lange	10 BLUFF VIEW				E Telephone	e number	
Ш	Initial ret	urn	City or town	State	ZIP code		(423) 267-0	968	
П	Final return	n/terminated	Chattanooga	TN	37402		(120)201 0	000	
믐			Foreign country name Foreign	n province/state/county	Foreign postal	code			
Ш	Amendeo	d return				1	G Gross rec	eipts \$	3,484,886
Π	Application	on pending	F Name and address of principal officer:			H(a) Is t	his a group return f	ior subordina	ates? Yes X No
			Virginia Anne Sharber 10 Bluff View	, Chattanooga, TN 3740	3	H(b) Are	e all subordinate	es included	d? Yes No
-	Tax axa	empt status:				lf '	'No," attach a lis	st. (see ins	structions)
<u> </u>				(illselt110.) 4947(a)(1)	527				
J	Website	e: 🕨 VVVV				H(c) Gr	oup exemption I	number 🕨	,
κ	Form of	organization	: X Corporation Trust Associ	ation Other ►	L Yea	ar of form	ation: 1951	M Sta	ate of legal domicile: TN
F	Part I	Sur	nmary						
	1		escribe the organization's mission or	most significant activitie	s: The	Hunter	Museum of	America	an Art collects,
ce		-	es, and presents American art and co	-					
Governance			nal and visitor-focused experiences						
/eri	2			continued its operations	or disposed	of more	e than 25% (of its ne	t assets
ő	3		of voting members of the governing	•	•				26
	4		of independent voting members of the					4	20
es	5		mber of individuals employed in cale					4 5	95
Ϋ́Ε								6	
Activities &	6		mber of volunteers (estimate if neces						150
4	7a		related business revenue from Part \					7a 7b	0
	b	net unre	elated business taxable income from	FUITI 990-1, III 99.			Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line 1h)					2,956	931,092
Revenue	0		Itions and grants (Part VIII, line 1h).						463,291
ven	9		n service revenue (Part VIII, line 2g).					9,505	
Ř	10 11		ent income (Part VIII, column (A), line					4,395 7,945	432,624 869,711
			venue (Part VIII, column (A), lines 5,					,	,
	12 13		enue—add lines 8 through 11 (must equ				3,002	4,801 0	2,696,718
	13		and similar amounts paid (Part IX, col					0	0
			paid to or for members (Part IX, colu				1 700	0 0,663	
Expenses	15		other compensation, employee benefits onal fundraising fees (Part IX, column				1,700	J,003 0	<u>1,861,467</u> 0
en	16a		C (0
Ä	b		ndraising expenses (Part IX, column (xpenses (Part IX, column (A), lines 11		333,388		2.250	8,006	2 062 675
	• •		penses. Add lines 13–17 (must equa						2,062,675
	18 19		e less expenses. Subtract line 18 fror		,			8,669 3,868	3,924,142
	-	Revenue	less expenses. Subtract line 16 for			Boging	ning of Current		- 1,227,424 End of Year
Net Assets or	20	Total ac	sets (Part X, line 16)			Bogin	40,608		40,975,201
Asse	20		bilities (Part X, line 26)					4,488	2,358,274
Net	22		ets or fund balances. Subtract line 21				38,564		38,616,927
	art II		nature Block				00,00	1,020	00,010,027
			I declare that I have examined this return, incl	uding accompanying schedules	and statements	, and to th	ne best of mv kr	nowledge	
			ct, and complete. Declaration of preparer (other						
0.									
	gn		Signature of officer				Date		
не	ere								
			Type or print name and title						
		Print	/Type preparer's name	Preparer's signature		Dat	e		PTIN
Pa	id							heck	if
	epare	r —		<u> </u>			s	elf-employ	eu
	e Onl		's name 🕨				Firm's EIN 🕨		
		-	's address 🕨				Phone no.		
Ma	ay the IF	RS discus	s this return with the preparer shown	above? (see instructions	s)				. Yes No
			uction Act Notice see the separate in	۰.	-				Eorm 990 (2019)

Form 9	90 (2019)	HUNTER MUSEUM OF AMERICAN ART	62-0511893	Page 2
Ра	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission:		
	The Hun	ter Museum of American Art collects, preserves, and presents American art and		
	connects	the community through inspiring educational and visitor-focused experiences for		
	all.			
2		rganization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	Yes	X No
•		describe these new services on Schedule O.		
3		rganization cease conducting, or make significant changes in how it conducts, any program		
		?	Yes	X No
		describe these changes on Schedule O.		
4		the organization's program service accomplishments for each of its three largest program services, Section $504(a)(2)$ and $501(a)(4)$ argenizations are required to report the amount of grants and all	-	
		s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo expenses, and revenue, if any, for each program service reported.	cations to others,	
		expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,355,437 including grants of \$) (Revenue	\$ 780	813)
τa		the strong permanent collection, the museum has engaged the community through a wide	, φ 700	,010)
	variety o	f virtual and in-person offerings. Operations were significantly impacted in 2020,		
	including	the last two and half months of the fiscal year after forcing a four-month closure		
	resulting	in a significant decrease in revenue from general admission and event rentals.		
4b	(Code:) (Expenses \$920,307_ including grants of \$) (Revenue	\$	0)
	The Hun	ter Museum curates a permanent art collection as well as temporary exhibitions. There are		
	twenty p	ermanent galleries and five to six temporary exhibitions each calendar year.		
4c	(Code:) (Expenses \$ 270,260 including grants of \$) (Revenue	\$ 170	772)
40	•	ter Museum organizes and presents numerous public programs focused on the audience	, φ	
		ce. In a region rich with visual, literary, and performing artists, the museum is proud to		
		e talented individuals and groups, with a focus on leaders of color, through public		
		s. Several recurring programs highlight spoken word poets, dancers, and musicians and are		
		ed in response to the museum collection, exhibitions, and community issues. The museum		
		hildren in the community with summer art camps featuring a wide range of hands-on art		
		ces and access to the Hunter collection. To support our schools, the Hunter works directly		
		hers of the 7,000+ K-12 learners who normally visit the museum every year. Outside the		
		m, the Hunter welcomes families with free admission to youth 17 and under, and on the		
		sday of each month admission is free, making the museum more accessible to a wide		
4d	Other pr	ogram services (Describe on Schedule O.)		
	(Expense	es \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total pro	gram service expenses 2,546,004		

)19) HUNTER MUSEUM OF AMERICAN ART

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
c	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt		Χ	
10	negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>		^	<u> </u>
	Schedule D, Parts XI and XII	12a	Х	
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16	L	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	^
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Х	
20-	If "Yes," complete Schedule G, Part III.	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х

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Form 990 (20

Form 990 (2019)
Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
242	employees? If "Yes," complete Schedule J	23	Х	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	•••	v	
b	If"Yes," complete Schedule L, Part IV	28a 28b	X X	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	~	
	If"Yes," complete Schedule L, Part IV.	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	v	
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30 31	Х	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	•		
	If "Yes," complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
1	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par			l	
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
			000	

Form 9	90 (2019) HUNTER MUSEUM OF AMERICAN ART 62-051	1893	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			r —
0-			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 95			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C Co	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ua		^
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			V
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		^
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			I
-	excess parachute payment(s) during the year	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) HUNTER MUSEUM OF AMERICAN ART 62-0511893 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Х Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 26 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 1b 26 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?...... 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members. b Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: а The governing body?..... 8a Х 8b Х b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 9 at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Х **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х С Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c Х 13 Х 13 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official. 15a Х а 15b Х b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its b participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed
TN 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Х Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 201 Chestnut Street, Chattanooga, TN 37402

Form 990 (2019)	HUNTER MUSEUM OF AMERICAN ART	62-0511893	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key En	nployees, Highest Compensated	
	Employees, and Independent Contractors Check if Schedule O contains a response or note to any lin	ne in this Part VII.............	
Section A.	Officers, Directors, Trustees, Key Employees, and Hig	hest Compensated Employees	
1a Complete t	his table for all persons required to be listed. Report compensation	for the calendar year ending with or within the	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)	(do r	not cł		ition more	e than c	one	(D)	(E)	(F)
Name and title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount
	hours per week					or/trust		compensation from the	compensation from related	of other compensation
	(list any	ndiv or dii	nstit	Officer	(ey e	lighe 9mpl	Former	organization	organizations	from the
	hours for related	Individual t or director	utior	e,	amb	est o	er	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	dotted line)	stee	uste		Φ	ensa				
			ð			ated				
(1) Virginia Anne Sharber	40.00									
Executive Director	0.00					Х		184,282		
(2) Matthew Brock	8.00									
Chair	0.00	Х		Х						
(3) Andrea Crouch	6.00									
Vice-Chair	0.00	Х		Х						
(4) BettyeLynn Smith	4.00									
Secretary	0.00	Х		Х						
(5) Dallas Joseph	4.00									
Treasurer	0.00	Х		Х						
(6) Candy Kruesi	4.00									
Past Chair	0.00	Х		Х						
(7) John Bode	2.00									
Trustee	0.00	Х								
(8) Kitty Caldwell	2.00									
Trustee	0.00	Х								
(9) Kim Gavin	2.00									
Trustee	0.00	Х								
(10) Pam McKenney	2.00									
Trustee	0.00	Х								
(11) Carley Boehm	2.00									
Trustee	0.00	Х								
(12) Charlie Brock	2.00									
Trustee	0.00	Х								
(13) Ward Davenport	2.00									
Trustee	0.00	Х	<u> </u>							
(14) Sally Faulkner	2.00									
Trustee	0.00	Х								

HUNTER MUSEUM OF AMERICAN ART

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Form 990 (2019) HUNTER MUSEUM OF AMER Part VII Section A. Officers, Directors, Tru		nlove	205	and	i Hi	ahesi	t Co	ompensated Fr	62-051		Pa	age 8
		l	,003,		C)	gnes				ucu)		
(A) Name and title	(B) Average hours	box, office	unle: er an	Pos neck ss pe d a d	ition more rson lirecto	e than c is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation	((F) ated am of other	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	f orgai	npensation from the nization organiza	and
			Û			ited						
(15) J.D. Hickey	2.00											
Trustee	0.00	Х										
(16) Terri Holley	2.00											
Trustee	0.00	Х										
(17) Karen Hutton	2.00											
Trustee	0.00	Х										
(18) Amanda Jackson	2.00											
Trustee	0.00	Х	<u> </u>	<u> </u>	<u> </u>			ļ				
(19) Dan Norton	2.00		1									
Trustee	0.00	Х										
(20) Ben Probasco	2.00											
Trustee	0.00	Х										
(21) Janelle Reilly	2.00											
Trustee	0.00	Х										
(22) Vernisha Savoy	2.00	v										
Trustee	0.00	Х										
(23) Sush Shantha	2.00	v										
Trustee	0.00	Х										
(24) Angie Supan Trustee	2.00 0.00	v										
	2.00	Х										
(25) J.V. vaugnn Trustee	0.00	х										
1b Subtotal			I				►	184,282	0			C
c Total from continuation sheets to Part VII, S								0	0			0
d Total (add lines 1b and 1c).								184,282	0			0
2 Total number of individuals (including but not li									÷			
reportable compensation from the organization				•,•	me	10001		more than ¢ree	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
											Yes	No
3 Did the organization list any former officer, dire employee on line 1a? <i>If "Yes," complete Sched</i>		•				•		•		3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	•	•						•	h		X	
 <i>individual</i> Did any person listed on line 1a receive or accurate for services rendered to the organization? <i>If "Y</i> 				-			-			4	X	x
Section B. Independent Contractors				101	540		3511			5		
1 Complete this table for your five highest compensation from the organization. Report co										ax ye	ar.	
(A) Name and business add	rocc							(B)		(C)		
Name and business add	1655							Description of ser	vices (Compen	salion	
												0
												C
												0
												0
2 Total number of independent contractors (inclu	ding but not limit	ed to	the		into	d aha		who received				

2	Total number of independent contractors (including but not lir	mited to	those listed above) who received
	more than \$100,000 of compensation from the organization		0

orm 9	990 (20 ⁻	19) HUNTER MUSEUM	OF AN	MERICAN ART	-			62-05118	393 Pag
Part	t VIII								
		Check if Schedule O co	ntains	a response or	note to any line in	this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu
						Total levenue	Related or exempt function revenue	business revenue	from tax unde
									sections 512-5
ts I	1a	Federated campaigns			96,250				
oun s	b	Membership dues			107,088				
ξ, č	C	Fundraising events			0				
ar /	d	Related organizations			0				
contributions, Girts, Grants and Other Similar Amounts	e	Government grants (contrib			81,900				
r Si	Т	All other contributions, gifts similar amounts not include	-						
the la	~	Noncash contributions include			645,854				
	g	lines 1a–1f.			\$ 45,950				
ã C	h	Total. Add lines 1a–1f				931,092			
				<u></u>	Business Code	951,092			
Ŋ,	2a	General Admissions Reven	ue		713990	292,519			
ە ج	-	Education Group Revenue			611710	99,650			
nu nu		Education Program Revenu			611710	61,157			
Program Service Revenue		Special Events Revenue			713990	9,965			
	e					0			
	f	All other program service re				0			
	g	Total. Add lines 2a-2f.			🕨	463,291			
	3	Investment income (includi	ng divi	dends, interes	t, and				
		other similar amounts).				275,170			
	4	Income from investment of	tax-ex	empt bond pro	oceeds 🕨	0			
	5	Royalties	<u></u>			0			
				(i) Real	(ii) Personal				
	6a	Gross rents	6a	557,367					
	b	Less: rental expenses .	6b	244,849					
	C.	Rental income or (loss)	6c	312,518					
	d Za	Net rental income or (loss) Gross amount from	· · ·	(i) Securities	►	312,518			
	7a	sales of assets		(I) Securities					
		other than inventory	7a	301,965	0				
e	h	Less: cost or other basis	1 a	301,903	0				
enue	5	and sales expenses	7h	144,511	0				
e Ke	с	Gain or (loss)		157,454					
Other Revel	d	Net gain or (loss)				157,454			
ine.	8a	Gross income from fundrais				101,101			
δ			•	0					
		of contributions reported or	n line 1	c).					
		See Part IV, line 18		8a	709,148				
	b	Less: direct expenses		8b	355,753				
	С	Net income or (loss) from fu	undrai	sing even <u>ts .</u>		353,395			
	9a	Gross income from gaming	activi	ties.					
		See Part IV, line 19			0				
	b	Less: direct expenses			0				
		Net income or (loss) from g		activities	<u></u> ▶	0			
	10a	Gross sales of inventory, le			_				
		returns and allowances			- ,				
	b	Less: cost of goods sold .			•	F 4 770			
	C	Net income or (loss) from s	ales o	r inventory	Business Code	54,776			
	11-	Sponsorship Povenue			713990	121 000			
Revenue		Sponsorship Revenue			713990 713990	121,000			
Yer.	b	Other Income			112990	28,022			
Re S	c d	All other revenue				0			
Revenue	-	Total. Add lines 11a–11d .				149,022			
	12	Total revenue. See instruct				2,696,718		0	

HUNTER MUSEUM OF AMERICAN ART

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note	to any line in this Pa	nrt IX......		🔲
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	189,908	47,477	85,458	56,973
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,330,978	921,147	259,986	149,845
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	73,045	49,816	16,807	6,422
9	Other employee benefits	170,852	108,701	40,830	21,321
10	Payroll taxes	96,684	56,427	29,882	10,375
11	Fees for services (nonemployees):				
а	Management	76,750		76,750	
b	Legal	860		860	
С		16,800		16,800	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	21,812		21,812	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A) amount, list line 11g expenses on Schedule O.)	64,162	27,242	36,894	26
12	Advertising and promotion	104,912		97,647	7,265
13	Office expenses	94,414	3,999	90,019	396
14	Information technology	11,535		11,535	
15	Royalties	0			
16	Occupancy	166,694	155,234	11,460	
17	Travel	10,019	2,304	7,118	597
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	33,546	12,481	3,464	17,601
20	Interest	38,564		38,564	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	623,921	436,745	124,784	62,392
23	Insurance	65,040		65,040	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Program Supplies	32,159	32,159		
b	Exhibition Fees	201,148	201,148		
С	Art Acquisition & Conservation	355,358	355,358		
d	Repairs & Maintenance	122,828	122,828		
е	All other expenses	22,153	12,938	9,040	175
25	Total functional expenses. Add lines 1 through 24e	3,924,142	2,546,004	1,044,750	333,388
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕨 📘 if				
	following SOP 98-2 (ASC 958-720)				

Form	990	(20	19)
Ра	rt)	<	

Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X .			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	4,420
				903,481
				107,750
			-	10,087
		01,000		10,001
•	-			
		0	5	
6		-	-	
•		0	6	
7			-	0
		÷	-	46,842
			-	41,022
		110,001	•	11,022
Iu				
h		14 495 817	10c	14,246,558
				25,615,041
				0
		_		0
		_		0
		-		0
				40,975,201
-				333,951
				000,001
				114,398
				114,000
		_		
		U	21	
22				
		0	22	
22				1,525,025
				384,900
		0	24	504,900
25				
		0	25	0
26		-		2,358,274
20		2,044,400	20	2,330,274
				27,079,986
28		11,132,505	28	11,536,941
				ļ
31	Retained earnings, endowment, accumulated income, or other funds	0	31	
		20 564 225	22	29 616 027
32 33	Total net assets or fund balances	<u>38,564,325</u> 40,608,813		<u>38,616,927</u> 40,975,201
	1 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	1 Cash—non-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net. 8 Inventories for sale or use. 9 Prepaid expenses and deferred charges. 10a 28,294,012 b Less: accumulated depreciation. 11 Investments—oblicity traded securities. 12 Investments—other securities. See Part IV, line 11. 13 Investments—other securities. See Part IV, line 11. 14 Intangible assets. 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses. 18 Grants payable. 19 Deferred revenue. 21 Escrow or custodial account liability. Complete Part IV of Schedule D.	(A) Beginning of year 1 Cash—non-interest-bearing. 4.420 2 Savings and temporary cash investments. 1,529,740 3 Pledges and grants receivable, net. 64,750 4 Accounts receivable, net. 97,069 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 0 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 7 Notes and loans receivable, net. 58,055 9 Prepaid expenses and deferred charges 118,834 10a 28,294,012 0 1 Investments—public/ traded securities 24,240,128 1 Investments—puprogram-related. See Part	1 Cash—non-Interest-bearing . 4,420 1 2 Savings and temporary cash investments . 1,529,740 2 3 Pledges and grants receivable, net . 64,750 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 0 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 7 Notes and loans receivable, net . 58,055 8 9 Prepaid expenses and deferred charges . 118,834 9 10a 28,294,012 10 14,407,454 14,495,817 10c 11 Investments—puble/ traded securities . 0 12 118,834 9 11 Investments—puble/ traded securities . 0 14 0 12 11 Investments—puble/ traded securities . 0 14 0 13 11 Investments—puble/ traded securities . 0 14 0 15 15 Total assets. Add lines 1 through 15 (must

Form **990** (2019)

Form 9	990 (2019) HUNTER MUSEUM OF AMERICAN ART	6	62-051189	3 Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,69	6,718
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,92	4,142
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,22	7,424
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		38,56	4,325
5	Net unrealized gains (losses) on investments	5		1,28	0,024
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		38,61	6,927
Part					
	Check if Schedule O contains a response or note to any line in this Part XII	• •		•	┢┙
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
0-	Schedule O.		0.0		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	• •	. <u>2</u> a		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• •	. 2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
-	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
L	the Single Audit Act and OMB Circular A-133?	• •	. <u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		24		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .				1

Form 990 (2019)

	Contin	uation Sh	eet	fo	or I	Fo					1 of 1
Name of the Organization HUNTER MUSEUM OF AM	IERICAN ART							-	oyer identification n 511893	umber	
Part VII Section A	Continuation of Off Compensated Emp		ors, ⊺	۲ru	stee	es,				Highest	
(A) Name ar)	(B) Average	Posi	tion (C) k all 1	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(26) Reese Veltenaar		2.00 0.00									
Trustee (27) Todd Womack		2.00									
Trustee (28)		0.00	X			-					
(29)											
(30)											
(31)						-		-			
(32)											
(33)											
(34)											
(35)											
(36)											
(37)											
(38)											
(39)											
(40)											
(41)											
(42)											
(43)											
(44)											
(45)											
(46)											

SCHED	ULE A	
(Form 99	0 or 990-EZ	2)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	ment of the Treasury I Revenue Service	► Go	to www.irs.gov/Form	n990 for instructions ar	nd the late	st informa	tion.	Inspection
	of the organization						Employer identification	number
	TER MUSEUM OF						62-05	11893
Part				ganizations must co				
		•	•	For lines 1 through 12, o of churches described in			,	
1							(A)(I).	
2				tach Schedule E (Form				
3		-		zation described in sec	-		-	
4		arch organization e, city, and state		Inction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). En	ter the
5		n operated for th (1)(A)(iv). (Corr		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6	A federal, state	, or local goverr	nment or governme	ntal unit described in se	ection 170)(b)(1)(A)(v).	
7			eceives a substanti (A)(vi). (Complete I	al part of its support fro Part II.)	m a gove	rnmental ι	unit or from the gene	ral public
8	A community tr	ust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9				section 170(b)(1)(A)(ix ture (see instructions).				
10	An organization receipts from a support from g	ctivities related ross investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ted business taxable in See section 509(a)(2) .	exception come (les	is, and (2) is section {	no more than 33 1/3 511 tax) from busine	3% of its
11	An organizatio	n organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12	of one or more	publicly support	ed organizations de	ly for the benefit of, to escribed in section 509 ibes the type of suppor	9(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а	the supporte	ed organization(pervised, or controlled b larly appoint or elect a stions A and B.				
b	Type II. A su control or m	upporting organi anagement of th	zation supervised o	or controlled in connecti ization vested in the sa				
С	Type III fun	ctionally integr	ated. A supporting	organization operated i You must complete F				rated with,
d	Type III nor that is not fu	i-functionally in inctionally integr	tegrated. A support ated. The organization	rting organization operation generally must sati plete Part IV, Sections	ated in con isfy a distr	nnection w	vith its supported org quirement and an att	
е	Check this b	ox if the organiz	zation received a wi	ritten determination from ally integrated supporting	n the IRS	that it is a		e III
f	Enter the numb							0
g				ted organization(s).				
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total							0	0

Ра	rt II Support Schedule for Orga						
	(Complete only if you checke						der
500	Part III. If the organization fa ction A. Public Support	lis to quality und	ter the tests lis	ted below, plea	ase complete P	art III.)	
-	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1		(a) 2010	(6) 2010	(0) 2017	(u) 2010	(e) 2013	
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.").	1,245,629	1,151,438	1,585,942	1,082,956	931,092	5,997,057
2	Tax revenues levied for the	1,210,020	1,101,100	1,000,012	1,002,000	001,002	0,001,001
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	1,245,629	1,151,438	1,585,942	1,082,956	931,092	5,997,057
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						5,997,057
	ction B. Total Support						0,001,001
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,245,629	1,151,438	1,585,942	1,082,956	931,092	5,997,057
8	Gross income from interest, dividends,				, ,		<u> </u>
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	196,181	204,232	242,128	271,600	275,170	1,189,311
9	Net income from unrelated business						
	activities, whether or not the business is						
4.0	regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	953,423	925,176	1,193,755	1,247,845	1,333,002	5,653,201
11	Total support. Add lines 7 through 10	300,420	525,176	1,130,730	1,247,045	1,000,002	12,839,569
12	Gross receipts from related activities, etc. (so	ee instructions)				12	12,000,000
	First five years. If the Form 990 is for the or	,			•		
	organization, check this box and stop here .	•			() (,	
Sec	ction C. Computation of Public Su	pport Percenta	qe				
14	Public support percentage for 2019 (line 6, c))		14	46.71%
15	Public support percentage from 2018 Sched	ule A, Part II, line 14			[15	49.97%
16a	33 1/3% support test—2019. If the organiz						·
	and stop here. The organization qualifies as	s a publicly supporte	ed organization				· · · · · ▶ X
b	33 1/3% support test—2018. If the organize box and stop here. The organization gualifier						
17a	10%-facts-and-circumstances test—2019	, , , ,	0				
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts		0	•			 1
	organization						
b	10%-facts-and-circumstances test—2018	0				ne	
	15 is 10% or more, and if the organization m Explain in Part VI how the organization meet					lv	
	supported organization .						
18	Private foundation. If the organization did r	not check a box on I	ine 13, 16a, 16b. 1	7a, or 17b, check	this box and see		
	instructions		<u> </u>				►

HUNTER MUSEUM OF AMERICAN ART

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

62-0511893

Page **2**

Schedule A (Form 990 or 990-EZ) 2019 HUNTER MUSEUM OF AMERICAN ART Part III Support Schedule for Organizations Described in Set

<u>62-0511893</u>

Page **3**

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				• •		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge .						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year . $\ .$.						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support	rr			[]		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
40	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
14	and 12.)		0	0	0	0	0
1-7	organization, check this box and stop here	-					
800	ction C. Computation of Public Su						
				(f))		15	0.00%
15	Public support percentage for 2019 (line 8, c Public support percentage from 2018 Sched	.,	•	())		16	0.00%
<u>16</u> Soc	ction D. Computation of Investmer			<u> </u>		10	0.0076
	Investment income percentage for 2019 (line			column (f))		17	0.00%
17 18	Investment income percentage for 2019 (line Investment income percentage from 2018 So		-			18	0.00%
18 19a	33 1/3% support tests—2019. If the organi						0.00 %
130	not more than 33 1/3%, check this box and s						▶□
b	33 1/3% support tests—2018. If the organi				-		🕨 🛄
-	line 18 is not more than 33 1/3%, check this						► 🗖
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? *If* "Yes," *explain in Part VI what controls the organization put in place to ensure such use.*
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes,*" *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
6 h		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Page 5

Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b С A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported 2 organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2019 HUNTER MUSEUM OF AMERICAN ART

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	•		,
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ins must complete Sections	
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	C
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	C
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	C
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	0	C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C
6 Multiply line 5 by .035.	6	0	C
7 Recoveries of prior-year distributions	7	0	C
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		C
7 Check here if the current year is the organization's first as a non-functional	luinto	arated Type III supporting	organization (and

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3			2-0511893 Page 1
	on D - Distributions	y oupporting organi		Current Year
	Amounts paid to supported organizations to accomplish exe			
1				
2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4				
5	Qualified set-aside amounts (prior IRS approval required)			
6				
7				(
8	Distributions to attentive supported organizations to which t	ne organization is respor	ISIVE	
•	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6)
10	Line 8 amount divided by line 9 amount		(11)	0.000
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			(
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2019 distributable amount			(
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
	Applied to 2019 distributable amount			(
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.		0	
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI . See instructions.			C
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2015			
a b	Excess from 2016 0			
-				
c d				
e	Excess from 2019 0			A (Earm 900 at 900 EZ) 201/

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	orm 990 or 990-EZ) 2019 HUNTER MUSEUM OF AMERICAN ART	62-0511893	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17b; Part Section 1c, 2a, 2b,	<u> </u>
Part II Sect	on B Line 10 Other income consists of program services revenue, net museum		
store sales,	net rental income, net fundraiser income and other miscellaneous revenue.		

Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.	19 Public ion
Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Inspect	
Internal Revenue Service For www.irs.gov/Form990 for instructions and the latest information.	
News of the completion of the	
Name of the organization Employer identification number	
HUNTER MUSEUM OF AMERICAN ART 62-0511893	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts	
1 Total number at end of year	>
2 Aggregate value of contributions to (during year).	
3 Aggregate value of grants from (during year).	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
funds are the organization's property, subject to the organization's exclusive legal control?	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
conferring impermissible private benefit?	No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land a	area
Protection of natural habitat Preservation of a certified historic structure	
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
easement on the last day of the tax year. Held at the End of the	e Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	9
the tax year	
 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	
violations, and enforcement of the conservation easements it holds?	No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the y	<u> </u>
▶	,
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
 and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 	No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	he
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet 	
works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	
following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	

Sched	lule D (Form 990) 2019 HUNTER MUSEUM (OF AMERICAN A	RT				62-051	1893		Page 2
Part	III Organizations Maintaining Co	llections of Ar	t, Histor	rical Trea	asures, or (Other	Similar Asset	s (conti	nued)	1
3	Using the organization's acquisition, acce	ession, and other	records, o	check any	of the following	ng that	make significant	use of it	s	
	collection items (check all that apply):									
а	X Public exhibition		d X	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
с	Preservation for future generations									
4	Provide a description of the organization'	s collections and	explain h	ow they fu	irther the orga	nizatio	n's exempt purp	ose in Pa	art	
	XIII.		•	,	5					
5	During the year, did the organization solid	cit or receive don	ations of a	art, historio	cal treasures,	or othe	er similar			
	assets to be sold to raise funds rather that							XY	es 🗌	No
Part	IV Escrow and Custodial Arrang	ements.								
	Complete if the organization and		n Form §	990. Part	IV. line 9. o	r repo	rted an amoun	t on Foi	m	
	990, Part X, line 21.			,	,,.					
1a	Is the organization an agent, trustee, cus	todian or other in	termediar	v for contr	ributions or otl	her ass	sets not			
	included on Form 990, Part X?			-				T Ye	es	No
b	If "Yes," explain the arrangement in Part								<u> </u>	1
				0				Amount		
С	Beginning balance					10	:			
d	Additions during the year					10	1			
е	Distributions during the year					16	•			
f	Ending balance					1f	:			0
2a	Did the organization include an amount o	on Form 990, Part	X, line 2 ²	1, for escr	ow or custodia	al acco	unt liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part	XIII. Check here i	if the expl	anation ha	as been provid	ded on	Part XIII			1
Part			· ·		•					<u>. </u>
i ai t	Complete if the organization and	swered "Yes" o	n Form 9	990. Part	IV. line 10.					
		(a) Current year		or year	(c) Two years	back	(d) Three years back	(e) Fo	our years	s back
1a	Beginning of year balance	25,069,545		5,051,111			21,786,12			40,738
b		84,731		257,670		9,825	30,00			44,027
с	Net investment earnings, gains,									_ <u></u>
	and losses	1,678,265		310,643	2,72	7,318	2,670,25	68	-47	72,020
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	1,179,084	1	,549,879	832	2,248	650,16	55	62	26,622
f	Administrative expenses									
g	End of year balance	25,653,457		5,069,545	,		23,836,21	6	21,78	36,123
2	Provide the estimated percentage of the	-		line 1g, co	olumn (a)) held	d as:				
a	Board designated or quasi-endowment		5%							
b	Permanent endowment	15%								
С	Term endowment ► 30% The percentages on lines 2a, 2b, and 2c		0/							
3a	Are there endowment funds not in the po			n that are	held and adm	ninistar	ed for the			
Ja	organization by:		iganizatio	in that are		minoter		1	Yes	No
	(i) Unrelated organizations							3a(i)	100	X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related orga							3b		
4	Describe in Part XIII the intended uses of									·
Part										
	Complete if the organization and		n Form §	990, Part	IV, line 11a	. See	Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or ot			or other basis		Accumulated		ook valu	ie
		(investm	ent)	(0	other)	d	lepreciation			
1a	Land		0		0					0
b	Buildings		0		25,531,012		11,826,328		13,70	04,684
С	Leasehold improvements		0		0		0			0
d	Equipment		0		1,826,600		1,575,259			51,341
e	Other		0	 	936,400		645,867			90,533
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal Form 99	υ, Part X,	column (E	3), line 10c.).		🕨		14,24	46,558

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives 0 (2) Closely held equity interests 0 (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ► 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ► 0 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► 0 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2)(3) (4)(5)(6)(7)(8) (9) ► 0

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedu	Ile D (Form 990) 2019 HUNTER MUSEUM OF AMERICAN ART	62-0511893	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,620,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,923,681
3	Subtract line 2e from line 1	3	2,696,718
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,696,718
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,567,799
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	643,657
3	Subtract line 2e from line 1	3	3,924,142
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,924,142
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		t X, line
2; Par	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	ation.	
Part I	II Line 1a Museum collections include American paintings and other fine art from the		
Colon	ial period through present day. In conformity with the practice followed by many		
muse	ums, art objects that are donated and purchased are not reported on the statement of		
financ	cial position. The cost of art objects donated during the fiscal period totaled		
45,95	0.		
D. ()			
Part I	II Line 4 The museum's collections include artifacts of historical significance and		
ort ob	icate that are hold for advectional research and avectorial purposes		
antop	jects that are held for educational, research and curatorial purposes.		
Part >	(I Line 2d Museum store COGS (43,055), rental expenses (244,849), fundraising		
exper	nses (355,753)		
D			
Part >	(II Line 2d Museum store COGS (43,055), rental expenses (244,849), fundraising		
exper	nses (355,753)		

Page 5

Part XIII S	upplemental Informa	tion (continued)		

SCHE	DULE G	Supplementa	I Information	Regard	ing Fundra	aising or Gamin	g Activities	OMB No. 1545-0047		
	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						9, or if the	2019		
	t of the Treasury venue Service	► Go	Attac	ch to Form	990 or Form 99	0-EZ.		Open to Public Inspection		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identifica									
HUNTER MUSEUM OF AMERICAN ART 62-05 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, I										
Part		i ng Activities. C -EZ filers are not				ered "Yes" on Foi	m 990, Part IV, li	ne 17.		
1						ng activities. Check	all that apply.			
a										
b										
c	c Phone solicitations g Special fundraising events									
d L	In-person so				المريانية المرابع	/in altralia at a ff ica na c	line stand to set a s			
						(including officers, or ofessional fundraisi		Yes No		
b I	f "Yes," list the 1		viduals or entitie			ant to agreements u	-	Iraiser is to be		
	(i) Name and addres or entity (fund		(ii) Activity	custody	undraiser have or control of ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
				Yes	No					
1										
2						0	0	0		
3						0	0	0		
4						0	0	0		
						0	0	0		
					_	0	0	0		
6						0	0	0		
7						0	0	0		
8						0	0	0		
9						0	0	0		
10				1		0	0	0		
Total.						0	0	0		
3 L			ion is registered	or licens	ed to solicit	contributions or has	been notified it is e			
r	egistration or lic	ensing.								
					·					
					·	·				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $\ensuremath{\mathsf{HTA}}$

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			Ŭ	(a) Event #1 Spectrum (event type)	(b) Event #2 Hunter Underground (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue		1	Gross receipts	633,458	75,690	0	709,148
Å		2 3	Less: Contributions Gross income (line 1 minus			0	0
			line 2)	633,458	75,690	0	709,148
	4	4	Cash prizes			0	0
		5	Noncash prizes			0	0
Direct Expenses		6	Rent/facility costs			0	0
t Exp	-	7	Food and beverages			0	0
Direc	1	8	Entertainment			0	0
	9	9	Other direct expenses	324,111	31,642	0	355,753
Pa	1(1 [.] art	1	Direct expense summary. Add Net income summary. Subtract Gaming. Complete if the than \$15,000 on Form \$	ct line 10 from line 3, colu ne organization answei	mn (d)		(<u>355,753)</u> 353,395 eported more
eni				(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	I	Gross revenue		biligo progressive biligo		0
ses	2	2	Cash prizes				0
Exper	3	3	Noncash prizes				0
Direct Expenses	4	ı	Rent/facility costs				0
	5	5	Other direct expenses				0
	6	6	Volunteer labor	Yes% No	Yes <u>%</u> No	Yes <u>%</u> No	
	7	7	Direct expense summary. Add	l lines 2 through 5 in colu	mn (d)		(0)
	8	3	Net gaming income summary.	. Subtract line 7 from line	1, column (d)		0
9	а	ls f	iter the state(s) in which the org the organization licensed to co 'No," explain:	nduct gaming activities in	each of these states? .		. Yes No
10		Yes No					

Schedule G (Form 990 or 990-EZ) 2019

Sched	ule G (Form 990 or 990-EZ) 2019 HUNTER MUSEUM OF AMERICAN ART	62	-0511893	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d		
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \blacktriangleright \$ 0 and the amount of gaming revenue retained by the third party \triangleright \$ 0			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			_
Part	 spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions. 			0 nd
				·
				··

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE J		Comp	ensation Information	O	/IB No. 1545	-0047
(Forn	n 990)	For certain Officers, D	irectors, Trustees, Key Employees, and Highe	st 🗸	୭ଲଏ	Q
			Compensated Employees tion answered "Yes" on Form 990, Part IV, line	23.		
•	Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.					ublic on
	of the organization	Go to www.irs.gov/For		ployer identification num	nspecti	
		AMERICAN ART		62-05118	93	
Part	Question	s Regarding Compensation			Vaa	Na
1a			vided any of the following to or for a person lis provide any relevant information regarding the		Yes	No
	First-class or		Housing allowance or residence for pe			
	Travel for con	npanions	Payments for business use of persona	l residence		
	Tax indemnifi	cation and gross-up payments	Health or social club dues or initiation f	ees		
	Discretionary	spending account	Personal services (such as maid, chau	ffeur, chef)		
b	or reimbursemen	t or provision of all of the expenses	ganization follow a written policy regarding pa described above? If "No," complete Part III to		16	
	explain				1b	
2	directors, trustee	s, and officers, including the CEO/E	imbursing or allowing expenses incurred by al xecutive Director, regarding the items checked	d on line		
	1a?				2	
3	organization's CE related organizat	EO/Executive Director. Check all tha ion to establish compensation of the	n used to establish the compensation of the t apply. Do not check any boxes for methods u CEO/Executive Director, but explain in Part II	-		
	X Compensation		Written employment contract			
		compensation consultant	Compensation survey or study			
	X Form 990 of c	other organizations	X Approval by the board or compensation	1 committee		
4		did any person listed on Form 990, F related organization:	Part VII, Section A, line 1a, with respect to the	filing		
а			ayment?		4a	X
b C			tal nonqualified retirement plan?		4b 4c	X
Ũ			vide the applicable amounts for each item in P			
5	Only section 50' For persons liste	1(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5–9. ine 1a, did the organization pay or accrue any			
а		0			5a	Х
b	Any related organ	nization?			5b	Х
6		a or 5b, describe in Part III. d on Form 990, Part VII, Section A, I	ine 1a, did the organization pay or accrue any	,		
	compensation co	ntingent on the net earnings of:				
a b					6a 6b	X
D		a or 6b, describe in Part III.			00	
-			ing to did the exercise second second	(ad		
7			ine 1a, did the organization provide any nonfixes escribe in Part III..................		7	х
8	Were any amoun	ts reported on Form 990, Part VII, p	aid or accrued pursuant to a contract that was ons section 53.4958-4(a)(3)? If "Yes," describe	subject		
	in Part III...				8	X
9	If "Yes" on line 8	did the organization also follow the	rebuttable presumption procedure described i	n		
_					9	х
For P		on Act Notice, see the Instructions for			le J (Form §	990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nentavahla	(E) Total of columns	(E) Componentian
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Virginia Anne Sharber	(i)	184,637	10,000		13,512		208,149	
1 Executive Director	(ii)	·	·				0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

62-0511893 Page **2**

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page **3**

62-0511893

Schedule J (Form 990) 2019

SCHEDULE	L
----------	---

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach	to	Form	990	or Form	າ 990-EZ.

2019 Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

HUNT	HUNTER MUSEUM OF AMERICAN ART 62-0511893											
Part	art I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.											
1	(a) Name of disgualified person	(b) Relationship between disqualified person and	(c) Do	scription of transaction	(d) Cor	(d) Corrected?						
	(a) Name of disqualitied person	organization	(c) De		Yes	No						
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2	Enter the amount of tax incurred	by the organization managers or disqualified	I persons during	the year								
	under section 4958			\$								
3		n line 2, above, reimbursed by the organizati		-								
•	,,	· ···· _, ··· - · · , · · ··· ··· ·· · · · · · ·		· · · · · · · · · · · ·								

Part II Loans to and/or From Interested Persons.

►

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		from the		from the p		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No				
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
(10)																
Total					\$	0										

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. ${}^{\rm HTA}$

Schedule L (Form 990 or 990-EZ) 2019

Part IV	Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi revei	aring of zation's nues?					
	Lliekov	Trustee	201 712	Health Insurance	Yes	No					
(1) J.D. (2)	Піскеу	Trustee	201,713			<u> </u>					
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10) Part V	Supplemental Information. Provide additional information for	or responses to questions on	Schedule L (see ins	tructions).							

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

0

Open to Public

Inspection

g

Department of the Treasury				
Internal Revenue Service				
Name of the organization				

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

• Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

1.	1113
Employer identificati	on number

HUNTER MUSEUM OF AMERICAN ART -

62-0511893
02-0311033

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of detent	ermining	g ounts
1	Art—Works of art	Х	15	45,950	Appraisal			
2	Art—Historical treasures				•••			
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	, Part IV, Donee Acknowledg	gement	29			
							Yes	No
30a	During the year, did the organization			•	0			
	28, that it must hold for at least thr	•		•				
	to be used for exempt purposes fo		holding period?			30a		Х
b	If "Yes," describe the arrangement							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?					31	Х	
32a	Does the organization hire or use	•	8					
	noncash contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is				
	checked, describe in Part II.							

Schedule M (F	Form 990) 2019 HUNTER MUSEUM OF AMERICAN ART	62-0511893 Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and the organization is reporting in Part I, column (b), the number of contributions, the number	33, and whether
	or a combination of both. Also complete this part for any additional information.	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Form 990 or 990-EZ) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. • Attach to Form 990 or 990-EZ.					
Internal Revenue Service Name of the organization	Go to www.irs.gov/rormsso for the fatest information.	Employer identif	Inspection			
HUNTER MUSEUM C	DF AMERICAN ART	62-0511893				
Form 990, Part VI, Se	ction B, Line 12a: The Form 990 is distributed to the Board of Trustees					
for review.						
Form 990, Part VI, Se	ction B, Line 12a: Conflict of interest policy forms are updated					
annually.						
Form 990, Part XI, Lin	e 9: Rounding adjustment of 2.					

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
HUNTER MUSEUM OF AMERICAN ART	62-0511893

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2019, or tax year beginning ________, 2019, and ending ________, 20 20_______ For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of exempt organization

HUNTER MUSEUM OF AMERICAN ART

Employer identification number 62-0511893

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here 🕨	Х	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,696,718
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b	0
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b	0
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	0
5a	Form 8868 check here 🕨		b	Balance due (Form 8868, line 3c)	5b	0

Part II Declaration of Officer

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I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign			Chief Financial Officer
Here	Signature of officer	Date	Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's	ERO's signature Gordon Stalans	Date	Check if also paid preparer	Check if self- employed	ERO's SSN	or PTIN	
Use	Firm's name (or				EIN		
Only	yours if self-employed), address, and ZIP code				Phone no.		
Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check if self-	PTIN	

Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN
	Firm's name				Firm's EIN
Use Only	Firm's address			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.