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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

2009

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A I	For the	e 2009 calend	ar year,	or tax year beginning 11/01 , 2	009, and	ending 1	0/31			, 20 10	
В	Check if	ck if applicable Please C Name of organization						D Employer identification number			
	Address	change	ange use tris label or American Patrons of the Pinakothek Trust 20-189					398734			
닏	Name cl	-	print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telep						elephone number		
H	Initial ref Termina		type. See	c/o Rubin Winston 1201 Connecticut Avenue, NW, Suite 20	o l		202 86	1 0870)		
片			Specific	City or town, state or country, and ZIP + 4			F Grou			<u> </u>	
Ħ	Amended return Instruc- Application pending Washington, DC 20036 Nul									>	
=			organi	zations and 4947(a)(1) nonexempt charitable trusts must a	Hach	G Accou			$\overline{\nabla}$	Cash	
				npleted Schedule A (Form 990 or 990-EZ).		i .	(specify		بما	— Accidal	
						H Check	< ▶ □	if the c	organi	zation is not	
	Webs	-				requir	ed to att	ach So	hedu	le B (Form 990,	
J]	J Tax-exempt status (check only one) — ☐ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990										
Κ	Check	▶ ☐ if the	e organi:	zation is not a section 509(a)(3) supporting organization and its	gross red	eipts are r	ormally	not m	ore th	an \$25,000. A	
	Form 9			turn is not required, but if the organization chooses to file a ret						•	
_				9 to determine gross receipts, if \$500,000 or more, file Form 990 ii				\$		52,405	
P	art i	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Ba	lances	(See the	instru	ction	s for	Part I.)	
	1	Contributio	ns, gift	s, grants, and similar amounts received				1		51,112	
	2	Program se	ervice r	evenue including government fees and contracts .				2			
	3	Membersh	ip dues	and assessments				3			
	4	Investment	•					4		1,293	
	5a	Gross amo	ount fro	m sale of assets other than inventory	5a	·				.,,	
	Ь			r basis and sales expenses	5b	-					
	c			n sale of assets other than inventory (Subtract line 5b fro		 5a)		5c		0.00	
e				ivities (complete applicable parts of Schedule G) If any amount is from			▶ ri				
Revenue	a	-		ot including \$ of contributions	3		- 🗀				
ě	"		•)	6a						
щ	1 -	•		′	6b						
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 0.									
	1 [b Less cost of goods sold									
	l l									0 00	
	8									0 00	
	9									52,405.00	
	10				·		<u> </u>	9 10			
	11			r amounts paid (attach schedule)		•	•	11		63,089	
G											
Se	13										
Expenses	. 14	Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance						13 14			
X	15		-								
Ξ	16			ons, postage, and shipping		•) JSC	15		···	
	l			Add lines 10 through 16	N 20	2011		16		62 090 00	
_	17			Add lines 10 through 16		<u> </u>	E.	17		63,089.00	
ets	19	Not accets	cor fun	d balances at beginning of year (from line 27, common	(A))74	ulet germ		18	-	(10,684 00)	
SS	' "	end-of-vea	r finitre	reported on prior year's return)		úst agre	with	10		00 400 00	
Net Assets	1 20	-	-	net assets or fund balances (attach explanation)				19		29,406.00	
Ž	20		•	d balances at end of year. Combine lines 18 through 20	•	•		20		1,185 75	
	21 art			ets. If Total assets on line 25, column (B) are \$1,250,00	O or mo	ro filo Fo	. P	21	l of	19,907 75	
	aiti	Dalarice	e onee	(See the instructions for Part II)	U OI IIIO				_		
^									(B) End of year		
							9,406	_	19,907		
			•			<u> </u>			23	<u> </u>	
2		Other assets (•)	<u> </u>	20.4	06.00	24	40.007.00	
2		otal assets .			•		29,4	06 00	_	19,907.00	
2		otal liabilitie		cribe palances (line 27 of column (B) must agree with line 21)	 ,	-	20.4	06.00	26	40.007.00	
2					<u> </u>		29,4	06.00		19,907.00	
ro	r Mriva	icy act and Pa	aperwor	k Reduction Act Notice, see the separate instructions.					For	m 990-EZ (2009)	

Form **990-EZ** (2009)

SCANNED JUL 0 6 2011

FOITH	990-EZ (2009)		_			Page 2
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
Wha	t is the organization's primary exempt purpose?	To educate general public ab	out American Modei	n Art	(Requ	ured for section
Desc	cribe what was achieved in carrying out the orga	anization's exempt purpose	es In a clear an	d concise		c)(3) and 501(c)(4)
	ner, describe the services provided, the number of	f persons benefited, and of	ther relevant infori	mation for	organ	nizations and section (a)(1)trusts, optional
each	program title					hers)
28	Paid for assistant curator and marketing person position	on at the American Art section	of the Pinakothek d	er Moderne	 	

	(Grants \$ 63,089) If this amount	includes foreign grants, ob-		▶ □	000	63,089
29	•				28a	00,000
29						
	••••					
	/O		·			
	(Grants \$) If this amount				29a	
30						
		includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, che	eck here .	_ ▶ □	31a	
	Total program service expenses (add lines 28a	through 31a) .		▶	32	63,089.00
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List each one ev	ven if not compensa	ted (See the	ınstruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio		(e) Expense
	(a) Name and address	devoted to position	enter -0)	employee benefit deferred compe	pians & nsation	account and other allowances
Max	Riederer c/o Rubin Winston	Treustee, 2h		· -		
1201	Conn. Ave., NW, Ste 200, Washington DC 20036	1	0		0	l
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Dela	ware Bank Trust & Co.	Trustee				
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	<u> </u>	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of		1	
	the changes	34	<u> </u>	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year? .	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40b	ļ	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
d	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.			
44	•	40e		X
41	List the states with which a copy of this return is filed. ► DE	064.00	70	
42a	The organization's books are in care of ► Max Riederer Telephone no ► 202 8		<u>/U</u>	
L	Located at ► C/o Rubin Winston 1201 Conn. Ave , NW, Ste 200 ZIP + 4 ► 2003	0		
Ь	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		Yes	. Nic
	account)?	42b		No X
	If "Yes," enter the name of the foreign country:	440		÷
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
-	If "Yes," enter the name of the foreign country:			1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		Х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
	For		0-F7	(200

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 an	47(a)(1) nonexempt cha	exempt charit ritable trusts n	table trusts only. An ust answer question	All section ons 46–49	b		
	Did the organization engage in direct or indirect		es on behalf of o	or in opposition to	Yes	No		
	candidates for public office? If "Yes," complete S	blic office? If "Yes," complete Schedule C, Part I [
	If "Yes," was the related organization a section 5				49b	<u> </u>		
	Complete this table for the organization's five hig employees) who each received more than \$100,					key		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans & deferred compensation	(e) Exper	and		
None						<u></u>		
			 					
		 						
_	Total number of other employees paid over \$100	<u> </u>		0				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Compens	ation		
None ———					-			
d	Total number of other independent contractors e	each receiving over \$100,0	00 ▶		······································	0		
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete Declaration	ned this return, including accompar of preparer (other than officer) is t	lying schedules and pased on all informat	statements, and to the best on of which preparer has a	of my knowle	dge		
Sign Here	June 14, 2011 Signature of efficer Date							
	Max Riederer, Trustee Type or print name and title				 			
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (See instru	ctions)		
Prepare Use On	Fill Straine (Of			EIN ► Phone no ►				
May th	e IRS discuss this return with the preparer show	n above? See instructions		. •	Yes 🗆	No		
				Fo	rm 990-E2			

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Employer identification number American Patrons of the Pinakothek Trust 20-1898734 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III-Functionally integrated **d** ☐ Type III–Other e

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? |11g(ii (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (i) Name of supported (ii) EIN (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section col (i) of your governing document? (i) organized in the (see instructions) support? Yes Yes Total 0.00

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. **Public Support** Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 130,000 37,000 2,373,125 106.347 51,112 2,697,584.00 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 130,000 00 37,000.00 2,373,125 00 106,347.00 51,112.00 2,697,584.00 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 2,697,584.00 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 130,000.00 37,000 00 2,373,125 00 106,347.00 51,112.00 2,697,584 00 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 2,697,584.00 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 100.00 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 100 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Sched	lule A (Form 990 or 990-EZ) 2009						Page 3
Par	Support Schedule for Organ (Complete only if you checke	nizations De	escribed in Soline 9 of Par	Section 509(art l.)	n)(2)		- <u>-</u>
	tion A. Public Support	(a) 2005	(h) 2006	(a) 2007	(d) 2008	(a) 0000	(D. Tokal
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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			_			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	tion B. Total Support		JL	!L	l		<u> </u>
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(4) 2000	(6) 2000	(0) 2007	(4) 2000	(6) 2003	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					_	
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			1			
14	First five years. If the Form 990 is for organization, check this box and stop	h	on's first, secor		_		–
Sec	tion C. Computation of Public Su			<u> </u>			
15	Public support percentage for 2009 (lin	e 8, column (f) divided by lin	ne 13, column	(f))	15	%
16	Public support percentage from 2008 S			<u></u>	<u></u>	16	%
	tion D. Computation of Investmer					T	
17	Investment income percentage for 200 Investment income percentage from 20					17	%_ %
18 19a	·						

17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐ 33⅓% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

	rm 990 or 990-EZ) 20					Page 4
Part IV	Supplemental Part II, line 17a	Information. a or 17b; and	Complete this Part III, line 12	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions
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