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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the	2015 calenda	ar year, or tax year beginning 11/01 , 2015, and ending		10/31	, 20 16
	В	Check If ap	opticable:	C Name of organization	D Emp		ntification number
		Address c	hange	American Patrons of the Pınakothek Trust	20-18	98734	
		Name cha	inge		phone nu	nber	
	_	initial retu		1201 Connecticut Avenue, NW, Suite 200	202 8	61 087	n
	_	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	_	up Exem	
	=			Washington, DC 20036		nber ▶	paron
	_		ing Method:				the organization is not
		Vebsite	_	//www.americanpatrons.com			ch Schedule B
	J T	ах-ехеп	npt status (che	ck only one) — 🔟 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	-		EZ, or 990-PF).
				☐ Corporation ☐ Trust ☐ Association ☐ Other			
				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
	(Pai	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	52,017.00
		art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		ctions	for Part I)
				the organization used Schedule O to respond to any question in this Part			
		1		ns, gifts, grants, and similar amounts received		<u> </u>	52,009
		2		ervice revenue including government fees and contracts		2	32,005
		3		p dues and assessments		3	
		4	Investment			4	8
		5a	Gross amo	unt from sale of assets other than inventory 5a	•		<u> </u>
0		b		or other basis and sales expenses	· · · · · · · · · · · · · · · · · · ·	1 1	
20%		С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.00
€9		6		d fundraising events			
⋈		a	Gross inco	ome from gaming (attach Schedule G if greater than			
	ā						
SEP	Revenue	ь	Gross inco	me from fundraising events (not including \$ of contribution)	ns	1 1	
9,		}		aising events reported on line 1) (attach Schedule G if the			
			sum of suc	h gross income and contributions exceeds \$15,000) 6b			
7		C	Less: direc	t expenses from gaming and fundraising events 6c		1	
2		d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	1	
SCANNED		İ	line 6c) .			6d	0.00
Ø		7a		s of inventory, less returns and allowances			·
		b	Less: cost	of goods sold			
		С		t or (loss) from sales of inventory (Subtract line 7b from line 7a) \ldots		7c	0.00
		8	Other rever	nue (describe in Schedule O)		8	
		9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	52,017.00
		10	Grants and	similar amounts paid (list in Schedule O)		10	89,429
		11		iid to or for members		11	
	es	12		her compensation, and employee benefits . RECEIVED		12	
	ű	13		al fees and other payments to independent contractors		13	
	Expenses	14		v, rent, utilities, and maintenance	\ · · ·	14	
	ш	15		iblications, postage, and shipping	$\{ \cdot \cdot \}$	15	
		16	•	nses (describe in Schedule O)	٠ . ل	16	
		17		nses. Add lines 10 through 16	•	17	89,429.00
	Ş	18		deficit) for the year (Subtract line 17 from line 9)		18	(37,412.00
	3Se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
	Net Assets		· -	r figure reported on prior year's return)		19	37,853.00
	Š	20		ges in net assets or fund balances (explain in Schedule O)		20	·
		21		or fund balances at end of year. Combine lines 18 through 20	▶	21	441.00
	FOR	Papery	vork Reducti	on Act Notice, see the separate instructions.			Form 990-EZ (2015)

Par	rt II Balance Sheets (see the instructions f	•				
	'Check if the organization used Schedule	O to respond to ar	y question in this	Part II	_	
•	•		Ĺ	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[37,853	22	441
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets			37,853.00	25	441.00
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	37,853.00	27	441.00
Parl	t III Statement of Program Service Accom	olishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to ar	y question in this	Part III	_	Expenses
What	t is the organization's primary exempt purpose?	Educate public al	out American Mod	lern Art		quired for section (c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomplis					inizations; optional for
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			othe	irs.)
28	Gifted art works to Munich based museum (P	inakothek der Mod	ierne)			
	(Grants \$ 8,000) If this amount	includes foreign gra	nts, check here .	▶ 🛛	28a	8,000
29	Supported PIN. Freunde der Pinakothek der					
	that assists the Pinakothek der Moderne wi					
	(Grants \$ 81, 429) If this amount	includes foreign gra	nts, check here .	▶ 🛭	29a	81,429
30						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	30a	,
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		•	32	89,429.00
32 Pari	Total program service expenses (add lines 28a t	hrough 31a)		<u>.</u> >		
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not com	pensated—see the in		
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each O to respond to ar	one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	nstru	ctions for Part IV)
	Total program service expenses (add lines 28a t IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated—see the in Part IV (d) Health benefits, contributions to employ	nstru	ctions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) Employees (list each O to respond to ar (b) Average	one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	ee (e)	ctions for Part IV)
Part	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	ee (e)	ctions for Part IV)
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Part				
	'instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
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		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4		
290	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 tax year covered by this return? .	38a	!	x
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	-		Ĥ
39	Section 501(c)(7) organizations. Enter:	1	!	1
а	Initiation fees and capital contributions included on line 9		1	
b	Gross receipts, included on line 9, for public use of club facilities			1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c 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	40e		х
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Max Riederer von Paar Telephone no. ▶ 202 s		870	
h	Located at ► 1201 Conn. Ave, NW, Ste 200, Washington DC ZIP + 4 ► 2003 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	5	Yes	LNI
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	168	No X
	If "Yes," enter the name of the foreign country: ▶	1	 	 ^
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u></u>	х
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
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		х
	Did the organization receive any payments for indoor tanning services during the year?	44c		х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		х
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45h		v

•								4
orm 99	90-EZ (2015)							age 4
46 .	Did the organization engage, directly or it to candidates for public office? If "Yes,"					46	Yes	No x
Part	VI Section 501(c)(3) organization All section 501(c)(3) organization	s only				<u></u>	or line	
	50 and 51. Check if the organization used So	hedule O to respond	to any question in the	nis Part VI .				
							Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election	n in effect during	g the tax	47		х
48	Is the organization a school as described	in section 170(b)(1)(A)(i	i)? If "Yes." complete \$	Schedule E .		48		x
49a	Did the organization make any transfers					49a		х
ь		·	=			49b		
50	Complete this table for the organization's employees) who each received more that	s five highest compen	sated employees (oth	er than officers,	directors,	truste		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benef contributions to emp benefit plans, and de compensation	ployee (e) E eferred oth		ed amou	
ONE		-						
		-]					
		-						
		-						
f	Total number of other employees paid or	ver \$100,000	. ▶	0				
51	Complete this table for the organization \$100,000 of compensation from the org			contractors who	each rec	eived	more	: than
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	ice	(c) Com	pensati	юп	
ONE								
	***************************************		ļ					
					····			
							 -	
d	Total number of other independent conti	ractors each receiving	over \$100,000	<u> </u>				(
52	Did the organization complete Sched completed Schedule A	_		nizations must		∛ Yes		No
	penalties of perjury, I declare that I have examined this orrect, and complete. Declaration of preparer (other than				of my knowle	dge and	d belief,	, it is
	las N	1/		Septemb	er 13. 20	017		
ign Iere	Signature of officer			Date	7			
ıere	Max Riederer von Paar, Trus	stee						

Preparer's signature

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions . . .

Print/Type preparer's name

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no.

Date

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.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization					Employer identification	number			
American Patrons of the Pinakothek Trust					20-1898734				
Part I Reason for Public Ch						ns.			
The organization is not a private found			-	•	•				
	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
	=								
 3	tion operated in c	-		. , .	,, ,, ,	iii). Enter the			
5 An organization operated fo section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	d by a government	al unit described in			
 A federal, state, or local gove An organization that normall described in section 170(b)(y receives a subs	stantial part of its sup				the general public			
8 A community trust described	l in section 170(b)(1)(A)(vi). (Complete	Part II.)						
9 An organization that normall receipts from activities relat support from gross investin acquired by the organization	y receives: (1) mo ed to its exempt nent income and after June 30, 19	ore than 331/3% of its functions—subject to unrelated business 75. See section 509(a	support of certain taxable in tax	exception ncome (I mplete Pa	ns, and (2) no more ess section 511 tag art III)	than 331/3% of its			
 10	d operated exclus ed organizations d	ively for the benefit of, lescribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	ion 509(a)(3). Check			
a Type I. A supporting organ the supported organization organization. You must co	(s) the power to re	egularly appoint or ele							
b Type II A supporting organization(s). You must	the supporting or	ganization vested in th							
c Type III functionally integ its supported organization(y integrated with,			
d Type III non-functionally integrated that is not functionally integrated requirement (see instructional see instructio	grated. The organi	ization generally must	satisfy a	distributi	on requirement and				
e Check this box if the organ functionally integrated, or	ization received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III			
f Enter the number of supported	organizations .								
g Provide the following informati	on about the sup	ported organization(s)							
(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 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					0.00	0.00			

Part		tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	'(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	alify under
·	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support		T	· · · · · · · · · · · · · · · · · · ·		y .	
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.	······································					
	on B. Total Support					_	
Calen 7	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			• • • • • •	· · · · ·	· · · · ·	
14	Public support percentage for 2015 (line 6			1 column (f)		14	%
15	Public support percentage from 2014 Sch					15	76
16a	331/3% support test—2015. If the organization qual	zation did not	check the box	on line 13, and	d line 14 is 331	/3% or more, c	
b	331/3% support test—2014. If the organic check this box and stop here. The organi	ization did no zation qualifie	ot check a box s as a publicly	on line 13 or supported org	r 16a, and line ganization .	e 15 is 331/3%	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, che	eck this box a	nd stop here. (line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m supported organization	ion meets the	"facts-and-ci	rcumstances" tances" test. T	test, check tl	nis box and st	op here. a publicly
18	Private foundation. If the organization disinstructions			, 16a, 16b, 17a			see .

Part III Support Schedule for Organizations Described in Section 509(a)(2)

'(Complete only if you checked the box on line 9 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.)

· 0 41	If the organization fails to quality	under the tes	its listed belo	w, please col	mpiete Part II	.)	
	on A. Public Support					·	
_	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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	342,754	451,470	1,074,173	1,212,844	52,009	3,133,250 00
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 [342,754.00	451,470 00	1,074,173.00	1,212,844.00	52,009.00	3,133,250 00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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						
8 8	Add lines 7a and 7b . Public support. (Subtract line 7c from line 6.)						3,133,250 00
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	342,754 00	451,470.00	1,074,173 00	1,212,844 00	52,009 00	3,133,250.00
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					8	8 00
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b [8 00	8 00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						3,133,258.00
14	First five years. If the Form 990 is for the organization, check this box and stop her	re	· · ·		or fifth tax ye		
	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8					15	100 00 %
16	Public support percentage from 2014 Sch			<u> </u>	<u> </u>	16	<u>%</u>
	on D. Computation of Investment Inc					 -	
17	Investment income percentage for 2015 (• • • • • • • • • • • • • • • • • • • •			17	0 %
18	Investment income percentage from 2014					18	%
19a	331/3% support tests—2015. If the organi						
b	17 is not more than 331/3%, check this box 331/3% support tests—2014. If the organiz	ation did not ch	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di	d not check a l	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

Part IV Supporting Organizations

'(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5а	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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
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.	10a		
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.)	10b		

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Part	Supporting Organizations (continued)			<u> </u>
44 .	Line the appearance accepted a set or contribution from any of the following names 2		Yes	No
11 .	3 3, 3, 3,			
а	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		
	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		
	on 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti		2	<u> </u>	<u> </u>
Jecli	on 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).		100	140
Secti	on D. All Type III Supporting Organizations	1	L,	<u>. </u>
			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		
Secti	on 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	instru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
c b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see the context of the cont	see in	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	2a	<u>L</u> _	L
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "You " describe in Part VI the mile played by the organization in this regard.	3a	 	\dagger

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
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		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
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		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		1
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	-		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
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		
 7 Check here if the current year is the organization's first as a non-functional instructions) 		tegrated Type III support	ing organization (see

Part) Supporting Organia	zations (continued)				
	Section D - Distributions						
1.	Amounts paid to supported organizations to accomplish e						
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5_	Qualified set-aside amounts (prior IRS approval required)						
6_	Other distributions (describe in Part VI). See instructions						
	Total annual distributions. Add lines 1 through 6.						
	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive				
9	Distributable amount for 2015 from Section C, line 6						
10_	Line 8 amount divided by Line 9 amount						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
а							
b_							
С	·						
<u>d</u>	From 2013						
<u>e</u> _							
<u>f</u> _	Total of lines 3a through e						
<u> </u>	Applied to underdistributions of prior years						
_ <u>h</u> _	Applied to 2015 distributable amount			- · · · · · · · · · · · · · · · · · · ·			
¦ -	Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f						
	Distributions for 2015 from Section		<u> </u>				
4	D, line 7: \$						
<u>a</u> _	Applied to underdistributions of prior years						
b_	Applied to 2015 distributable amount						
<u> </u>	Remainder Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·				
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3 _j and 4c.						
8_	Breakdown of line 7:						
a							
b							
С	Excess from 2013						
d	Excess from 2014						
е	Excess from 2015						

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 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, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to 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.

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number		
American Patrons of the Pinakothek Trust	20-1898734		
Part I, Line 10: It is the mission of the American Patrons of the Pinakothek Trust to inform and educate			
the general public about American Modern Art after 1950 and its interrelationship	and impact on German and		
and European art. To forster that goal, the American Patrons of the Pinakothek Trust supports the Pinakothek der			
der Moderen in Munich in Germany directly with gifts of art and money for the acqu	isition of art.		