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Form 990

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		2016 00	endar year, or tax ye	ar boginn	ina				and a	ndina			шэр	ection	
		applicable	C Name of organization			MOTADI	ND MUC	CUM AD	, and e	numg	D. Emple	ver identif	fication numb	ner	
		change	Doing business as	' JAMI	SON FOR I	NS I MIKL	ND MOS	EUW AR	1-1R		1	, y 01 1001101			
□^	agress	cnange	Number and street (c	r D O hov d	f mail is not d	olwarad to	ctroot add	rocc) IPo	om/suite		25 0000	200			
□N	ame ch	ange	,	71 O DOX 11	i iliali is not d	ciiveieu to	Sireer addi	1633) 110	Jillisuite		25-6690	one numbe			
\Box			P O Box 185				Ciete	710		-	- relept	ione mamb	C1		
Ξ"	itial reti	um	City or town Pittsburgh				State PA		°∞de 230-018	5	(412) 23	4-0023			
∐_ Fi	nal returr	vterminated	Foreign country nam	10	Foreign pro	wnce/state			eign posta		1				
\square_{Δ}	mende	1 return	, oreign country ham		r oreign pro	7411100731010	.,county		cigii posta		G Gross	receipts \$		•	96,630
\equiv											0 0,000	roccipio V			
∐^	pplication	on pending	F Name and address of	of principal of	fficer					H(a) is t	his a group ref	turn for subor	rdinates?	Yes	X No
			l.,							H(b) A	re all subord	ınates ındu	ided?	Yes	No
I Ta	x-exen	npt status	X 501(c)(3) 5	01(c) () 4 (u	nsert no)	4947	7(a)(1) or	527] If	"No," attach	a list (see	instructions)		
.I W	ehsite	: ► N/A								HIC G	roup exempt	ion number	· b		
				₹ Trust	7	. 🗖	her ▶		LVa					dominio	
-		rganization		Y Hust	Associatio		ner -		Lite	ar of form	nation	2000 W	State of legal of	- Iomicie	PA
Р	art I		mmary												
•	1		lescribe the organiz									stmoreia	nd Museur	ŋ.Απ.	• • • • • • •
Ę			a Type III supcorting	ig organiz	ation supp	orting th	e Westr	moreland	<u>Museu</u>	m ot A	merican		 -		
Activities & Governance		<u>Art</u>	·												
Š	2	Check t	his box ▶ if th	e organiza	ation disco	ntınued	its opera	ations or	dispose	d of m	ore than 2	25% of its	s net asset	.s	
Ğ	3	Numbe	r of voting members	of the go	verning bo	ody (Part	VI, line	1a)				3			1
ο5 V	4	Numbe	r of independent vo	tıng memt	bers of the	governi	ng body	(Part VI	, line 1b))		4			1
ij	5	Total nu	imber of individuals	employed	d in calend	lar year :	2016 (Pa	art V, lın	e 2a)			5			0
ı≩	6	Total nu	imber of volunteers	(estimate	e if necess	агу)						6			0
¥	7a	Total ur	otal unrelated business revenue from Part VIII, column (C), line 12 7a 7a										0		
	b	Net unr	elated business tax	able incor	no trottle	July 100-	T, line 3	34REC	CEIV	FD		7b			0
											Prior Yea	r	Curr	ent Yea	<u>, </u>
٩	8	Contrib	utions and grants (F	Part VIII, li	ine 1h)							0			0
Revenue	9	Progran	n service revenue (Part VIII, I	inge 25g0.1	2017		050	9 2017	,		0			0
ě	10		ent income (Part V						y 2011			70,428			39,060
œ	11	Other re	evenue (Part VIII, c	olumn (A)	, lines 5, 6	d 780 , 90	100 mai	nd 11e)				0		;	0
	12	Total rev	enue—add lines 8 th	rough 11 (i	must equal	Part VIII,	column	(A), line 1	2)			70,428			39,060
	13	Grants	and similar amount	s paid (Pa	art IX Social	M/ADI	nesO 🗟	MILE	R			38,120			35,500
	14	Benefit	s paid to or for mem	bers (Par	t IX, colun	nn (A), Iir	ne 4)					0			0
ø	15	Salaries	, other compensation	, employee	e benefits (F	art IX, co	lumn (A)), lines 5-	-10)			5,543			5,266
Expenses	16a		fessional fundraising fees (Part IX, column (A), line 11e)								0			0	
ē	b		ndraising expenses						C		20% I 3.		West Comment		
ŭ	17		xpenses (Part IX, c					-		347					401
	18		penses Add lines					A), line 2	25)			44,010			41,167
	19		le less expenses S	•			•		,			26,418			-2,107
ets or			· · · · · · · · · · · · · · · · · · ·	-						Begin	ning of Cu	rent Year	End	of Year	
ta ts	20	Total as	ssets (Part X, line 1	6)								960,535		9	54,789
Ass	21		bilities (Part X, line									0			0
Net Assel Fund Bata	22		ets or fund balance	•	ct line 21 f	rom line	20					960,535		9	54,789
	rt II		nature Block												
		ties of perju	ry, I declare that I have e	xamined this	s return, ınclu	ding accom	panying s	chedules a	ind stateme	ents, and	to the best	of my know	/ledge		
and I	elief, it	is true, cor	rect, and complete Decla	ration of pre	parer (other t	han officer)	is based	on all infor	mation of v	vhich pre	parer has ar	ny knowled			
Sig	n		8										4/20/201	7	
Hei			Signature of officer								Da	ite			
	•		Michael Stagis		_				Vice	Presid	dent				
			Type or print name and	title								1			
	_	Pni	nt/Type preparer's name		P	reparer's si	gnature			Da	ate	Check	X 4 PTIN	4	
Pai		اوبا	AWN P HANLON			PODIC	2			_ _A ,	/20/2017	self-emp		96592	3
	pare	_		A/ATEDII	<u>حــا</u>					4/		-		<u> </u>	
Us	Onl	у			OUSECO							13-4			
		Firi	n's address ▶ 600 GF	RANT STE	REET, PIT	TSBURG	6H, PA 1	15219			Phone no	412-	<u>355-6000 </u>		
May	the I	RS discu	ss this return with th	ne prepare	er shown a	bove? (see instr	ructions)					. X	Yes	No.

SCANNED JUN 0 5 2017

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4/20/2017 1:28:04 PM - XXXXXXX2870 - 44 - PIT - JAMISON FOR WSTMRLND MUSEUM ART-TR

Form 9	90 (20,16) JAMISON FOR WSTMRLND MUSEUM ART-TR	25-6690388	Page 2
Pa	rt III Statement of Program Service Accomplishments		. —
,	Check if Schedule O contains a response or note to any line in this Part III		: 🔲 _
1	Briefly describe the organization's mission		
	The Jamison for Westmoreland Museum Art Trust is a 501(c)(3) organization that supports the		:
	follower Transfer of the state		
	proceeds are to be used the Museum of American Art for the purchase of art and paintings		
	and for the furtherance of the arts in the Westmoreland County Area		
2	Did the organization undertake any significant program services during the year which were not listed or		
-	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		(1,10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		•
J	services?	Yes	X No
	•	res	
4	If "Yes," describe these changes on Schedule O	uana an manaurad	bu
4	Describe the organization's program service accomplishments for each of its three largest program service accomplishments for each of its three largest program service.		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and	a anocations to oth	eis,
	the total expenses, and revenue, if any, for each program service reported		
4-	(O. J		
4a	(Code) (Expenses \$ 35,500 including grants of \$ 35,500) (Rever	iue \$)
	Westmoreland Museum of American Art,		·
	221 North Main Street,		·
	Greensburg, PA 15601		· • • • • • • • • • • • • • • • •
			· · · · · · · · · · · · · · · · · · ·
4b	(Code) (Expenses \$ including grants of \$) (Rever	າue \$)

4c	(Code.) (Expenses \$ including grants of \$) (Rever	nue \$	<u>,)</u>
	·		
			,
	Other program can idea. (Pacarba in Sabadula O.)		
4d	Other program services (Describe in Schedule O)	0.)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
<u>4e</u>	Total program service expenses ► 35,500		

Form 990 (2016) JAMISON FOR WSTMRLND MUSEUM ART-TR

GIL	Checklist of Reduired Schedules	-	Yes	No
	le the accessation described in eaction E04/a\/2\ or 4047/a\/4\ (ather then a private foundation\2. If "Voc."		105	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part 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		Χ_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	!		
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	l		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	۾ ا		
-	"Yes," complete Schedule D, Part I	6		<u> </u>
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? If "Yes,"	†		<u> </u>
ŭ	complete Schedule D, Part III	8	ļ	_ x_
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			
	negotiation services? If "Yes," complete Schedule D, Part IV	9	ļ	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			۱.,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1 1 1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		A.	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	i Zina	مثثثث	التنطوف
а	Schedule D, Part VI	11a	ŀ	x_
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? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		١.	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	 	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	 ^
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	;	x_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		•	
	Schedule D, Parts XI and XII	12a	:	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X_
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	
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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.75	t	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>x</u>
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? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	1
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		"
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 - -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19]	x
	ii Tes, complete soffedule G, r art iii			(2016)
			, -	/

		AMISON FOR WSTMRLND MUSEUM ART-TR	25-6690388	Р	age 4
Par	IV Checklis	t of Required Schedules (continued)			
				Yes	No
20a	Did the organizatio	n operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b		did the organization attach a copy of its audited financial statements to this return?	20b		
21		n report more than \$5,000 of grants or other assistance to any domestic organization or			i
	_	ent on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	. 21	Χ.	<u> </u>
22		n report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	
		I, line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	-	n answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1	1	
	-	ent and former officers, directors, trustees, key employees, and highest compensated			
	· •	s, "complete Schedule J .	23	<u> </u>	X
24a	•	n have a tax-exempt bond issue with an outstanding principal amount of more than	· ·	1:	
		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			١.,
_	-	nd complete Schedule K If "No," go to line 25a	24a		X
	-	n invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	 -
С	_	n maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax		24c	ļ	├─-
		n act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	├
25a		501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess bene		i	
_		disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	-	aware that it engaged in an excess benefit transaction with a disqualified person in a			
	•	the transaction has not been reported on any of the organization's prior Forms 990 or		ĺ	
		complete Schedule L, Part I	25b	ļ	X
26		n report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
		fficers, directors, trustees, key employees, highest compensated employees, or	20	l	l 🗸
27		s? If "Yes," complete Schedule L, Part II	26	├	X
27		n provide a grant or other assistance to an officer, director, trustee, key employee,			1
		utor or employee thereof, a grant selection committee member, or to a 35% controlled	27		🗸
20		mber of any of these persons? If "Yes," complete Schedule L, Part III	27 5.289	800° Sa	X
28		on a party to a business transaction with one of the following parties (see Schedule L,			
_		s for applicable filing thresholds, conditions, and exceptions)	28a	تقنعضت	X
		officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		├^-
b	Schedule L, Part I	f a current or former officer, director, trustee, or key employee? If "Yes," complete	28b	1	x
_		 a current or former officer, director, trustee, or key employee (or a family member thereof) 	200	 	 ^ -
C.		ector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29		on receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
30		on receive contributions of art, historical treasures, or other similar assets, or qualified	123	· ·	 ^
00		ibutions? If "Yes," complete Schedule M	30		X
31		in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	"		
٠.	Part I	in inquitate, terminate, or dissolve and ocuse operations. If it is,	. 31		Х
32		in sell, exchange, dispose of, or transfer more than 25% of its net assets?	· ·	i	
		Schedule N, Part II	32		-x-
33	•	on own 100% of an entity disregarded as separate from the organization under Regulations		T	\vdash
••		-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	Х
34		on related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		T .	
	III, or IV, and Part		. 34	1	X
35a		on have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	_	a, did the organization receive any payment from or engage in any transaction with a control		†	
~		eaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	1	ł
36	-	organizations. Did the organization make any transfers to an exempt non-charitable relate			
		es," complete Schedule R, Part V, line 2	36		X
37	_	on conduct more than 5% of its activities through an entity that is not a related organization	- <u></u> -		
		as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		Ì	
	VI .		37		X
38	-	in complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
20	-	n 990 filers are required to complete Schedule O	38	Ιx	

Form **990** (2016)

Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 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 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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	Form 9	990 (2016) JAMISON FOR WSTMRLND MUSEUM ART-TR 25	-6690388	Р	age 5
Enter the number reported in Box 3 of Form 1006. Enter -0- If not applicable Delies the number of Forms W-2G included in line 1a Enter -0- If not applicable Delies the number of Forms W-2G included in line 1a Enter -0- If not applicable Delies the number of Forms W-2G included in line 1a Enter -0- If not applicable Delies the number of Forms W-2G included in line 1a Enter -0- If not applicable Delies the number of enter of the provided in line 1a Enter -0- If not applicable Delies the number of enter of the provided in line 1a Enter -0- If not applicable Delies the number of enter of the provided in line 1a Enter -0- If not applicable Delies the number of enter of the provided in line 1a Enter -0- If not applicable Delies the sum of lines 1a and 2a is greater than 250, your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250, your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250, your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250, your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250, your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250 your may be required to e-Iffe (see Instructions) Delies the sum of lines 1a and 2a is greater than 250 your may be required to e-Iffe (see Instructions) Delies the sum of the foreign country See instructions for filing requirements for Find 2N form 114. Report of Foreign Bank and Financial Accounts (FBAR) Different the name of the foreign country See instructions for filing requirements for Find 2N form 114. Report of Foreign Bank and Financial Accounts Different the number of forms 10 and 1 a	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			_
tall Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-26 included in the 12 Enter -6- if not applicable Different the number of employees reported in the 12 Enter -6- if not applicable Different the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fixed for the calendar year ending with within the year covered by this return Statements, fixed for the calendar year ending with within the year covered by this return If at least one is reported on line 2a, did the organization if all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-fife (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more duming the year? b if Yes; has it filled a Form 990-1 for this year? If You' to line 30, provide an explanation in Schedule O 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? b if Yes; heart the mame of the foreign country leaves a bank account, securities account, or other financial accounts accounts in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) b If Yes; return the mame of the foreign country leaves a bank account, securities accounts or other authority over, a financial Accounts (FBAR) 6 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 b If Yes; did the organization in that it was or is a party to a prohibited tax shelter transaction? c If Yes; on the sa of 50, of the organization file form 88867. 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization she organization in the did the organization and the organ	,	Check if Schedule O contains a response or note to any line in this Part V			X
b Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Note, If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross more of 51,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If Yos," to fire 3b, provide an explaintor in Schedule O 4a At any lime 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 [Visit as a bank account, or other financial account in a foreign country over, a financial account in a foreign country over, and a financial accountry over, and a financi				Yes	No
b Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Note, If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross more of 51,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If Yos," to fire 3b, provide an explaintor in Schedule O 4a At any lime 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 [Visit as a bank account, or other financial account in a foreign country over, a financial account in a foreign country over, and a financial accountry over, and a financi	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a	0		
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14a Did the organization receive any payments for indoor tanning services during the tax year?	С				
			14a	,	X
	_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<u>:</u>	

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	a "No	" tructi	ions.
Sec	tion A. Governing Body and Management	 -		<u> </u>
000	tion A. Coverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		:	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3	*	_ x_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	* -	X
6	Did the organization have members or stockholders?	6		_X_
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		<u>x</u>
b	, , , , , , , , , , , , , , , , , , , ,		'	1
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, :]]
•	the year by the following The governing body?	8a	2	X
a b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	100		<u> </u>
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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		ŀ
11a		11a		X
b			33.5	
12a		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C			, i	İ
	describe in Schedule O how this was done	12c	- F	
13	Did the organization have a written whistleblower policy?	13	ξ.	X
14	Did the organization have a written document retention and destruction policy?	14	ر پيرون	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	2, 5	ě.	3.2
a	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b	,	X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	<u> </u>		
	with a taxable entity during the year?	16a	,	X,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	 	
Sec	tion C. Disclosure	1.00	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed		,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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.			
	Own website Another's website X Upon request Other (explain in Schedule C		٠.	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	, and	
20	financial statements available to the public during the tax year	, .	,	
20	State the name, address, and telephone number of the person who possesses the organization's books and records BNY Mellon, N A (412) 234-002			
	BNY Mellon, N A (412) 234-002 PO Box 185, Pittsburgh, PA 15230-0185			

Form 990 (2016)	JAMISON FOR WSTMRLND MUS	SEUM ART-TR								25-66903	88	Page 7
Part VII	Compensation of Officers, Dire		s, K	ey	Em	plo	yees	s, H	lighest Comp	ensated		
•	Employees, and Independent C		_ 4_		. 1:	_ :_	. 41	D-	\ \ (I)			(J
Section A	Check if Schedule O contains a re	<u> </u>		·						<u> </u>		X
Section A.	Officers, Directors, Trustees, Key I									a seeth as seithin i		
organization's	•	·							-	-	:	
	of the organization's current officers, of tion Enter -0- in columns (D), (E), and							ls o	r organizations),	regardless of a	mount {	
	of the organization's current key empl							finit	on of "key empl	oyee "	ī	
 List the 	organization's five current highest co	mpensated emp	loye	es (d	othe	r th	an ar	n of	ficer, director, tru	istee, or key em		
	l reportable compensation (Box 5 of Fo and any related organizations	rm W-2 and/or l	30x 7	of I	orr	n 1()99-N	/IIS	C) of more than	\$100,000 from t	he	
	of the organization's former officers, k	ev emplovees.	and h	iahe	est o	com	pens	ate	d employees wh	o received more	than .	
\$100,000 of	reportable compensation from the orga	nization and any	/ rela	ted	orga	anız	ation	s			•	
	of the organization's former directors more than \$10,000 of reportable comp										of the Ş	
	in the following order individual trustee demployees, and former such persons		stitut	iona	al tr	uste	es, c	ffic	ers, key employe	ees, highest	•	
	is box if neither the organization nor ar		ızatıo	n co	omo	ens	sated	anv	current officer.	director, or trust	tee	
	a de la companya de l	iy tolalou organi))	-	٠,				
	(A)	(B)	/do r	ot ch	Pos		e than	one	(D)	Œ	(F)	
	(A) Name and Title	(B) Average	box,	unles	s pe	rson	ıs boti	n an	Reportable	(E) Reportable	Estima	ated
		hours per week (list any					or/trus	$\overline{}$	compensation from	compensation from related	amour othe	er
		hours for related	individual to or director	stituti	Officer	у ел	Highest co employee	Former	the organization	organizations (W-2/1099-MISC)	compens from t	the
		organizations below dotted	Individual trustee or director	Institutional		Key employee	8 8		(W-2/1099-MISC)		organız and rel	ated
		line)	ıstee	trustee		ee	Highest compensated employee				organiza	ations
				16			ated				ĺ	
(1) BNY M	lelion, N A	See Sch O							9,137			
(2) BNY M												
FEE REIMBU	JRSEMENT			H	_	-		-	-3,871			
						L						
_(4)	•••••											
(5)								-			*	
(6)								T			;	
(7)				-	_	-	_	┢	<u> </u>		<u> </u>	<u> </u>
(8)											!	
(9)												
(10)											,	
(11)				_								
(12)			-	-	\vdash	-		\vdash				
(13)			 	\vdash	\vdash	-		\vdash				
			<u> </u>	L				$oxed{oxed}$			<u> </u>	
(14)		ĺ	l	l	l	l	ŀ	1	i	ŀ	,	

	90 (20,16) JAMISON FOR WSTMRLND						_			25-669	
Pa	rt VII Section A. Officers, Directors, T	rustees, Key Ei	mplo	yee:			High	<u>est</u>	Compensated	Employees (co	ntınued)
•	(A) Name and title	(B) Average hours per week (list any	box, office	unies er and	Pos eck is pe d a d	more rson irecto	than	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)											· · ·
(16)			-								· .
(17)											,
(18)											
(19)											
(20)											
(21)											
(22)			1								
(23)		-									
(24)											
(25)											
1b c	Sub-total Total from continuation sheets to Part VII,	Section A		_				>	5,266 0		0
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to those	listed	abo	ove)) wh	o rec	► œiv	5,266 ed more than \$. 0
	reportable compensation from the organization	on 🕨			0						Yes No
3	Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch					yee	, or h	igh	est compensate	d	3 X
-4	For-any individual-listed on-line-1a, is-the-sun the organization and related organizations gr individual.	•	•								4 X
5	Did any person listed on line 1a receive or action services rendered to the organization? If									ıdıvıdual	5 · X
	ion B. Independent Contractors								· 		·
1	Complete this table for your five highest com- compensation from the organization Report year.										n's tax
	(A) Name and business ac	idress							(B) Description of se	rvices ((C) Compensation
											0
						_		\vdash			0
						_					0
	Total number of independent contractors (inc	duding but not lin	nited	to th	1056	e list	ted a	L bov	re) who received		0

more than \$100,000 of compensation from the organization

Form 9	90 (201	6) JAMISON FOR WSTMRL	ND MUSEUM A	RT-TR			25-66903	88 Page 9
Pari	t VIII							
		Check if Schedule O contains	s a response or i	note to any line	in this Part VIII			
			· · · · · ·	į	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
១១	1a	Federated campaigns	1a	. 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	. <u>1b</u>	0				
S, G	С	Fundraising events .	1c	0				
Gifts, ilar An	d	Related organizations	1d	0				
ns, (е	Government grants (contribution		0				
rtio er S	f	All other contributions, gifts, gra						-
를 원		similar amounts not included ab		0				
Contributions, and Other Simi	g	Noncash contributions included in l	ines 1a-1f \$	0				
	h	Total. Add lines 1a-1f		<u> </u>	0			
e e				Business Code				
Ven	2a				0			
a Re	b				0			<u> </u>
VICE	С				0	<u> </u>		
Ser	d				0			
ran .	e			<u> </u>	0			
Program Service Revenue	1	All other program service reven	ue		- 0		, .	
	2	Total. Add lines 2a–2f Investment income (including di	udondo intorosi	<u> </u>				<u> </u>
	3	other similar amounts)	ividends, interesi	i, and	19,987		ļ	19.987
	4	Income from investment of tax-	evernt bond pro	ceeds •	19,907	-	-	10,007
	5	Royalties	exempt bond pro	•	0			
] 3	Royalies	(ı) Real	(II) Personal	13" . 36 6 5 1 1 1	FACELY CO. S.S.		SY 18 66 (16)
	6a	Gross rents .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· · ·				
	b	Less rental expenses						
	C	Rental income or (loss)	0					
	d	Net rental income or (loss)		•	0	*-51		
	7a	Gross amount from sales of	(i) Securities	(II) Other	Marin Grand	412743 2224	37 4 P 86	
	′"	assets other than inventory	76,643					
	Ь	Less cost or other basis	7 0,010	<u> </u>		3.00		
	~	and sales expenses	57,570	1 0				
	C	Gain or (loss) .	19,073					
	ď	Net gain or (loss) .	10,010	•	19,073			-19,073
		not gam or (loca) :			C (1988)		18 18 18	
ē	8a	Gross income from fundraising						
eu	1	events (not including \$	0			F - 3		
Revenue		of contributions reported on line		ŀ				
_ <u></u>	L	- See Part IV, line_18		c	، الله المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية المالية		بر` بيد دي	ـــــــــ "الله ــــــــ الله
Other	Ь	Less direct expenses	b)	, ,		1
0	С	Net income or (loss) from fundr	aising events		C)		
	9a	Gross income from gaming act	ivities					
		See Part IV, line 19	а		긔			
		Less direct expenses.	b		4			
		Net income or (loss) from gami	ng activities		\			
	10a	Gross sales of inventory, less			1		İ	,
	ļ	returns and allowances .	а		⊣		}	
	b	Less cost of goods sold	b		4		- 	
	<u> </u>	Net income or (loss) from sales	of inventory	<u>▶</u>	ļ)	 	}
	<u></u>	Miscellaneous Revenue		Business Code			-	
	11a			·		+	 	
	b				(
	C							
	d	All other revenue .					-	
	e	Total. Add lines 11a-11d	•	>	30.060	·	0 (39,060
	12	Total revenue. See instruction	S	<u>_</u>	39,060	'ـــــــــــــــــــــــــــــــــــــ	<u> </u>	39,000

25-6690388

	990 (2016) JAMISON FOR WSTMRLND MUSEUM A	ART-TR		25-669	90388 Page 10
	t IX Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete al	ll columns All other	organizations mus	t complete column	(A)
	Check if Schedule O contains a response or note	e to any line in this f	Part IX .		
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	domestic governments. See Part IV, line 21	35,500	35,500		
2	Grants and other assistance to domestic	33,300	33,300		
•	individuals See Part IV, line 22	o			
3	Grants and other assistance to foreign		-		
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,	<u> </u>			
•	trustees, and key employees	5,266		5,266	
6	Compensation not included above, to disqualified			5,200	
•	persons (as defined under section 4958(f)(1)) and				,
	persons described in section 4958(c)(3)(B)	o	,		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				:
•	section 401(k) and 403(b) employer contributions)	0			į
9	Other employee benefits	0			•
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	ol			•
b	Legal	0			
C	Accounting	0			
ď	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0	8° ' A T	* 4° 4	 -
f	Investment management fees	0			,
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ŭ	(A) amount, list line 11g expenses on Schedule ()	o			
12	Advertising and promotion	0			
13	Office expenses .	0	- :		
14	Information technology	0			
15	Royalties	0			
16	Occupancy .	0			
17	Travel .	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	lo			
19	Conferences, conventions, and meetings	0			,
20	Interest .	0			<u> </u>
21_	Payments to affiliates	0			<u> </u>
22	Depreciation, depletion, and amortization	0	0	0	
23	Insurance	0			<u> </u>
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	'			•
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)		<u></u>		<u></u>
а	Foreign Taxes Paid	401		401	
b		0			<u> </u>
C		0			L
d		0		_ 	
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	41,167	35,500	5,667	0
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)	l			I

_	1 990 (2		UM ART-TR		:	25-6690388 Page 11
Ľ	art X	Balance Sheet				
		Check if Schedule O contains a response o	r note to any line in this Pa	rt X		· <u> </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		-737	1	0
	2	Savings and temporary cash investments		3,953	2	4,672
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	. 0
	5	Loans and other receivables from current and	former officers, directors,			4
		trustees, key employees, and highest compens Complete Part II of Schedule L	sated employees		5	
N.	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), a sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions). Complete Part II of Sche	and contributing employers and imployees' beneficiary		6	
Assets	7	Notes and loans receivable, net		0		. 0
As	8	Inventories for sale or use		0		÷ 0
	9	Prepaid expenses and deferred charges		0		0
	10a	Land, buildings, and equipment cost or				
	1	other basis Complete Part VI of Schedule D	10a	0		
	Ь	Less accumulated depreciation		0 0	10c	0
	11	Investments—publicly traded securities		957,319		950,117
	12	Investments—other securities See Part IV, line	e 11	0		0
	13	Investments—program-related See Part IV, In		0		0
	14	Intangible assets		0		0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	960,535		954,789
	17	Accounts payable and accrued expenses	<u></u> -	0	17	0
	18	Grants payable		18		
	19	Deferred revenue .		0	19	0
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	,
Liabilities	22	Loans and other payables to current and forme trustees, key employees, highest compensated disqualified persons. Complete Part II of School	d employees, and		22	
Lia	23	Secured mortgages and notes payable to unre		0		0
	24	Unsecured notes and loans payable to unrelate		0		0
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line	ayables to related third			;
		Part X of Schedule D		0		1 0
	26	Total liabilities. Add lines 17 through 25	<u></u>	0	26	<u> </u>
ses		Organizations that follow SFAS-117 (ASC 9) complete lines 27 through 29, and lines 33				
anc	27	Unrestricted net assets			27	4
Bal	28	Temporarily restricted net assets			28	
٦	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.			,	
ets	30	Capital stock or trust principal, or current funds	,	960,535	30	954,789
SS	31	Paid-in or capital surplus, or land, building, or e			31	
Ϋ́	32	Retained earnings, endowment, accumulated in			32	
Š	33	Total net assets or fund balances		960,535	33	954,789
	34	Total liabilities and net assets/fund balances		960,535	34	954,789

Form **990** (2016)

Form 9	90 (2016) JAMISON FOR WSTMRLND MUSEUM ART-TR	2:	5-6690388	Pag	e 12
Part	XI Reconciliation of Net Assets			_	
,	Check if Schedule O contains a response or note to any line in this Part XI			. [X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		39	,060
2	Total expenses (must equal Part IX, column (A), line 25)	2		41	,167
3	Revenue less expenses Subtract line 2 from line 1	3		<u>-2</u>	,107
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		960	<u>,535</u>
5	Net unrealized gains (losses) on investments	5		·_	
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Prior period adjustments .	8		<u> </u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1;-3	,639
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}		ř	
	column (B))	10		954	<u>,789</u>
Part				" . r	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>·'</u>	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		- [, `, ·	-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		5/20	12	
	reviewed on a separate basis, consolidated basis, or both			8 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1.0	× * \$	- 2
b	Were the organization's financial statements audited by an independent accountant?		2b	,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		79.,	12.5°	1.
	separate basis, consolidated basis, or both		19.6		
	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	t of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 0,	2c	erren en	المستنبعة بالت
	If the organization changed either its oversight process or selection process during the tax year, explain it	n			
	Schedule O			ide E	8 223
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			.	v
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	_		990	(2016)
			roim	330	(2010)

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

Department of the freeday				Open to Public			
		Inspection					
lame of the organization						Employer identificati	
AMISON FOR WSTM			 				690388
			anizations must cor				
The organization is not a final of the first			For lines 1 through 12 of churches described				
2 A school descr	ribed in section	170(b)(1)(A)(ii). (A	Attach Schedule E (Fo	rm 990 or	990-EZ))	ı	
3 A hospital or a	cooperative ho	spital service organ	ization described in s	ection 17	0(b)(1)(A)	(iii).	i
	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						
	n operated for to (1)(A)(iv). (Cor		ge or university owner	d or opera	ited by a g	jovernmental unit	described in '
6 A federal, state	e, or local gover	nment or governme	ental unit described in	section 1	170(b)(1)(A)(v).	
		receives a substant)(A)(vi). (Complete	tal part of its support f Part II)	rom a gov	ernmenta	I unit or from the o	general public
8 A community t	rust described ii	n section 170(b)(1))(A)(vi). (Complete Pa	ırt II)			
			n section 170(b)(1)(A) Iture (see instructions)				
An organization receipts from a support from g	ectivities related ross investment	to its exempt functi income and unrela	than 33 1/3% of its sup ions—subject to certain ited business taxable See section 509(a)(n exception	ons, and (i ess section	2) no more than 3 n 511 tax) from bu	3 1/3% of its
11 🔲 An organizatio	n organized and	d operated exclusive	ely to test for public sa	ifety See	section 8	509(a)(4).	
of one or more	publicly suppor	ted organizations d	ely for the benefit of, to lescribed in section 5 ribes the type of supp	09(a)(1) d	or section	509(a)(2). See se	ection 509(a)(3).
the support	ed organization		pervised, or controlled ularly appoint or elect ctions A and B.				
control or m	nanagement of t	he supporting orgai	or controlled in conne nization vested in the s Sections A and C.				
c Type III fur	ctionally integ	rated. A supporting	organization operate You must complete				ıntegrated with,
that is not for	unctionally integ	rated The organiza	orting organization operation generally must sa ation generally must sa aplete Part IV, Sectio	atisfy a dis	stribution r	requirement and a	
			rritten determination fr			a Type I, Type II,	Type III
			ally integrated suppor	ting orgar	nization 		
f Enter the numb			ted organization(o)				
(i) Name of supported		iii) EIN	rted organization(s) (iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetar	
(ly realite of support cou	Organization:	(11) 2.11	(described on lines 1–10 above (see instructions))	10 listed in your governing support (see other support			other support (see instructions)
				Yes	No		
A)							
Vestmoreland Museum	1	25-1014553	9	X		35,50	0
B)							
C)			-				,
D)							
E)							
=				 		25.50	

		FOR WSTMRL				25-669038	8;	Page 2
Pa	rt II Support Schedule for Orga						•	
	. (Complete only if you checke						der .	
	Part III. If the organization fa	ils to qualify un	der the tests lis	ted below, plea	se complete P	art III.)		
	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tota	al
1	Gifts, grants, contributions, and	-			,			
	membership fees received (Do not			•	,			
	include any "unusual grants ") .						•	0
2	Tax revenues levied for the 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	1					;	
	organization without charge						,	0
4	Total. Add lines 1 through 3	0	0	0	0	0	t	0
5	The portion of total contributions by each	. 5.						
	person (other than a governmental unit	*,						
	or publicly supported organization)	34	•					
	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			,				0
	ction B. Total Support	T		r 				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tota	
7	Amounts from line 4	0	0	0	0	0		0
8	Gross income from interest, dividends,	1			ı	1		
	payments received on securities loans,							
	rents, royalties and income from similar		ļ					_
	sources							0
9	Net income from unrelated business	1	ļ					
	activities, whether or not the business is							_
40	regularly carried on		<u> </u>			 		0
10	Other income Do not include gain or	ł	ł			}		
	loss from the sale of capital assets (Explain in Part VI)							^
	, ,	- No. 10 (10 A 10 A 10 A 10 A 10 A 10 A 10 A		material deservation of the	75.00° 5.00° 320		 -	<u>0</u>
11	Total support. Add lines 7 through 10		7-2	32.00	200.00			
12	Gross receipts from related activities, etc. (s	•		h 50h t	t F01/-)	12		
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's tirst,	secona, tnira, tourt	n, or titti tax year a	as a section 501(c)	(3)		_
					<u> </u>	-	 -	
	ction C. Computation of Public Su			(0)			 ,	0.000/
	Public support percentage for 2016 (line 6, o		•			14		0 00%
	-Public support-percentage-from-2015 Scheo				4.000	15		0 00%
16a	33 1/3% support test—2016. If the organiz			, and line 14 is 33	1/3% or more,			
	and stop here. The organization qualifies a		-				,	- L
k	33 1/3% support test—2015. If the organiz				is 33 1/3% or more	e, cneck this		
	box and stop here. The organization qualifi	, ,					3	
17a	10%-facts-and-circumstances test—2016							
	is 10% or more, and if the organization mee Part VI how the organization meets the "fac							
	organization	is-ariu-circumstan	es lest the organ	mzation qualifies at	s a publicly suppor			
H	10%-facts-and-circumstances test—2015	: If the organization	n did not check a h	ox on line 13 16a	16h or 17a and I	ine ·	•	
•.	15 is 10% or more, and if the organization n							
	Part VI how the organization meets the "fac					•	ı	_
	supported organization	•		•				▶ _
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, check	this box and see			
	instructions	•				<u></u>		

Schedule A (Form 990 or 990-EZ) 2016 JAMISON FOR WSTMRLND MUSEUM ART-TR 25-6690388 Page 3 Part III 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) Section A. Public Support (f) Total (a) 2012 (c) 2014 (d) 2015 Calendar year (or fiscal year beginning in) (b) 2013 (e) 2016 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 Gross receipts from activities that are not an unrelated trade or business under section 513 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 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 0 9 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans. 0 rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 c Add lines 10a and 10h Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, 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 15 0 00% Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 0 00% Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 0 00% Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . 0 00% 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 33 1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, 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) 2016

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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.)

Sect	ion 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	X	
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		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
-	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		 ^
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	, , , ,	3b	<u> </u>	J
	organization made the determination	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	30		
4-	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
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	4a		<u> </u>
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	7%	VX. 8
С	Did the organization support any foreign supported organization that does not have an IRS determination	愛 ()	, ** ·	100
	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)	متئنث	م مثقد	أتصنأ
	purposes	4c	V600.5 •	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10 × 11	Ar e	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN		と強	
	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		عقد	Process.
	was accomplished (such as by amendment to the organizing document)	5a_	4795 6	X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			N'I
	designated in the organization's organizing document?	5b		<u> </u>
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			3.45
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited		A 40	·
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	Sec.	عنقظ	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	L	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	× 27.30	1,7 %	,,,,
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<u> </u>	<u>.</u>	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	-7-	L ;	<u>- x</u> -
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		Х
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	1.		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		Х
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		Х
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		X
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	 	X
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 in the tax year. (Ose ochedule o, 1 orm 4720, to	10b		

11. Has the org anization accepted a gift or contribution from any of the following persons? 12. A person who directly or indirectly controls, where alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 13. A family member of a person described in (a) above? 14. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, prowide detail in Part VI. 15. Section B. Type I Supporting Organizations 16. 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 organizations forectors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a majority of the organization had more than one supported organization, describe how the powers to appoint and/or amove directors or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or amove directors or trustees at all times during the organizations and what conditions or restrictions, if any, applied to such powers during the lax year and organizations which are than the supported organization (a) that operated, supervised, or controlled the supporting organizations or trustees and the power to regularize the provider organization of the applications or trustees of each of the organizations supported organizations) that operated, or controlled the supporting organizations. 15. Were a majority of the organizations supported organizations and applications or trustees of each of the organizations supported organizations and accounted organizations an	Schedu	e A (Form 990 or 990-EZ) 2016 J	AMISON FOR WSTMRLND MUSEUM ART-TR	25-6690388	P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alione or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A Silk controlled entity of a person described in (a) above? 3 A Silk controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 3 Section B. Type I Supporting Organizations in the supported organizations have the power to regularly appoint or elect at least a majority of the organizations described for the supported organizations of the supported organizations have the power to regularly appoint or elect at least a majority of the organizations and what experies a power or controlled the organization's activates of the supported organization organization or controlled the organization's activates were adecated among the supported organization or the supported organization organization operate for the organization and who are supported organization of the first organization operate for the purposes of the supported organization of the first organization operate for the purposes of the supported organization of the first organization operate for the purposes of the supported organization of the first organization of the supported organization of the supp	Part	V Supporting Organiz	ations (continued)		1	
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? b A Simily member of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? c A 35% controlled entity of a person described in (a) above? 1 Did the directors, frustees, or membership of one or more supported organizations have the power to requirely appoint or elect at least a majority of the organizations 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 reginal organization and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and what conditions or restrictions, if any, applied to such powers during the tax year and the application of the supported organization(s) that operated. Section 5. Purp II Supporting Organizations 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 directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year and the application or trustees of each of the organization's directors or trustees during the tax year and the application or trustees of each of the organization's activities and the supported organization or managed in the supported organization organization and trustees are trustees an	•				Yes	No
below, the governing body of a supported organization? A 15% controlled entity of a person desched in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. 11b. X 15ction B. Type I Supporting Organizations 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, supported, or controlled the organization's advives if the organization had more than one supported disparation, describe how the powers to appoint ancidor remove directors or trustees are allocated among the supported organization organization operate for the benefit of any supported organization of the than the supported organization organization operate for the benefit of any supported organization organization organization organization organization and what conditions or restrictions; If any, applied to such powers during the tax year allocated among the supported organization organization organization organization organization organization organization are supported organization organization; If the organization organization organization organization organization organization organization organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or supported organization organizations organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or supported organizations or trustees of each of the organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or of the organizations of the organizations organizations. 1 Did the organization provide to each of its supported organizations, by the base of the organization organizations. 2 Did the or	11					
b A lamily member of a person described in (a) above? 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. Section B. Type I Supporting Organizations 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 organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations directored organizations, applied to such powers during the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported organization (a) that operated, supervised, or controlled the organization or restrictions, if any, applied to such powers during the supported organization (b) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated, supervised, or controlled the supporting organization(s) that operated organizations or trustees of each 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 organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organization's tax year, (i) a written policies and in the same porsons that controlled or managed the s	а				-	
2. 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			• • • • • • • • • • • • • • • • • • • •			
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regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations, effectively operated, supervised, or controlled the organizations are allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization operate for the benefit of any supported organization and the supported organization operated, supervised, or controlled the supporting organization of the supported organization of the supported organization of the supported organization organization organization organization organization and the supported organization organization organization organization. Section C. Type II Supporting Organizations 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 provided organization's the supported organization's supported organization's or managerment of the supporting organization was vested in the same persons that controlled or managed. 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, (i) a copy of the Form 950 that was most recently field 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? Were any of the organizations officers, directors, or trustees either (i) appointed organization's a year (ii) a copy of the Form 950 that was most recently field as of the date of notification, and (iii) copies of the organization's provided organization's supported organization's assignificant voice in the organization's investment policies and in directing the use of the organization'	4	Did the directors trustees or	membership of one or more supported organizations have the newer to	[163	110
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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.	3	_		1-20	+	
trustees of each of the supported organizations? Provide details in Part VI.				or		
	a				1	
	b				,	T
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 3b	D				<u>, </u>	l ——

Schedule A (Form 990 or 990-EZ) 2016 JAMISON FOR WSTMRLND MUSEUM ART-TR		25-6	690388 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tr	ust on Nov 20, 1970 (expla	ain in Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nıza	itions must complete Section	ons A through E
Section A - Adjusted Net Income		(A) Pnor 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	20,008	19,987
4 Add lines 1 through 3	4	20,008	19,987
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	1		
maintenance of property held for production of income (see instructions)	6	3,326	3,160
7 Other expenses (see instructions)	7	347	3 401
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	16,335	16,426
Section B - Minimum Asset Amount		(A) Pnor 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	923,903	1,028,051
b Average monthly cash balances	1b	7,227	12,958
c Fair market value of other non-exempt-use assets	1c		,
d Total (add lines 1a, 1b, and 1c)	1d	931,130	1,041,009
e Discount claimed for blockage or other	Ja**		
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	931,130	1,041,009
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	П		•
see instructions)	4	13,967	15,615
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	917,163	1,025,394
6 Multiply line 5 by 035	6	32,101	35,889
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	32,101	35,889
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		16,335
2 Enter 85% of line 1	2		13,885
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	多多。2018年2月1日 1982年2月 1987年 - 1982年2月 1987年 - 1982年2月	32,101
4 Enter greater of line 2 or line 3	4		32,101
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		32,101
7 Check here if the current year is the organization's first as a non-functional	allv ii	ntegrated Type III supporting	ng organization (see

instructions)

Schedule A (Form 990 or 990-E2) 2016

Schedule	A (Form 990 or 990-EZ) 2016 JAMISON FOR WSTMRLND N	NUSEUM ART-TR	2	5-6690388	Page 7
Part '	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Section	on D - Distributions			Current Y	ear
1	Amounts paid to supported organizations to accomplish ex	empt purposes	·		35,500
	Amounts paid to perform activity that directly furthers exen		ed		
	organizations, in excess of income from activity			ļ	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations		2,106
	Amounts paid to acquire exempt-use assets	<u> </u>			-1.00
5				 	
	Other distributions (describe in Part VI) See instructions				
	Total annual distributions. Add lines 1 through 6				37.606
	Distributions to attentive supported organizations to which	the organization is rosp			37,000
ŭ	(provide details in Part VI) See instructions	the organization is resp	Olisive		35,500
	Distributable amount for 2016 from Section C, line 6				32,101
10	Line 8 amount divided by Line 9 amount				<u> 106</u>
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributa Amount for	1
1	Distributable amount for 2016 from Section C, line 6				32,101
	Underdistributions, if any, for years prior to 2016				:
2	(reasonable cause required—explain in Part VI) See			[
	instructions				-,
3	Excess distributions carryover, if any, to 2016				· ·
a	Programme to the state of the s	* /	* *	., .	. / ;
b		· / / / 、 《 《 《 《 《 《 《 》 》 ·	98. y 59.	*\$ ^ , , ,	1/2
	From 2013 .	** ()* / A*		C44/2 123	- 1
	From 2014			* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
			S. STATE OF THE ST	- 42 V 1 (1)	ACO.
-	Total of lines 3a through e	9,508		3. 17. 18 1 S. 17.	10000
		9,506			2
<u>g</u>	Applied to underdistributions of prior years	22 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 2/2 T 400 10 5 CT 2	0.500
<u> </u>	Applied to 2016 distributable amount	2 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	100 A 100 A	\$8872 3.8574 F A68	9,508
	Carryover from 2011 not applied (see instructions)				7699 V 140
	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		2. 2.20	
4	Distributions for 2016 from				
				\$55 W. C. W. W.	
	Applied to underdistributions of prior years		0		r z respe
<u> </u>	Applied to 2016 distributable amount				22,593
C	Remainder Subtract lines 4a and 4b from 4	15,013		Car Surviv	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	Remaining underdistributions for years prior to 2016, if			[在一个数字段	激光
	any Subtract lines 3g and 4a from line 2 For result				T. 12731
	greater than zero, explain in Part VI See instructions		0		<u>`</u>
6	Remaining underdistributions for 2016 Subtract lines 3h	77 · · · · · · · · · · · · · · · · · ·			1
	and 4b from line 1 For result greater than zero, explain in	* *			;
	Part VI See instructions	a I yay a marawa a marawa mara	e en man a sala y (page)	 	0
7	Excess distributions carryover to 2017. Add lines 3				۸.,
-	and 4c	15,013		1	i) i
8	Breakdown of line 7	10,013		. ,	
a	, ,		<u> </u>		-}
<u>a</u> _	Excess from 2013 . 0			 	
				 	. ,
<u> </u>				 	
<u>d</u>				 	
<u>е</u>	Excess from 2016 . 15,013	<u> </u>		L	

Schedule A (Form 990 or 990-EZ) 2016

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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)	
Part IV Section D Line 2 THIS FOUNDATION WAS CREATED UPON THE DEATH OF WILLIAM JAMISON II	.`
IN MARCH OF 2000 FOR THE SOLE PURPOSE OF SUPPORTING THE WESTMORELAND MUSEUM OF ART. IT WAS	
FUNDED WITH APPROXIMATELY \$1,000,000, AND HAS NO OTHER BENEFICIAL PURPOSE. IN 2011, THE	
MUSEUM PETITIONED THE COURT TO COMBINE THE ASSETS OF THE THOMAS LYNCH TRUST WITH THE	
JAMISON TRUST IN ORDER THAT THE TRUSTEE COULD MORE EFFICIENTLY ADMINISTER AND INVEST THE	
ASSETS OF BOTH TRUSTS WHICH ARE ONLY USED TO SUPPORT THE PURCHASE OF ART WORK	·
Part IV FOR THE WESTMORELAND MUSEUM DUE TO THE CLOSE RELATIONSHIP THE TRUSTEE MAINTAINS	÷
WITH THE BENEFICIARY, THE TRUSTEE WAS SUPPORTIVE OF THE PETITION THE COURT APPROVED THE	: : :
COMBINATION IN 2012	
Part IV Section D Line 3 THE MUSEUM IS THE ONLY BENEFICIARY OF THIS TRUST MEETING ITS	
FINANCIAL NEEDS IS OF THE UTMOST IMPORTANCE IN OUR INVESTMENT DECISIONS AND OF OUR GRANT	
MAKING	·
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury	► Attach to Form 990.						Open to Public	
Internal Revenue Service		▶ Info	rmation about Sch	edule I (Form 990) and	its instructions is at w	www.irs.gov/form990		Inspection
Name of the organization							Employer ident	fication number
JAMISON FOR WSTM	IRLND MUS	EUM ART-TR						5-6690388
Part I General	Informatio	n on Grants a	and Assistance					
the selection cnt	the selection criteria used to award the grants or assistance?							
						Complete if the organ ated if additional spa		fes" on Form
1 (a) Name and address of or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Westmoreland Museu 221 North Main Street Gr				35,500				GENERAL OPERATING
(2)			·					
(3)								
(4)								
(5)		-						
(6)								
(7)					-			
(8)								
(9)								
(10)								
(11)		-						

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule I (Form 990) (2016)

(12)

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	AMISON FOR WSTMRLND MUSEUM	M ART-TR			2	25-6690388	Page 2
Part III	Grants and Other Assistance to	o Domestic Individual	s. Complete if the	organization answere	ed "Yes" on Form 990, Pa	rt IV, line 22	A Page 2
	Part III can be duplicated if addit						
_	(a) Type of grant or essistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of noncash	assistance
1							
2							
3				ļ			
4				ļ			
6	· · · · · · · · · · · · · · · · · · ·			ļ. <u> </u>			
6			- <u>-</u>				
7 Part IV	Supplemental Information. Pro			<u> </u>			
	2 NO PROCEDURE IN PLACE	<u>-</u>					
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						Cabadula I /	, 2001 (2016)

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.

▶ Attach to Form 990 or 990-EZ.

2016

Department of the Treasury Internal Revenue Service Name of the organization

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
JAMISON FOR WSTMRLND MUSEUM ART-TR	25-6690388
Form 990, V, Line 8, 9a, 9b THESE QUESTIONS ARE NOT APPLICABLE AS THERE IS NOT	A SPONSORING
ORGANIZATION MAINTAINING DONOR ADVISED FUNDS	
Form 990, V, Line 10, 11, 12, 13 THESE QUESTIONS ARE NOT APPLICABLE AS THIS IS A	501(c)(3)
ORGANIZATION	;
Form 990, VI, Section A, Line 8a, 8b THIS ORGANIZATION HAS A SOLE INSTITUTIONAL TR	RUSTEE AND
DOES NOT HAVE A GOVERNING BODY	
Form 990, VI, Section C, Line 19 NO DOCUMENTS MADE AVAILABLE TO THE PUBLIC	· -
Form 990, VII, Section A, Line 1a, Column(b) AVERAGE HOURS PER WEEK DEVOTED TO F	POSITION AS
TRUSTEE, BNY MELLON, N.A. PROVIDES ADMINISTRATIVE SERVICES SUCH AS ACTING	ASINVESTMENT
MANAGER FOR THE NAMED ORGANIZATION THESE SERVICES REQUIRE NUMEROUS I	NDIVIDUAL BANK EMPLOYEES'
INVOLVEMENT IN THE ACTIVITIES OF THE ORGANIZATION AND THUS CAN NOT BE QUA	ANTIFIED ON AN HOURLY
BASIS THEREFORE, THE TRUSTEE FEES ARE NOT BASED UPON AN HOURLY BASIS, B	UT ARE CALCULATED
BASED UPON FACTORS SUCH AS THE MARKET VALUE OF THE ACCOUNT AND IN ACCO	ORDANCE WITH BNY MELLON'S
AGREEMENT WITH THE CLIENT	
Form 990, XI, Line 9. THE ADJUSTMENT LISTED ON THIS LINE CONSISTS OF (\$4,190) LO	SS ON PY
SALES SETTLED IN CY, (\$40) COST BASIS ADJUSTMENT, AND \$591 LOSS CY SALES NO	T SETTLED AT YEAR
END	
	·

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Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
JAMISON FOR WSTMRLND MUSEUM ART-TR	25-6690388
	:
-	