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	J	,
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7	7	•

•			Short Form		OMB No 1545-1150
Form	, 9 9	0-EZ	Return of Organization Exempt From Income	Tax	2018
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private	foundations)	2010
•	,				Open to Public
Dens	rtment o	f the Treasury	▶ Do not enter social security numbers on this form as it may be made pu		Inspection
Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informat	1,110	
			ar year, or tax year beginning 11/01 , 2018, and ending		, 20 ₁₉
_	heck if ap		C Name of organization	1 ' '	dentification number
=	Address cl Vame cha		American Patrons of the Pinakothek Trust Number and street (or P O box, if mail is not delivered to street address) Room/suite	201898734 E Telephone	ar imb au
=	nitial retur	•		2028610870	ildilib e i
=		n/terminated	1250 Connecticut Avenue NW 700 City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	emotion
=	Amended	return n pending	Washington DC 20036	Number	•
_		ing Method		Check ▶ □	if the organization is not
	/ebsite		www americanpatrons com		tach Schedule B
J Ta	ax-exem		eck only one) —	(Form 990, 99	90-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 total	l assets	
			6500,000 or more, file Form 990 instead of Form 990-EZ	🕨	\$
Pa	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		-
	· · ·	 	the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received	1 2	82,547
	2		ervice revenue including government fees and contracts	3	
	4	Investmen	•	. 3	
	5a		nunt from sale of assets other than inventory 5a		
	Ь		or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	1
	6		d fundraising events:		
	а		ome from gaming (attach Schedule G if greater than		
Revenue		. ,			
3e	b		me from fundraising events (not including \$ of contribution	าร	
æ			aising events reported on line 1) (attach Schedule G if the chiqross income and contributions exceeds \$15,000) 66		
	_				
	C d		t expenses from gaming and fundraising events	btract	
	•	line 6c)		6d	
	7a	•	s of inventory, less returns and allowances		1
	b		of goods sold	23-7	
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7с	
	8	Other reve	nue (describe ın Schedule O)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	82,547
	10		I similar amounts paid (list in Schedule O)	70 10	99,051
	11	Benefits pa	aid to or for members	10t L.	
Ses	12	Salanes, o	ther compensation, and employee benefits SEP 2.5 2020 .	S 12	
Expenses	13	Profession	ther compensation, and employee benefits	<u> 13</u>	
X	14 15	Printing n	y, rent, utilities, and maintenance	15	
_	16		enses (describe in Schedule O)	16	
	17		enses. Add lines 10 through 16	. > 17	99,051
<u></u>	18		(deficit) for the year (Subtract line 17 from line 9)	18	(16,504)
šet	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree		(1-11)
Net Assets		end-of-yea	ar figure reported on prior year's return)	19	24,122 00
et	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	24172

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

>4122 Form 990-EZ (2018)

Form	990-EZ (2018)					Page 2
Pa	rt II Balance Sheets (see the instructions for Pa	art II)				
	Check if the organization used Schedule O to	respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[24,122 00	22	
23	Land and buildings		[23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[24122	25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column (B) n	nust agree with	ine 21)	24,122 00	27	
Pai	t-III Statement of Program Service Accomplish	ments (see th	e instructions for f	Part III)		
	Check if the organization used Schedule O to				/D	Expenses
Wha	it is the organization's primary exempt purpose? <u>Educ</u>	ate the general pu	iblic about American M	odem Art after 1950		uired for section c)(3) and 501(c)(4)
Des	cribe the organization's program service accomplishme	ents for each of	fits three largest p	rogram services,	orga	nizations; optional for
	neasured by expenses. In a clear and concise manne		services provided	, the number of	othe	rs)
pers	ons benefited, and other relevant information for each pr					
28	Supported PIN Freunde der Pinakothek der Moderne e V., a Ger					
	Pinakothek der Moderne with the acquisition of art for the museum	n				
	(Grants \$ 99,051) If this amount include	des foreign gra	nts, check here .	<u> ▶ U</u>	28a	99,051
29						
						ļ
						}
	(Grants \$) If this amount include	des foreign gra	nts, check here .	▶ 📖	29a	
30	***************************************					1
•				· 		
	(Oranta d	d			00-	
0.4	(Grants \$) If this amount included the control of		nts, cneck nere .	<u> P L</u>	30a	<u> </u>
31	Other program services (describe in Schedule O) (Grants \$) If this amount include		nto chock have		31a	1
32	Total program service expenses (add lines 28a through				32	00.054
	List of Officers, Directors, Trustees, and Key Emp					99,051
	Check if the organization used Schedule O to				31140	
		(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
	(a) Name and title	ours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of their compensation
	dev	oted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
Max	Riederer von Paar				+	
1			c		o	0
Dela	ware Bank Trust & Co				1	
0.5			d		اه	0
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				1	1	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	ran	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	100	✓
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		1
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		1
b	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	-	
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	40 at		à B
b	Did the organization file Form 1120-POL for this year?	37b	A	
ЗВа	Did the organization borrow from, or make any loans to, any officor, 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?		<u> </u>	Set
L		38a		
ь 39	0.1		والماينة	. o.a.
a	Initiation fees and capital contributions included on line 9	100		1000
b	Gross receipts, included on line 9, for public use of club facilities	9	4	#0 (
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	200	-	
	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		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1	7.7	20
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-5		G-70
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization	بقدا	医	
ө	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	****	<i>-</i> − − − − − − − − − − − − − − − − − − −
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, TTE Telephone no. ▶ 2028	610870)	
	Located at ► 1250 Connecticut Ave, NW, Ste 700, Wasshington DC ZIP + 4 ► 2003	6	· · · · · · · · · · · · · · · · · · ·	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country ▶	-		100
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		i s d	5700
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c	<u> </u>	✓
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	
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	200	1
ь	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	Ferri y	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	92	j=1.
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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	Electric A	- 4	-
	Form 990-EZ See instructions	45b	L	

,									
Form 990	-EZ (20	118)			· · · · · · · · · · · · · · · · · · ·			F	Page 4
								Yes	No
		ie organization engage, directly or in ididates for public office? If "Yes," o							
Part V		Section 501(c)(3) Organizations				 	. 40	<u> </u>	
. are		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	d complete th	e tables f	or lin	es
		50 and 51.	,		•	•			
		Check if the organization used Sch	nedule O to respond	to any question i	n this Par	t VI			, 🗆
	5							Yes	No
	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	H				. 47		1
		organization a school as described in					. 48	ļ	1
		e organization make any transfers to	-		anization?		. 49a	+	/
		s," was the related organization a se plete this table for the organization's			other than	officers, directi			L ıd kev
		oyees) who each received more than							
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, utions to employee plans, and deferred empensation	(e) Estimate other cor		
NONE				-	<u>-</u>	Jinpensation			
NONE									
		t			1				
		number of other employees paid over		>	NOI				
		pleto this table for the organization 000 of compensation from the orga			ont contra	ctors who each	received	more	than
				T					-
	(a)	Name and business address of each independ	lent contractor	(b) Type of	service	(c)) Compensat	ion	
NONE									
				-					
				1					
	Total	number of other independent contra	octors each receivers	Over \$100 000	. ▶				NONE
		he organization complete Schedu				ns must attach	n a		IVOIVE
	comp	eleted Schedule A	<u> </u>	· · · · · ·		<u>.</u>	.► 🕢 Yes		No
true, com	ect, an	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	otum, including accompan officer) is based on all info	ormation of which prepa	rer has any k	nowledge.	nowleage an	u D OIIDI,	11 15
Sign		Signature of officer	<u>~</u>			09/13/2020 Date	-		
Here						D 0			
		Max Riederer von Paar, Trustee Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN		
Prepa	arer					self-emplo			
Use C		Firm's name	· · · · · · · · · · · · · · · · · · ·		 	Firm's EIN ▶			
	-	Frank address k				Dhone no			

Firm's address ►

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

Yes No

Phone no

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	OI UIE (organization					Employer identification	i ildiliber
Ame	rican	Patrons of the Pinakothek Tru					20-1898734	
Par	ti	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The c	rgani	zation is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	\square A	church, convention of church	nes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	09
2	\square A	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)	
3	\square A	hospital or a cooperative hos	spital service org	anization described i	n section	170(b)(1	I)(A)(iii).	
4		medical research organization						(iii). Enter the
	h	ospital's name, city, and state	e :					
5	☐ Ar	n organization operated for t	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
	Se	ection 170(b)(1)(A)(iv). (Com	olete Part II.)					
6	\Box A	federal, state, or local govern	nment or govern	mental unit described	in sectio	on 170(b)	(1)(A)(v).	
7		n organization that normally						the general public
	_ de	escribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	ПΑ	community trust described in	n section 170(b)	(1)(A)(vi). (Complete i	Part II.)			
9	_	n agncultural research organi			-	oratod in	conjunction with a !	and grant college
	or	university or a non-land-gra	nt college of agr	culture (see instruction	ns) Ente	r the nan	ne, city, and state of	the college or
		niversity:						
10	☑ Ar	n organization that normally r	eceives: (1) mor	e than 331/3% of its su	ipport fro	rn contril	bullons, membership	o fees, and gross
	re	ceipts from activities related apport from gross investment	to its exempt full	nctions—subject to co	ertain exc	eptions, le (less si	and (2) no more that ection 511 tax) from	n 331/3% of its husinesses
	ac	equired by the organization a	fter June 30, 197	75. See section 509(a)(2). (Cor	nplete Pa	art III)	2430000
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	safety.	See sect i	ion 509(a)(4).	
12	□ \rangle r	n organization organized and	operated exclus	sively for the benefit of	f, to parfo	rm the fu	unctions of, or to car	ry out the purposes
	of	one or more publicly suppo	rted organizatio	ns described in secti	on 509(a)(1) or so	oction 509(a)(2). See	e section 509(a)(3)
	C	heek the box in lines 12a thro	ugh 12d that des	conbes the type of sup	porting o	rganizati	on and complete line	s 12e, 12f, and 12g
а		Type I. A supporting organ	ization operated	l, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
		the supported organization	(s) the power to	regularly appoint or e	lect a ma	jonty of t	he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.	•		
b		Type II. A supporting organ						
		control or management of				persons	that control or man	age the supported
		organization(s). You must	complete Part I	V, Sections A and C.	•			
c		Type III functionally integ						ally intograted with,
		its supported organization(s) (see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d		Type III non-functionally i						
		that is not functionally integ						d an attentiveness
		requirement (see instruction	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е		Check this box if the organ	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	∍ II, Type III
		functionally integrated, or 1	• •	tionally integrated sur	oporting o	organizat	ion.	
f		er the number of supported of	•					· · [
g	Pro	vide the following information		r· ''			T	
	(i) Nar	me of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-10		rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)						ļ		
(B)								
(C)								
				·				·
(D)								
						<u> </u>		
(E)								
					1		 	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 ff) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . The portion of total contributions by person (other governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . AND NEED YOU LEED AND THE Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2016/ (a) 2014 **(b)** 2015 (d) 2017 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . % 14 15 15 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is \$31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test -2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

C-'ai	an A Bublic Support	under the te	sis listed beit	w, please cc	impiete rait	11.)	
	on A. Public Support	(=) 2014	(b) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(8) 2018	(i) Total
1	Gifts, grants, contributions, and membership fees]					
2	received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities	1,212,844	52,009	248,443	107,525	82,547	1,703,368
3	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an						
3	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	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3	}					
	received from disqualified persons .	1,212,844	52,009	248,443	107,525	82,547	1,703,368
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						
8	Public support. (Subtract line 7c from		But Tomas	the major to be a	C The Bridge of the		
	line 6.)	F-15.14	Part Hall Hall	The state of the state of		ACTION AND ADDRESS OF	1,703,368
	on B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1,212,844	52,009	248,443	_ 1 07,525	82,547	1,703,368
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	1,212,844	52,009	248,443	107,525	82,547	1,703,368
11	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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,212,844					1,703,368
14	First five years. If the Form 990 is for to organization, check this box and stop he	-			· ·	ear as a section	n 501(c)(3) . ▶ □
Secti	on C. Computation of Public Suppo	rt Percentag	е				
15	Public support percentage for 2018 (line	8, column (f), d	livided by line	13, column (f))		15	100 %
16	Public support percentage from 2017 Sc			<u></u>	<u></u>	16	100 %
Secti	on D. Computation of Investment Ir						
17	Investment income percentage for 2018				mn (f))		0 %
18	Investment income percentage from 201	7 Schedule A,	Part III, line 17				0 %
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2017. If the organi	zation did not c	heck a box on	line 14 or line	19a, and line 16	s is more than 3	ປ່າສ%, and
<u>.</u> =	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part	Supporting Organizations (continued)		,	 -
44	No. 41		Yes	No
11 `a	Has the organization accepted a gift or contribution from any of the following persons? 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		<u> </u>
	A family 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.	11b		
	on B. Type I Supporting Organizations	1110		L
			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.			
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 carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		100
Secti	on 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)? 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).	-11	Yes	No
Secti	on D. All Type III Supporting Organizations			
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	Yes	No E
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	e de la constante de la consta	
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	THE STATES	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below.	instru	ction	s).
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.	(000 tr	n+m 4	(0.00)
с 2	Activities Test. Answer (a) and (b) below.	3 0 U INS 	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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	Parent of Supported Organizations. Answer (a) and (b) below.			77
а	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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru izat	st on Nov. 20, 1970 (explai tions must complete Section	n in Part VI). See ns A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes 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) Pnor Year	(B) Current Year (optional)
1 Ağgreğâtê fâli market value of all non-exempt-use assets (see	Sec	وكبك أجث عابد المواتينة	المراث فينشأت
instructions for short tax year or assets held for part of year):	œ ņ		200
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):	9		7 702 37 250
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		
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.			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	to a second to the second to the second	
4 Enter greater of line 2 or line 3.			
5 Income tax imposed in prior year	5	ء ڪيو. نهن ڪائن ٿون	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Transporter & Carrier de 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
emergency temporary reduction (see instructions)	6	,	1
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	g organization (see
instructions)			

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)	
Secti	on D—Distributions	•	, ,	Current Year
`1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
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.			1
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		4190	
Secti	on E—Distribution Allocations (seè ınstructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			research to the second second second
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.		SECTOR MORE TO A SECTION OF A S	The second secon
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
	From 2014			
<u> </u>	From 2015		in the same of the same of the	The second second second
<u>d</u>	From 2016			THE PARTY OF THE P
e	From 2017			THE PARTY OF THE PARTY OF THE
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years ,	ACT RESIDENCE OF THE STATE OF		DENTERAL PART DESTRUCTION
<u>h</u>	Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
7	Section D, line 7. \$			
a	Applied to underdistributions of prior years	Water the state of	and the contraction of the state of the stat	
u	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.	AMANA Z. C. MANIMALINE A C. WOOLL SERVED		
5	Remaining underdistributions for years prior to 2018, if		The state of the s	
•	any. Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c	<u></u>		
R	Breakdown of line 7:			
а	Excess from 2014		TOTAL MARINE SANTENESS OF THE SANTE	
b	Excess from 2015			NE DOMEST TO SEE SEE
<u> </u>	Excess from 2016			
d	Excess from 2017			
æ	Excess from 2018	CONTROL OF CARLES	WILLIAM TO THE	

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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.)