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)

ENFELOPE Triader date MAY 0 5 2021

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		ication	_	_	address of pri		er .T	D M	TRCAN	СНУ	SE F		, N.A.		H(a) Is this a grou		rn for	Yes	X No
	pend	ling			DEARBO	-					CAGO		/ 1606		subordinates H(b) Are all subords		schuded?	Yes	No
$\overline{}$	Tave	xempt st		$\frac{x}{x}$	501(c)(3)	501(0			sert no )	т т	4947(a)(	- 1	52		1 ' '		list See insti	J	
		ite.	NA	ΛΙ	501(0)(3)	1 301(0	<i>.</i> / \ /	(in	sert no 7	Щ.	+347(0)	17 01	<del></del>	<del>'</del>	H(c) Group exem				
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es 6	4			•	-		-	-								5			NONE
<u>ķ</u>	5															6			NONE
Activities &	b				olunteers (est		•									<del></del>			,279
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_	<u>b</u>	Net ur	related	buş	iness taxable	income fr	om Form 9	190-1	gart I, III	ne 11	• • • •	• • •	<del></del>	<del></del>	Dries Vees	7b			NONE
3	_	_					/				777		$\neg$		Prior Year	70	Curr	ent Ye	ar
	8				grants (Part		- 1	ł · ·	·RF	CEI	VEL	- Contract   Contract	$\sim 1 \cdot \cdot \cdot \cdot$		25,042,8	/8			
Revenue	9				evenue (Part		ī <b>. l</b> .	\ · r	<del></del>	<del></del>	• • • •	$\cdot\cdot\cdot$	<u>დ</u> ქ		10 1	4.6			
ě	10	Invest	ment in	com	e (Part VIII, c	olumn (A),	lines 3, 4,		d). NAAN	V 10:1	3 202	<u>'</u> 1 · 1	œΝ		18,1	_		700	646
j	11	Other	revenue	(Pa	e (Part VIII, c rt VIII, colum	in (A), lines	s 5, 6d, 8č	(181)	Oc, and	11ey.		• • •	& H · ·		4,498,0			_	<u>, 875</u>
	12	TOTAL	evenue	- au	a illies o tillo	ogn i i in	iusi equai	ALL A	iii, coluii	11111111	1	7	<del> y</del>		29,559,0				,521
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s	15		•		npensation, e				•	_					94,4	21		53	<u>, 793</u>
Expenses	16a				aising fees (F	•										-			
X	b			-	expenses (Pa						•	ONE							
_	17		•	•	art IX, colum										2,080,4	$\overline{}$			<u>, 874</u>
	18	Total	expense	s A	dd lines 13-1	7 (must ed	qual Part IX	(, colu	mn (A), I	ine 25	)				5,749,5	$\overline{}$			<u>,941</u>
	19	Reven	ue less (	expe	enses Subtra	ct line 18	from line_1	2				• • •	<u></u>	-	23,809,5				<u>,420</u>
Net Assets or Fund Balances														Begin	ning of Current \			of Yea	
sset	20	Total a	assets (P	art :	X, line 16) .									<u> </u>	23,809,5			<u>,420</u>	<u>, 152</u>
A P	21			-	irt X, line 26)											ONE			NON
		Net as	sets or f	und	balances Su	ubtract line	21 from l	ine 20	·		<u></u>	<u></u>	<del></del>		23,809,5	<u>73  </u>	23	<u>,420</u>	<u>, 152</u>
Pa	rt li		nature																
Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer legher than officer) is based on all information of which preparer has any knowledge																		
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Da:4		Print/	Type pre	pare	r's name		Prepa	Her's si	gnature	/			Date		Check	} "	PTIN		\
Paid Pres	ı Darer	JAC	OB ZE					V L	_//\/				<u>04/29/</u>	<u> 202:</u>				<u> 5640</u>	49
•	Only	Firm's	name	<b>&gt;</b>	ERNST &	YOUNG	U.S.	LĽP									<u>65655</u>		
		Firm's			155 N W				CAGO			606					<u>-879-</u>		
May	/ the	IRS di	scuss t	his	return with	the prepa	arer show	n abo	ve? (se	e inst	ruction	ıs)					. X Y	es	No

For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2020)

JSA

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	n 990 (2020		<u> </u>			Page 2
Pa		Statement of Program Se		and line in this Bord	. III	
<u> </u>		scribe the organization's m		any line in this Part	:	<u></u>
•		VIDE FOR SUPPORT		TAN MUSEUM OF	ART.	
	Did the a	rannation undertake env	alenificant necessary con	wasa during the ve	ar which were not listed on the	
2						
		escribe these new services				
3					now it conducts, any progran	
					• • • • • • • • • • • • • • • • • • • •	. Yes X No
4		escribe these changes on the organization's progra		ents for each of i	ts three largest program servi	ices, as measured by
					ort the amount of grants and	
	the total e	expenses, and revenue, if a	ny, for each program serv	rice reported.		
_	<del></del>					<del></del>
4a	(Code.	)(Expenses \$ /IDE FOR SUPPORT :			37, 284.) (Revenue \$	)
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4h	(Code	\/Evnences \$	uncluding c	vrante of \$	) (Revenue \$	
70	(Code	/ (Expenses #	micidaling g	Ji aii ts Oi \$		
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4c	(Code	) (Expenses \$	ıncluding g	rants of \$	) (Revenue \$	)
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4d	Other pro	gram services (Describe or	Schedule O)			
	(Expenses	=	ng grants of \$	) (Revenue	\$)	
4e JSA	Total prog	ram service expenses >	_ 711,062.			
	20 1 000	E F010 04/00/000	00 00 35	******************************		Form <b>990</b> (2020)
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Par	Checklist of Required Schedules		V	No
			Yes	140
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_	<u>X</u>	,,
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		X
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
·	complete Schedule D, Part III	8		X
9				
•	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ē		_ <del></del>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		i	
• •	VII, VIII, IX, or X as applicable		, š	
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-	,	
	complete Schedule D, Part VI	11a		X
1	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		X
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		Х
1	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		Х
13		13		Х
14:	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
_	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		Х
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	of If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	Х	

Part	Checklist of Required Schedules (continued)		Yes	No
	Building the second of the sec		res	140
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		X
24-	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		Х
			-	X
		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		v
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		v
	// · · · · · · · · · · · · · · · · · ·	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			l
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			v
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			l
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions).			İ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		v
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		v
	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		X
	complete Schedule N, Part II	32		
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
34	or IV, and Part V, line 1	34	Х	
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	338		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	ĺ
Dom	19? Note: All Form 990 filers are required to complete Schedule O.	<u> </u>	Λ	
Part				$\Box$
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	No
_	Fatantha a with a warrant of Day 2 of Farm 1000 Fatan 0 of a table		. 63	,40
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			ĺ
	Enter the number of forms 44-20 included in line 14 Enter of in not approache			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
ISÁ	reportable gaming (gambling) winnings to prize winners?	10	X	<del></del>

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	5.2E	A. 1.532	7 X 502
	Statements, filed for the calendar year ending with or within the year covered by this return 2a0			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- HARRIMAN	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	****	****	<b>3</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	3
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	33333		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ľ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		22	
	and services provided to the payor?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c	37.348600	X
	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · ·			220
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	., ., ., ., ., ., ., ., ., ., ., ., ., .	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	e se e	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8 8	AND THE PARTY OF	X
9	sponsoring organization have excess business holdings at any time during the year?	5,635.6	\$2.35 \$	
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	awara .	X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	•	X
	Section 501(c)(7) organizations. Enter.	*****	\$2%	Y******
	Initiation fees and capital contributions included on Part VIII, line 12			\$ 7.73 \$ \$ \$
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	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 )			
2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		A A. c-A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		*:9%	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- 30	on, 0,20M
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.7 M	16.600	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v
	excess parachute payment(s) during the year?	15		X %‱%
	If "Yes," see instructions and file Form 4720, Schedule N.			X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		
		N 4400/01	× ×××62	, 10 ×1×××××××××××××××××××××××××××××××××

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.		? <b>\</b>	
b	Enter the number of voting members included on line 1a, above, who are independent		~ 32 ~ 32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	×	<u> </u>	
	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	`		v
	supervision of officers, directors, 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		
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	7a		Х
	one or more members of the governing body?	/a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<b></b>		v
	stockholders, or persons other than the governing body?	7b ∞∞∞.	Vi 1- 486.5	X 34
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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 at	9	- -	Х
Conti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		1.	
Sect	ion B. Policies (This Section B requests information about policies not required by the internal nevenue		·/ Yes	No
		10a		X
	Did the organization have local chapters, branches, or affiliates?	104		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	35.75.354
b				
12a		12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		Χ_
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
<b>h</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ZXXX	
	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		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►New York			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	/Sect	10n 5	0.1/c)
18	(3)s only) available for public inspection. Indicate how you made these available Check all that apply.	10001	1011 3	01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
		£		- ادما
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	inter	est p	опсу,
	and 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 record	3 🕨		
	JP MORGAN CHASE BANK, NA. TEL: (800) 493-2583		000	/nn = = :
	10 S DEARBORN ST; MC:IL 1-0111; CHICAGO, IL 60603	Form	330	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Ta Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any related	orga	nıza	tion	cor	mpen	sate	d any current officer, director, or trustee.				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest compse employee Key employee Officer Institutional trustor director				is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) JPMORGAN CHASE BANK NA TRUSTEE (2)			Х					53,793.	NONE	NONE		
(3)						_						
(4)												
(5)												
(6)								_				
(8)		ļ 										
(9)	<u> </u>											
(10)												
(11)												
(12)												
(14)												
<del>-</del>	<u> </u>	1										

9

Page 8

Part	VII Section A. Officers, Directors, 1	rustees, K	ey Er	npl	oye	es,	and	Hig	hest Compensat	ted Employees	<u>(contin</u>	ued)	
					(6	C)							
	(A)	(B)	100.			ition	o than a		(D)	(E)		(F)	
	Name and title	Average					e than o is both		Reportable	Reportable	1	ted am	ount
		hours per week	office		dad		or/trust	tee)	compensation from the	compensation from related	1	f other	on
		(list any	Individual trustee or director	Inst	Officer	Κeγ	ᆲ	For	organization	organizations	1	om the	
		hours for related	lirec Vidu	Ē	cer	Key employee	hest	rmer	(W-2/1099-MISC)	(W-2/1099-MISC)	related	nization	
		organizations	학	ona		탕	8 c				151515		
		below	l st	Institutional trustee		/ee	npe						
		dotted line)	6	stee			Highest compensated employee						
			<u> </u>				e.				<u> </u>		
(15)													
			-	ļ				_			<b>_</b>		
(16)			1								ľ		
/47\			<del> </del>	<b>-</b>			_				-		
(17)	<del></del>		1										
/10\			<u> </u>			-	-				+		
(18)			┨										
(19)				-			<del> </del>			· · · · · · · · · · · · · · · · · · ·	+		
(13)	<del></del>		┪										
(20)			<u> </u>	$\vdash$	$\vdash$			-			<del> </del>		
1-01	<u></u>		1			ĺ							
(21)		<del>                                     </del>						-			1		
			1										
(22)										<del></del>	1	_	
<del></del>			ĺ				İ						
(23)	· · · · · · · · · · · · · · · · · · ·												
-			}					L.,			1		
(24)													
				<u> </u>									
(25)													
											<u> </u>		
1b	Subtotal							$\blacktriangleright$			<del>                                     </del>		
C	Total from continuation sheets to Part V							•			<del></del>		
d	Total (add lines 1b and 1c)							▶	53,793.	NONE			NONE
2	Total number of individuals (including bu		to th		list	ed	above	e) w	ho received more	than \$100,000	of		
	reportable compensation from the organiz	ation >		0								<b>V</b>	
											. —	Yes	No
3	Did the organization list any former												;
	employee on line 1a? If "Yes," complete Sc										-	-	
4	For any individual listed on line 1a, is t												
	organization and related organizations	-								aule J for suci	"		X,
5	Individual												1
3													X '
Sectio	for services rendered to the organization? If "Yes," complete Schedule J for such person												
1	Complete this table for your five high	hest comp	ensate	ed	ınd	ере	ndent	cc	ontractors that re	eceived more th	nan \$1/	00,00	0 of
	compensation from the organization Rep												
	(A)								(B)		(C)		
	Name and business ad	dress							Description of sen	vices	Compens	ation	
								$oxedsymbol{oldsymbol{oxed}}$					
							$\perp$						
								$\perp$					
													<del></del>
2	Total number of independent contractor								those listed above	/e) who			1
	received more than \$100,000 of compens	ation from t	he org	ganı	zatıc	on I	<b>&gt;</b> 0	) _					

Par	t VIII			-		
		Check if Schedule O contains a response or note to a	<del></del>			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rants	1a b	Federated campaigns 1a  Membership dues 1b				Sections 3 (2-3 (4
Gifts, G lar Amo	c d	Fundraising events 1c  Related organizations 1d				
utions, ier Simi	f	All other contributions, gifts, grants, and similar amounts not included above . 1f				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f				
vice	2a	Business Code				
Program Service Revenue	c d					
	e f g	All other program service revenue				***
,	3	Investment income (including dividends, interest, and other similar amounts)	646.			.\$ 646
	5	Royalties	782,875.		32,279	750,596
	6a b c	Gross rental expenses  Compared to the compare		i de la companya de l		
	d 7a	Net rental income or (loss)				
Revenue	ь	ther than inventory 7a  Less cost or other basis and sales expenses				
Other Re	d	Gain or (loss)				
, ,		events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
	b c 9a	Less direct expenses				
	ь	activities See Part IV, line 19 9a  Less direct expenses 9b				
*	10a	Ret income or (loss) from gaming activities				
	b c	Less cost of goods sold ▶  Net income or (loss) from sales of inventory ▶  Business Code				
Miscellaneous Revenue	11a b					
Misce Re	d.	All other revenue			431.723.746. (1.84)	

783,521

32,279.

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	onse or note to any lin	e in this Part IX	,	
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	687,274.	687,274.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals See Part IV, lines 15 and 16	<u> </u>		2000/100	
4	Benefits paid to or for members		<u> </u>		
5	Compensation of current officers, directors, trustees, and key employees	53,793.	23,787.	30,006.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u> </u>		<u> </u>	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				-
9	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees)				
	Management				3,
	Legal				
c	Accounting				
d	Lobbying		Didano, Addressas Properties Contra C	5353 excessor commone acomo	
e	Professional fundraising services See Part IV, line 17.			XX # X	,
1	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				<del></del>
	Office expenses		_	<del></del>	<del></del>
	Information technology	<u> </u>			
	Royalties				
16	Occupancy				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest , , ,				
	Payments to affiliates				
22	Depreciation, depletion, and amortization	386,218.		386,218.	
23	Insurance			20 5 6000 000000000000000000000000000000	906.00. but reproductives but it bount it is 5000000
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule ()	16 070	<u> </u>	16 070	
	ROYALTY OTHER EXPENSES	16,270.		16,270.	
_	MINERAL INT- AD VALOREM TAX	4,291.		4,291. 25,095.	<u> </u>
	MINERAL INT-PRODUCTION TAX	25,095.			
d				<del></del>	
	All other expenses Add lines 1 through 24e	1,172,941.	711,061.	461,880.	NONE
_	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the	1,110,041.	,11,001.	101/0001	1,011
•	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	·	-		
	following SOP 98-2 (ASC 958-720)				

# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	331,099.	1	327,896.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		\$2.32°	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ķ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
	ļ	basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	23,478,474.	15	23,092,256.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	23,809,573.	16	23,420,152.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,		<b>*</b> 24	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	į		
		parties, and other liabilities not included on lines 17-24) Complete Part X	·		
		of Schedule D $\dots$		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE
ces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► X and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	331,257.	29	23,420,152.
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	23,478,316.	31	
Net /	32	Total net assets or fund balances	23,809,573.	32	23,420,152.
Ž	33	Total liabilities and net assets/fund balances	23,809,573.	33	23,420,152.
					Form <b>990</b> (2020)

r onni 33	50 (2020)					<u> </u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		<u>. X </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>521.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>941.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 120.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>23,8</u>	09,	<u>573.</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				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				<u>-1.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		23,4	<u>20,:</u>	<u> 152.</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				$\perp \perp$
					Yes	No
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," ex	plair	ın			٠
	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 com	piled	or	1	~	1
	reviewed on a separate basis, consolidated basis, or both			,		-
	Separate basis Consolidated basis Both consolidated and separate basis				ļ	
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 audit	ed o	n a	,		
	separate basis, consolidated basis, or both				,	
	Separate basis Consolidated basis Both consolidated and separate basis					لـــا
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsıgh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountain	ıt?.		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	on		į	
	Schedule O.				<u> </u>	لـــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th ın	the			
	Single Audit Act and OMB Circular A-1337			3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits_	<u></u>	3b		
				Form	990	(2020)

# 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.

► Go to www irs.gov/Form990for instructions and the latest information.

OMB No 1545-0047
2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

JA?	YNE	LARKIN	WRIGHTSMAN	IRR TRUST X	XXXX7008			36-7	<u>746339</u>		
Par	rt I					omplet	e this p	art.) See instructions	S		
The	orga	anization is	not a private four	ndation because it	ıs. (For lines 1 through	12, che	ck only	one box )	_		
1					on of churches descr				17		
2		A school o	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital	or a cooperative	hospital service or	ganization described i	n section	170(b)	(1)(A)(iii).	•		
4	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										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
-	_	_	70(b)(1)(A)(iv). (C		Ū	•	·	, •			
6					nmental unit described	ın secti	ion 170	b)(1)(A)(v).			
7								vernmental unit or fro	om the general pu	ablic	
•		_		)(1)(A)(vi). (Comple			- · · · · · · · · · · · · · · · · · · ·				
8					o)(1)(A)(vi). (Complete	Part II.)					
9							pperated	in conjunction with a	land-grant college		
,								ame, city, and state of			
		university.	-	grant conege or agi	noanare (500 manaon	51.0, 2.11	0	one, only, and older or			
10				Illy receives (1) mo	re than 331/3% of its	support f	rom con	tributions, membershi	n fees, and gross		
10		receints fr	om activities rela-	ted to its exempt fu	unctions, subject to ce	rtain exc	ceptions:	and (2) no more than	331/3% of its		
		support fro	om aross investm	ient income and ur	nrelated business taxa 1975 See section 509	ble ıncor	ne (less	section 511 tax) from	businesses		
11					isively to test for publi						
12	v							e functions of, or to c	arry out the purpo	ises	
12								section 509(a)(2). S			
								ation and complete lii			
_	Γ.	_		-				orted organization(s),			
а	Ŀ							the directors or trustee			
			_		e Part IV, Sections A		jointy of	the anectors of trastet	33 01 1110		
ь	Г						with its	supported organization	on(s) by having		
U	L							is that control or man		I	
					, Sections A and C.	tilo odili	о ролост	io tilat common on man.	-g		
_	Г					ted in co	nnectio	n with, and functional	ly integrated with		
·					ns). You must complete				, mogratoa ma,		
d	Г							ection with its support	red_organization(s)		
u								ition requirement and			
					mplete Part IV, Section						
е	Г	·	•	<u> </u>	•			at it is a Type I, Type II	Type III		
E	_	_	•		onally integrated sup				, , , po		
f	En		-							1	
a				-	orted organization(s).						
			rted organization	(ii) EIN	(iii) Type of organization	(iv) Is the d	rganization	(v) Amount of monetary	(vi) Amount of		
		**	•		(described on lines 1-10		r governing	support (see instructions)	other support (see instructions)		
					above (see instructions))	Yes	nent? No	instructions)	mstructions)		
								-		_	
(A)		SEE PAR	T VI								
(B)											
(C)											
· .											
(D)						<u></u> _					
/F\										_	
(E)									<u> </u>		
Tota	اد										

/	2
'age	Z

1 Gifts, grants, contributions, and membership fees reserved. (Do not include any "unusual grants"). 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf. 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 5 The portion of total contributions by each perso (other than a governmental unit or jubicly supported organization included on line 1 that exceeds 2% of the amount in 1 that exceeds 2% of the 200 that exceeds 2% of the 200 that as a construction of 2% of the 200 that exceeds 2% of the		(Complete only if you checke Part III. If the organization fai	d the box on ils to qualify u	nder the tests	of Part I or if the listed below, p	he organizatio Ilease complet	n failed to qual te Part III.)	lity whder
Calendar year (or fissal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total fitts, grants, contributions, and membership fees received (Do not include any "unusual grants").  2 Tax revenues level for the organization showed the paid to or expended on its behalf or grants on the organization without charge .  3 The value of services or facilities furnished by a governmental unit to the organization without charge .  4 Total. Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 the exceede 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first exceeded 2% of the amount in a first e	Sec	<del></del>	<u>.                                    </u>		·	<u>. ·</u>		/ N/A
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or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or bublicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).  8 Public support Subtract line 5 from line 4  Section B. Total Support  Callendar year for fiscal year beginning in) ▶ (a) 2015 (b) 2617 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4  9 Not income from interest, dividends, prents, royalties, and income from similar sources.  9 Net income from unrelated business activities, whether or not the business is activities, whether or not the business activities and income become business and the programation of the same business activities, whether or not the business activities and income business activities, whether or not the business activities and activities a	1	membership fees received (Do not						
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Amounts from line 4			(a) 2016	(b) 2017	(a) 2018	(4) 2019	(a) 2020	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from securities loans, rents, royalties, and income from mirelated business activities, whether or not the business is regularly carried on		· · · · · · · · · · · · · · · · · · ·	(a) 2016	(6) 2017	(6) 2018	(a) 2019	(e) 2020	(I) TOTAL
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Section C. Computation of Public Support Percentage  14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
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organization	b	15 is 10% or more, and if the organiz	ation meets th	e facts-and-circu	ımstances test,	check this box	and stop here.	Explain
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					_			
instructions	18	Private foundation. If the organizatio	n did not chec	k a box on line	e 13, 16a, 16b,	17a, or 17b,	check this box	and see
Schedule A (Form 990 or 990-EZ)		instructions	· · · · · · · · · ·	· · · · · · · ·	<u> </u>			

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

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Part III	Support S	Schedule	for	Organizat	ions D	escribed	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.)

<u>Sect</u>	ion A. Public Support			<del></del>			N/A
Calen	ıdar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	-					
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise		-		_		
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				,	<b>/</b> ,	
	organization's tax-exempt purpose • • • • • -					'	
•	- ' '						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 • Tax revenues levied for the						
4							
	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					-	<u> </u>
6	Total. Add lines 1 through 5			/	_		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				·	-	
b	Amounts included on lines 2 and 3 received from other than disqualified			.			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b	SOUTH TO YOUNGE OF A CHARLES OF	XXXX 45 40.00.1 30.405.	0 60 00 00 00 00 00 00 00 00 00 00 00 00	Adam to to to the control of the con	2 91/2015 15:599981 16:19209780	
8	Public support. (Subtract line 7c from						
	line 6 )					### 53 - 18 C3	- · <del>-</del>
	ion B. Total Support	1 2 2 2 2		4 ) 0040	40000	(1) 2000	(6) T-+-1
Calen	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6		. —			<del></del>	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
h	Unrelated business taxable income less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b		-	-			
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			į			
	(Explainin Part VI)			ļ			
13	Total support. (Add lines 9, 10c, 11,			-			
13	and/12)						
14	First 5 years If the Form 990 is for		n's first secon	third fourth	or fifth tax ve	ar as a section	501(c)(3)
14	organization, check this box and stop here	-					
Sect	ion C. Computation of Public Supp						<del> </del>
15 /	Public support percentage for 2020 (line 8,			mn (f))		15	
16	Public support percentage from 2019 Scheo					16	%
	ion D. Computation of Investment						·
17	Investment income percentage for 2020 (III			3. column (f))		17	%
18	Investment income percentage for 2020 (in					18	%
	331/3% support tests - 2020. If the or						
154	17 is not more than 331/3%, check thi						
L	331/3% support tests - 2019. If the org						
D	line 18 is not more than 331/3%, check						
20	Private foundation If the organization						
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# Part IV Supporting Organizations

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

Section A.	All Su	pporting	<b>Organizations</b>
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- 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 lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 73 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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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to	333	Ž	2020
	10b		
rm 9	990 or	990-EZ	2020

Part	V Supporting Organizations (continued)			
		١	/es	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<b>XX</b> 8		
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u>X</u>
b	A family member of a person described in line 11a above?	11b		X
C	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail ın <b>Part VI</b> .	11c		<u>X</u>
Section	on B. Type I Supporting Organizations			
		<u>                                     </u>	es /	No.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
_		& CS	<u> </u>	
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		X
Section	on C. Type II Supporting Organizations N/A			
	, , , , , , , , , , , , , , , , , , ,	1	/es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		928 I	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations N/A			
_	D. L. I	<u> </u>	/es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
_	provided?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	**X**	NEC 1884
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		2288824
•	By reason of the relationship described in line 2, above, did the organization's supported organizations have	- ***************	33.53	328
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	-	***************************************
Section	on E. Type III Functionally Integrated Supporting Organizations N/A			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structio	ns)	
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se			
2	Activities Test. Answer lines 2a and 2b below.	25 St E	∕es	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	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		8200   B	32.22
~	that these activities constituted substantially all of its activities.	2a		33338
b	Did the activities described in line 2a, above, 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	25.000		
	these activities but for the organization's involvement	2b	<u> </u>	(4884)
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	32022	ezii
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		***	
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 <b>Part VI</b> the role played by the organization in this regard	3b	\$ \$	

Da	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zati	ons N/A	
	Check here if the organization satisfied the Integral Part Test as a qualifying tr			Dard I/A Can
1	instructions. All other Type III non-functionally integrated supporting organization			
	instructions. All other Type III non-functionally integrated supporting organiza	-	must complete Sections	
Se	ction A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	_		
a	Average monthly value of securities	1a	-	
	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		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 0 015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0 85 of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			-
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntear	ated Type III supporting o	rganization
•	(see instructions)			

Schedule A (Form 990 or 990-EZ) 2020

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	le A (Form 990 or 990-EZ) 2020				Page /
Part		Supporting Organiza	tions (continued)		N/A
Secti	on D - Distributions			. —	Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ted	1	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4_	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b>		5	
6	Other distributions (describe in Part VI). See instructions			6	
7	Total annual distributions. Add lines 1 through 6			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020			_	
	(reasonable cause required - explain in Part VI) See				
	instructions.				
3	Excess distributions carryover, if any, to 2020			YSS 7*	
а	From 2015			<b>8</b> 85	
b	From 2016		CHARLES WINE	<b>%</b>	
c	From 2017			**************************************	
d	From 2018				
е	From 2019		APC W		
f	Total of lines 3a through 3e			<b>**</b>	
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from				
	Section D, line 7 \$				
á	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder Subtract lines 4a and 4b from line 4			<b>38</b> 6	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2 For result				
	greater than zero, explain in Part VI See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c				
8	Breakdown of line 7			***	
a	Excess from 2016				
	Excess from 2017	N. 87 (87 (87 (87 (87 (87 (87 (87 (87 (87	724 72 73 73 73		
	Excess from 2018				
d	Excess from 2019			<b>28</b>	
e	Excess from 2020			<b>3</b>	
		John or many y a gannesson enterrance	Sohoo	ماررا	A (Form 990 or 990-EZ) 2020

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, 2 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 A, Question 6
TRUST PROVIDES SUPPORT TO METROPOLITAN MUSEUM OF ART AS DESCRIBED IN
THE GOVERNING DOCUMENTS. THE TRUST REPORTS WITH THE MUSEUM REGARDING
USE OF FUNDS AND CONTINUES TO HAVE A CLOSE AND CONTINUOUS
RELATIONSHIP WITH THE MUSEUM VIA COMMUNICATION REGARDING GRANTS
PROVIDE, AND HOW THE MUSEUM WILL USE THE FUNDS.
Part IV, Section D, Line 2
REGULAR CORRESPONDENCE IS SENT TO THE SUPPORTED ORGANIZATION
REGARDING THE RESTRICTED USE OF THE CHARITABLE DISTRIBUTIONS,
TRUSTEE FEE PRICING CHANGES, NOTIFICATION OF NEW PROPRIETARY MUTUAL
FUN OFFERINGS, AND PROVIDING GOVERNING DOCUMENTS AND SUPPLEMENTAL
TRUST INFORMATION.
Part IV, Line 2
THE SUPPORTED ORGANIZATION IS TAX EXEMPT UNDER SECTION
170(b)(1)(A)(i) AS A MUSEUM AND THEREFORE IS NOT REQUIRED TO OBTAIN
A DETERMINATION LETTER.

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,

3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; a lines 2, 5, and 6. Also complete this part for any additional information. (See instructions	· · · · · · · · · · · · · · · · · · ·
SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIS	ZATIONS
NAME OF SUPPORTED ORGANIZATION: THE METROPOLITAN MUSEUM OF ART EIN: 13-1624086 TYPE OF ORGANIZATION FROM PART I: 1 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT:	. 687,274.
TOTAL SUPPORT:	687,274.
TOTAL OTHER SUPPORT:	NONE

# SCHEDULE D (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public ► Attach to Form 990. Department of the Treasury Internal Revenue Service Inspection ▶ Go to www irs gov/Form990for instructions and the latest information. Employer identification number Name of the organization TAVNE LARKIN WRIGHTSMAN IRR TRIIST XXXXX7008 36-7746339

Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	(b) Funds and other accounts
		(b) Funds and other accounts
1	Total number at end of year	<del> </del>
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	<u> </u>
4	Aggregate value at end of year	<u> </u>
5	Did the organization inform all donors and donor advisors in writing that the assets he	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	Yes No
Pa	t II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		on of a historically important land area
	Protection of natural habitat Preservati	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te	erminated by the organization during the
	tax year <b>&gt;</b>	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, insp	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	ing conservation easements during the year
	<b></b>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	g conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ection 170(h)(4)(B)(i)
	and section $170(h)(4)(B)(u)^{2}$	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Of Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
		<del></del>
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revolof art, historical treasures, or other similar assets held for public exhibition, educated service, provide in Part XIII the text of the footnote to its financial statements that describes	on, or research in furtherance of publi
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenu art, historical treasures, or other similar assets held for public exhibition, education, or provide the following amounts relating to these items:	research in furtherance of public service
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	▶\$
2	If the organization received or held works of art, historical treasures, or other simil	
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
b	Assets included in Form 990, Part X	<i>.</i> ▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020-

Pa	t    Organizations Maintaini	ng Collec	tions of	Art, Histo	rical Tre	easures	, or	Other	Similar	Assets (d	continu	ed)	
3	Using the organization's acquisition	on, accessi	on, and	other recor	ds, chec	k any o	f the	follow	ving that	make sigi	nificant	use	of its
	collection items (check all that app	ly):			_								
а	Public exhibition			d [	Loan	or excha	inge	progra	m				
b	Scholarly research			e	Other								
C	Preservation for future gener	rations							_				
4	Provide a description of the organ	nization's d	collections	s and expl	ain how	they fur	rther	the or	ganızatıor	's exemp	t purpo	se in	Part
	XIII.												
5	During the year, did the organization	on solicit o	r receive	donations o	of art, hist	orical tr	easu	res, or	other sım	ılar			
_	assets to be sold to raise funds rath			ained as pa	rt of the	<u>organiza</u>	stion'	's colle	ction?	<u> </u>	Yes		No
Pa	Escrow and Custodial A Complete if the organiza 990, Part X, line 21.			s" on Forr	n 990, F	Part IV,	line	9, or r	eported	an amour	nt on F	orm	
1a	Is the organization an agent, trus	tee, custo	dian or c	ther intern	nediary f	or contr	ıbutı	ons or	other as	sets not			
	included on Form 990, Part X?									[	Yes		No
b	if "Yes," explain the arrangement in	Part XIII a	ind compl	ete the foll	owing tal	ble:			_				
										Amount			
C	Beginning balance						1c						
d	Additions during the year												
е	Distributions during the year						$\vdash$		_	<u></u>			
f	Ending balance											<del></del>	
	Did the organization include an am										Yes		No
	If "Yes," explain the arrangement in	Part XIII	Check her	e if the exp	lanation	has bee	n pro	ovided	on Part XI	<u> </u>		<u> </u>	
Pa	t V Endowment Funds.			-0 <b>-</b>	- 000 [	)	1	10					
	Complete if the organiza					(c) Two			(4) 70	years back	<b>/-\</b> F		
		(a) Curre	ent year	(b) Prio	r year	(c) IW	o year	S Dack	(d) Three	years back	(e) Fou	years	back
1 a	Beginning of year balance			-		-			<del> </del>				
b	Contributions		·			<del> </del>			<del> </del>		_		
C	Net investment earnings, gains,												
	and losses				-	<del> </del> -							
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs					<del> </del> -			-				
	Administrative expenses												
g	End of year balance				/line 1 =		(-11	امامام	L				
2 a	Board designated or quasi-endowm		ent year e	nd balance	time rg,	COILLIIII	(a))	neid as	•				
b	Permanent endowment ▶			- · ·									
С	Term endowment ▶	%											
	The percentages on lines 2a, 2b, ai	nd 2c shou	ıld equal	100%									
3a	Are there endowment funds not in	the posses	ssion of th	ne organiza	tion that	are held	and	admın	stered for	the	_		
	organization by:											Yes	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the related	d organizat	ions liste	d as require	ed on Sch	edule R	7				3b		
4	Describe in Part XIII the intended u		organizati	on's endov	ment fu	nds							
Pai	t VI Land, Buildings, and Equ Complete if the organizat	iipment.	arad "Va	e" on Forn	. aan F	Part IV	lıne	112 9	ee Form	990 Pa	t Y lın	10 م	
	Description of property	IOII alisyv		other basis	(b) Cost of				umulated		) Book va		<u> </u>
				tment)	(o	ther)		depr	eciation		-		
1a	Land	_		·			-	_					
b	Buildings												
C	Leasehold improvements	_					$\dashv$			ļ <u>.</u>			
d	Equipment	_							_				
e Taka	Other			000 5	V ==1	- (81.)							
ota	I. Add lines 1a through 1e. (Column	(a) must e	yuai rorm	i 990, Part	A, columi	ווו ,(ט), ווח	e 100	<i>5.1</i>	<u></u>				

	Complete if the organization answered	163 011101111330,	I all IV, II				,	IIIC IZ.
	(a) Description of security or category (including name of security)	(b) Book value		Cos	(c) Method t or end-of-			
I) Financia	Il derivatives							
?) Closely	held equity interests							
) Other _								
(A)								
(B)	· —							
(C)								
(D)								
(E)								<del></del> -
(F)								
(G)								
(H)								
	(b) must equal Form 990, Part X, col (B) line 12)	<u> </u>						
art VIII	Investments - Program Related.  Complete if the organization answered	"Voc" on Form 990	Part IV li	na 11a	See For	rm 990	Part V I	no 12
	<del></del>			ne i ic				10 13.
	(a) Description of investment	(b) Book value		Cos	(c) Method t or end-of-			
1)						<u> </u>		
<u>1)                                    </u>	<del></del>							
3)		<del></del>						
4)		<u> </u>						
<del>5)</del> 5)								
6)		-			_			
<u> </u>					·-	<del></del>		
					_			
8)								<del></del>
(8)	(b) must equal Form 990, Part X, col (B) line 13).							
(8) (9) otal. (Column	(b) must equal Form 990, Part X, col (B) line 13).  Other Assets.						-	
8) 9)	Other Assets.	'Yes" on Form 990,	Part IV, li	ne 11d	. See Foi	rm 990	, Part X, li	ne 15.
8) 9) otal. (Column	Other Assets. Complete if the organization answered	'Yes" on Form 990,	Part IV, li	ne 11d	. See Fo	rm 990	T	ne 15.
8) 9) otal. (Column Part IX	Other Assets.  Complete if the organization answered (a) Dec		Part IV, li	ne 11d	. See Foi	rm 990	( <b>b</b> ) Bo	ok value
8) 9) ptal. (Column Part IX	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Fo	rm 990	(b) Bo	ok value 178,47
8) 9) otal. (Column Part IX  1) OIL A 2) DEPLE	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Fo	rm 990	(b) Bo	ok value 178,47
8) 9) ptal. (Column Part IX  1) OIL A 2) DEPLE 3)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Fo	rm 990	(b) Bo	ok value 178,47
8) 9) ptal. (Column Part IX  1) OIL # 2) DEPLE 3) 4)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Foi	rm 990	(b) Bo	ok value 178,47
8) 9) ptal. (Column art IX  1) OIL A 2) DEPLE 3) 4)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Foi	rm 990	(b) Bo	ok value 178,47
8) 9) otal. (Column art IX  1) OIL A 2) DEPLE 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Fo	rm 990	(b) Bo	ok value 178,47
8) 9) ptal. (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See Fo	rm 990	(b) Bo	ok value 178,47
8) 9) ptal. (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Detailed GAS		Part IV, li	ne 11d	. See For	rm 990	(b) Bo	ok value 178,47
8) 9) potal (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Detailed GAS	scription					(b) Bo 23, 4	ok value 178,47 386,21
8) 9) otal. (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered (a) Dec. AND GAS ETION	scription					(b) Bo 23, 4	ok value 178,47 386,21
8) 9) otal. (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered (a) Decay (b) MND GAS ETION  The second control of the cont	ne 15.)					(b) Bo 23, 4	ok value 178,47 386,21
8) 9) otal (Column Part IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9) otal (Colu	Other Assets. Complete if the organization answered (a) Decay (b) Must equal Form 990, Part X, col (B) In Other Liabilities.	ne 15.)					(b) Bo 23, 4	ok value 178,47 386,21
8) 9) otal. (Column Part IX  1) OIL A 2) DEPLH 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered (a) Decay Deca	ne 15.)					(b) Bo 23,4 -: 23,0 rm 990, P	ok value 178,47 386,21
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8) 9) ptal. (Column art IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9) ptal. (Column art X	Other Assets. Complete if the organization answered (a) Dec (AND GAS ETION  mn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered (line 25.	ne 15.)					(b) Bo 23,4 -: 23,0 rm 990, P	ok value 178, 47 386, 21 092, 25
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8) 9) otal (Column 2art IX  1) OIL A 2) DEPLE 3) 4) 5) 6) 7) 8) 9) otal (Column 2art X  1) Federa 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Dec (AND GAS ETION  mn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered (line 25.	ne 15.)					(b) Bo 23,4 -: 23,0 rm 990, P	ok value 178, 47 386, 21 092, 25
8) 9) otal (Column Part IX  1) OIL 7 2) DEPLE 3) 4) 5) 6) 7) 8) 9) otal (Colu Part X  1) Federa 2) 3) 4) 5) 6) 77)	Other Assets. Complete if the organization answered (a) Dec (AND GAS ETION  mn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered (line 25.	ne 15.)					(b) Bo 23,4 -: 23,0 rm 990, P	ok value 178, 47 386, 21 092, 25
8) 9) otal. (Column Part IX  1) OIL A 2) DEPLH 3) 4) 5) 6) 7) 8) 9) otal. (Colu	Other Assets. Complete if the organization answered (a) Dec (AND GAS ETION  mn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered (line 25.	ne 15.)					(b) Bo 23,4 -: 23,0 rm 990, P	ok value 178, 47 386, 21 092, 25

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	]
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	<u>  </u>
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII )	30
	Add lines 2a through 2d	2e   3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	-
а	Investment expenses not included on Form 990, Part VIII, line 7b	İ
	Add lines 4a and 4b	4c
С 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part 2	XIII Supplemental Information.	
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional inforn	nation
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Schedule D (For	m 990) 2020						Page 5
Part XIII	Supplemental I	nformation (contin	ued)				
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# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No 1545-0047

Name of the organization	Employer identification number	
JAYNE LARKIN WRIGHTSMAN IRR TRUST XXXXX7008	36-7746339	
Part I General Information on Grants and Assistance		
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and	
the selection criteria used to award the grants or assistance? $\dots \dots	X X Yes	ŝ

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21. for any recipient that received more than \$5.000. Part II can be duplicated if additional space is needed. Part II

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

e (a) value and address of digamzation or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	cash assistance	(book, FMV, appraisal, other)	igj Description of noncash assistance	or assistance
(1) SEE STATEMENT 1							
(2)							
							1
(3)	_				-		
(4)							
(5)	_						
(9)							
(2)							
(8)							
(6)							
(01)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government	l rernment or	ganizations list	organizations listed in the line 1 table	]e			
3 Enter total number of other organizations listed in the line 1 table.	in the line 1	table				<b>A</b>	

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Schedule I (Form 990) 2020					_	Page 2
Part III Grants and Other Assistance to Domestic Part III can be duplicated if additional space		uals. Complete led.	if the organizatio	on answered "Yes" on Fc	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. is needed.	
(a) Type of grant or assistance	(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 N/A						
2						
3						
4						
5						
9						
7						
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the informatio	n required in Pa	irt I, line 2; Part I	II, column (b); and any o	ther additional information.	
EXPLANATION FOR FORM 990, SCHEDULE	н	PART 1, LINE 2				
TRUST ACCOUNTING RECORDS ARE MAINT	MAINTAINED IN A	DEDICATED				
TRUSTACCOUNTING SYSTEM. REPORTS A	ARE REGULAR	REGULARLY OBTAINED FROM THIS	FROM THIS			
SYSTEM.TRUST ADMINISTRATORS FOLLC	FOLLOW THE RULE	RULES AND REGULATIONS	ATIONS			
GOVERNING CONTINUITY AND MAINTENANCE O	(EL,	EXEMPT STATUS WHILE ALSO	WHILE ALSO			
CARRYING OUTINDIVIDUAL TRUST OR I	INTENT. DUT	DUTIES INCLUDE	INCLUDED ANNUAL TRUST	IST		
REVIEW, ISSUING REPORTS, IDENTIFYING	ING CHARITA	CHARITAB <u>LE RECIPIENTS</u>	NTS,			
RESEARCHING TAX STATUS OF POTENTIAL		CHARITABLE RECIPIENTS	INTS, AND			
MAKING NECESSARY INCOME DISTRIBUTIONS	- 1	FROM EACH TRUST.				

# **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs gov/Form990for the latest information.

Open to Public Inspection Employer identification number

Name of the organization	Employer identification number
JAYNE LARKIN WRIGHTSMAN IRR TRUST XXXXX7008	36-7746339
PAGE 6, PART VI LINE 12a	
JPMORGAN CHASE BANK NA IN ITS CAPACITY AS THE TRUSTEE ANI	D THE
INVESTMENT MANAGER OVERSEES ALL TRANSACTION AND MAKES SU	URE THAT NO
CONFLICT OF INTEREST ARISES THROUGH THE POLICY.	
CONFIDER OF INTEREST ARTSES THROUGH THE FORIET.	
PAGE 6, PART VI, LINE 15	
THE ORGANIZATION DOES NOT HAVE A TOP MANAGEMENT OFFICIAL	. THIS
AUTHORITY RESTS WITH THE SUPPORTED ORGANIZATION, THE MET	TROPOLITAN
MUSEUM OF ART. THE SUPPORTED ORGANIZATION APPROVES ALL (	COMPENSATION
PAID TO THE TRUSTEE.	
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR	REVIEW
TRUSTEE REVIEWS ALL UNDERLYING MONETARY AND FACTUAL INFOR	
BEFORE THE IRS FORM 990 IS FILED.	
FORM 990, PAGE 6, PART VI, LINE 19	
AS TRUSTEE, JPMORGAN CHASE BANK, NA. MAINTAINS A CLOSE AN	ND CONTINUOUS
WORKING RELATIONSHIP WITH THE OFFICERS OF THE SUPPORTED	
ORGANIZATION.THE GOVERNING DOCUMENTS ARE NOT AVAILABLE T	TO THE
GENERAL PUBLIC, BUT HAVE BEEN GIVEN AND ARE AVAILABLE TO	) ALL
INTERESTED PARTIES SUCH AS BENEFICIARIES, TRUSTEES, EXEC	CUTORS, ETC.
JPMORGAN CHASE BANK, NA, DOES NOT HAVE A PUBLIC CONFLICT	
POLICY. HOWEVER, THE GOVERNING DOCUMENTS AND STATE LAW I	
LIMITATIONS OF TRUSTEE POWERS THAT JPMORGAN CHASE BANK,	
FOLLOWS. FINANCIAL STATEMENTS ARE SENT TO EACH CHARTIABL	F RENELIAKA

Schedule O (Form 990 or 990-EZ) 2020  Name of the organization	Employer identification number	Page Z
JAYNE LARKIN WRIGHTSMAN IRR TRUST XXXXX7008	36-7746339	
FOR REVIEW AND COMMENT.		
FOR REVIEW AND COMMENT.		
EXPLANATION FOR FORM 990, PART XI, LINE 9		
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# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990. ► Go to www irs gov/Form990for instructions and the latest information.
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JAYNE LARKIN WRIGHTSMAN IRR TRUST XXXXX7008

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37,

2020

OMB No. 1545-0047

Employer identification number

36-7746339

Open to Public Inspection

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2020 (f) Direct controlling entity ŝ Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets Public charity status (if section 501(c)(3)) (d) Total income e Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (d) Exempt Code section Legal domicile (state or foreign country) (b) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
 Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT Part II Part I (2) 9 2 3 9 (2)  $\widehat{\mathbb{S}}$ ₹ (2) 3 <u>2</u> Ξ

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Percentage Section ownership controlled entity? Yes No Schedule R (Form 990) 2020 Percentage ownership 3 36-7746339 Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (j) General or managing Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h)
Disproportionate Yes No (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c)
Legal domicite
(state or foreign
country) Primary activity (d) Direct controlling entity (c) Legal domicile (state or foreign Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of
related organization Part III Part IV (9) 2 2 3 4 (2) 2 (3) (6) 2 Ξ 3 Ξ

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations lis	ted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity.			•	1a	×
			9	×	
				10	×
Loans or loan quarantees to or for related organization(s)			] <del></del>	1d	×
Loans or loan quarantees by related organization(s)			<del>-</del>	4	>
			: : :	,	
f Dividends from related organization(s)			-	=	]×
					>
			-   <del>-</del>	27 4	<b>&lt;</b> >
			<u>-1'</u>	ا ء	<b>∮</b> :
i Exchange of assets with related organization(s)				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				1	×
			=	_	×
m Performance of services or membership or fundraising solicitations by related organization(s).			] <del></del>	1m	×
			L <u>-</u>	12	<b> </b>
			-  -	= (	<  >
o Sharing of paid employees with related organization(s)			<u>-1</u> ::::	<u> </u>	4
			_   •	1 1	7 >
			<u>-1</u> ,	<u>,</u>	: ا>
<b>q</b> Reimbursement paid by related organization(s) for expenses				ь	×  •
			_	<u> </u>	7;
Other transfer of cash or property to related organization(s)			<u> </u>	<u>-</u>	× :
s Other transfer of cash or property from related organization(s).				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	this line, including covered	ed relationships and transaction thresholds	tion thresho	lds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	l) letermını nvolved	<u>g</u>
(1) THE METROPOLITAN MUSEUM OF ART	q	687,274.			
(2)					
(3)					
(4)					
(5)					
(9)					
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Schedule R (Form 990) 2020

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entrty	(b) Primary activity	(e) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from lax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(a) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene Mans part	(i) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes No	ť		Yes	No	$\overline{}$	Yes	Š	
(1)				_								
(2)								<u> </u>				
(3)											<del>                                     </del>	
(4)												
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Schedule R (Fo	rm 990) 2020	Page 3
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	- "
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Schedule R (Form 990) 2020

Page 5

# Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990 \_\_\_

Name of entity: THE METROPOLITAN MUSEUM OF ART

Address of Entity: 1000 FIFTH AVENUE, NEW YORK, NY 10028

Employer ID Number: 13-1624086 Primary Activity: SUPPORT Legal domicile state:NY Exempt code section: 501(C)(3) Public charity status:7

Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No