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### EXTENDED TO NOVEMBER 16, 2015

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning ar	nd ending		
В	Check if applicable	C Name of organization		D Employer identification	ation number
_	Addre	I COMPILITOR OF THE INTERCENT INDITION		j	
_ 	Name		.5	22 74	24418
<u> </u>	chang lnıtıal return	Doing business as     Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	24410
<u></u>	Final	1	320		52-9545
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code	1020	G Gross receipts \$	3205304.
Г	Amen	ded tracutationost DC 2000E		H(a) Is this a group ret	
Ē	Applic			for subordinates?	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
1	Tax-ex	empt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(	1) or 527	If "No," attach a li	st (see instructions)
		te: ► WWW.CONSERVATION-US.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1973 M	State of legal domicile: DC
_ F	Part I	Summary			
ą	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	JLE O	· · · · · · · · · · · · · · · · · · ·
2015					
20	2	Check this box I if the organization discontinued its operations or dis	posea or more		
4.6	3   `	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	-)	3 4	<u>9</u> 
<b>7—</b> 0₹	<b>)</b>   '	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	) 	5	0
) DEC	, ,	Total number of volunteers (estimate if necessary)		6	0
	7 a	Total unrelated business revenue from Part VIII, colump (C), line-12		7a	0.
<b>₽</b> <	b	Net unrelated business taxable income from Form 990 T, Ine 32 ECEIVE	D	7b	0.
Ž				Prior Year	Current Year
Z,	, 8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  NOV 1 8 20	15 SS	700432.	1949502.
SCANNED DE	9.	Program service revenue (Part VIII, line 2g)  NOV 1 8 20	12 Y	63757.	144310.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		409846.	338654.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c 10c, and be EN, I		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	)	1174035.	2432466.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		673239.	628733.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	ω <u> </u>	261167.	0. 237930.
9000	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 Professional fundraising fees (Part IX, column (A), line 11e)	·' —	0.	257930.
9	i loa		185.		<u></u>
ů	5   17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		779694.	948364.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1714100.	1815027.
	19	Revenue less expenses. Subtract line 18 from line 12		-540065.	617439.
Net Assets or	ces		В	eginning of Current Year	End of Year
sets	[ 20	Total assets (Part X, line 16)		6383667.	6893361.
it As	21	Total liabilities (Part X, line 26)		283813.	<u>446850.</u>
ž	∄ 22	Net assets or fund balances Subtract line 21 from line 20		6099854.	<u>6446511.</u>
	Part II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sched			knowledge and belief, it is
tru	ie, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of	wnich prepare	r nas any knowledge.	<del></del>
٥.		Signature of officer	<del> </del>	Date	<b></b>
	gn	ERYL WENTWORTH, EXECUTIVE DIRECTOR			
П	ere	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check 2	PTIN
Pa	id	ROBERT J. COCCHIARO	₹	11/11/15 It self-employed	P01203311
	eparer	Firm's name COCCHIARO & ASSOCIATES, LLC		Firm's EIN	20-4534812
Us	e Only	Firm's address 10800 GREENE DRIVE, 1ST FLOOR			
_		LORTON, VA 22079		Phone no. 7 0 3	3-519-1226
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
43	2001 11-0	<sub>07-14</sub> LHA For Paperwork Reduction Act Notice, see the separate instruc	ctions.		Form <b>990</b> (2014)

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2014) CONSERV. OF HISTORIC & ARTISTIC WORKS	23-7424418	Page 2
Par	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	TO UNDERTAKE AND UNDERWRITE PROGRAMS AND INITIATIVES TO	ADVANCE THE	) 
	CONSERVATION PROFESSION IN ALL ITS FACETS, TO SUPPORT CO		
	EDUCATION AND CAREER DEVELOPMENT, AND TO APPLY THE EXPE		·—— <u> </u>
	PROFESSION IN ADDRESSING THE NATION'S ARTISTIC, CULTURAL		
2	Did the organization undertake any significant program services during the year which were not listed on	3, 1HID 111010	1(1)
2	the prior Form 990 or 990-EZ?	□ vas	X No
	•	res	ואן
_	If "Yes," describe these new services on Schedule O.	<del></del>	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Yes	LAJ No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 1490699. including grants of \$ 628233.) (Revenue		310.
	THE FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERVATION	ON RECEIVES	
	GRANTS FROM A VARIETY OF FEDERAL AGENCIES AND PRIVATE FO	OUNDATIONS.	
	NATIONAL ENDOWMENT FOR THE HUMANITIES (NEH) GRANTS SUPPO	ORT PROFESSI	ONAL
	DEVELOPMENT WORKSHOPS AND SCHOLARSHIPS. GETTY FOUNDATION	ON GRANTS HA	VE
	SUPPORTED A LATIN AMERICAN AND CARIBBEAN SCHOLARSHIP PRO	OGRAM, OFFER	.ED
	PERIODICALLY, AND STRATEGIC PLANNING. INSTITUTE FOR MUS		
	SERVICES (IMLS) GRANTS HAVE SUPPORTED TRAINING AND OUTRI		
	EMERGENCY PREPAREDNESS AND RESPONSE ALONG WITH AN ONLINE		'OR
	COLLECTION CARE PROFESSIONALS. SAMUEL H. KRESS FOUNDATE		
	SUPPORTED AIC EMERGENCY RESPONSE EFFORTS, PRINTING OF BO		
	PUBLICATIONS GRANT TO SUPPORT COMPLETION OF MANUSCRIPTS		01110
		KRESS GRANT	<del></del>
	40070		<del></del>
4b	(Code) (Expenses \$ 40978. including grants of \$ 500.) (Revenue PUBLICATIONS - FAIC MAINTAINS AN ONLINE RESOURCE LIBRARY		· '
	INTERNATIONAL DISTRIBUTION LIST FOR CONSERVATION AND PRI		
	CONSERVATION ONLINE (COOL) AND ITS CONSERVATION DISTLIST	<u>r.                                    </u>	
		<del></del>	
		·	
4c	(Code) (Expenses \$ 175331. including grants of \$) (Revenue)	.ie \$	)
	OTHER PROGRAM ACTIVITIES		
		<del></del>	
			·-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 1707008.		
		Form <b>9</b>	90 (2014)

### FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS Part IV Checklist of Required Schedules

4			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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_	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ ł		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<b> </b>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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, VIII, IX, or X			
	as applicable			
а	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
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total		,,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		3.5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			x
	Part X, line 16? 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<del>                                     </del>
f	the organization's separate of consolidated infancial statements for the tax year include a footbole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		_
124	Schedule D, Parts XI and XII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b			****	
_	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	X	
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	17_		Х
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L
		Form	990	(2014)

Page 4

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 // 11 // 12 // 12 complete Schedule I, Parts I and II 21 X 2 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 // 11 // 12 // 12 complete Schedule I, Parts I and II 22 X 2 X 2 Did the organization new reversity of Part IX, gets on A III as 4, a 4 or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I I and III 22 X 2 X 2 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 through 24d and complete Schedule II A III 18 // 18	Pa	Checklist of Required Schedules (continued)			
domestic government on Part IX, column (A), line 10° II "Yes," complete Schedule I, Parts I and II 21 Did the organization report when \$5.000 of grants or other assistance to of rod domestic individuals on Part IX, column (A), line 27° II "Yes," complete Schedule I, Parts I and III 22 Did the organization and "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I Parts I and III 23 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 246 through 24d and complete Schedule I, "In It is 10° In	•			Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, courned for Yes, "complete Schedule I, Part X and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curient and former officers, directors, fusitess, key employees, and highest conspensated employees? If "Yes," complete Schedule II. If Yes, "complete Schedule II. If Yes," 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 240 through 24d and complete Schedule II. If Yes, "or they ear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If Yes, "or they ear, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If Yes, "or they are the use of the organization maintain an eight of the organization maintain an escrew account other than a refunding escrow at any time during the year?  d Did the organization with a disqualified person during the year?  b Is the organization with a disqualified person during the year?  b Is the organization are aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not benefit of any of the organization or propriets of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, but benefit or the organization provide a grant or shert assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, again at selection committee emember, or to a 55% contributed entity or any of these persons? If "Yes," complete Schedule II, Part IV and the organization provide a grant or orfider director, frustee, or key employee? If "Yes," complete Sc	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			]
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  2		domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Inis 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 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 through 24d and complete Schedule K. If "No!, go to line 25s.  24d. X  24d. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds.  25d. Did the organization maintain an escrow account other than a refunding escrow at any time during the year? do the degranization and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization ensare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization ensare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization ensare that it engaged in an excess benefit transaction with a disqualified person? If "Yes," complete Schedule L, Part I is be organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, strustees, key employees, substantial contributor or employee thereof, a grant selection committee emember, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employees, substantial contributor or employee thereof, a grant selection committee emember, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employees. Did to supplice Schedule L, Part IV is structee, or key employees is a family member thereof) was an officer	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule / Schedule / In 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 inas 24b through 24d and complete Schedule K. If "No", go to line 25a		Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J  24 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 through 24d and complete Schedule K. If "No", go to line 25a  5 Did the organization mantain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  6 Did the organization mantain an accrow account other than a refunding escrow at any time during the year?  7 did the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  8 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization with a disqualified person in a pricer year, and that the transaction has not been reported on any of the organization with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year.  9 do be organization aparty to a business transaction with a complete schedule that the transaction with a disqualified person in a pricer year.  9 do be organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV in any transa	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule J  24 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 through 24d and complete Schedule K. If "No", go to line 25a  5 Did the organization mantain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  6 Did the organization mantain an accrow account other than a refunding escrow at any time during the year?  7 did the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  8 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization act as an "on behalf of" asser for bonds outstanding at any time during the year?  9 do the organization with a disqualified person in a pricer year, and that the transaction has not been reported on any of the organization with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year, and that the transaction with a disqualified person in a pricer year.  9 do be organization aparty to a business transaction with a complete schedule that the transaction with a disqualified person in a pricer year.  9 do be organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV in any transa				1	
24a Dit 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 through 24d and complete Schedule K. If "No", go to line 25a  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization martial an escrive account other than a retunding escrive at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" sisuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  15b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person and in that the transaction with a disqualified person during the year?  15c Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, nightest comprehated employees, or disqualified persons? If "yes," complete Schedule L, Part III  15d Did the organization report agrant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part IV  15c A nanitry of which a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  15d A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  15d A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  15d A family member of a current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV  15d A family member of a current or former officer, director, trustee, or key employee (or a family member			23		x
stad day off the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25e  b Old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware 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 is prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustee is supplied to a supplied persons? If "Yes," complete Schedule Part III  Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  Did the organization receive more than \$25,000 in non-ask acceptions? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-ask acceptions? If "Yes," co	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
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Form 990 (2014) CONSERV. OF HISTORIC & ARTISTIC WORKS

Part V Statements Regarding Other IRS Filings and Tax Compliance

23-7424418

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 56	-	162	NO
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	.		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	.		1
·	(gambling) winnings to prize winners?	1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	.		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	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 gifts	.		1
	were not tax deductible?	6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			17
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		<del></del> -
С	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year			-23
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter			
а	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.)		- 1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  2 action 504(a)(00) and 15 action accounts to a country to the action accounts to the action accounts to the account of the accou		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		<del>                                     </del>
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
			990	(2014)

432005 11-07-14

Form 990 (2014) CONSERV. OF HISTORIC & ARTISTIC WORKS

23-7424418

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			_		$\mathbf{x}$
Sec	tion 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	-	9		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	+	X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	eis		<u>5</u>	X	X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint	one or	-	<u> </u>	
7a	more members of the governing body?	poiiti	one or	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	hockh	olders or	14	+^-	
U	persons other than the governing body?	COCKI	010013, 01	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv tl	ie followina:	1.5	+ <del></del> -	
а	The governing body?	,	g.	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 read	ched	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venu	e Code )			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	aptei	s, affiliates,	-		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		414-0	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done	æs, ° a	escribe	40-	v	
13	Did the organization have a written whistleblower policy?			12c	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			13	X	<del>                                     </del>
15	Did the process for determining compensation of the following persons include a review and approva	l by ii	ndenendent	14	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	~	idopor idorit			
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					]
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent v	vith a			
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					}
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıc	n's			
	exempt status with respect to such arrangements?			16b	_	L
	tion C. Disclosure		<u></u>			
17 10	List the states with which a copy of this Form 990 is required to be filed DC	(000				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T for public inspection, Indicate how you made these available. Check all that apply	(Sec.	ion our (c)(3)\$ only)	avalla	υle	
	for public inspection Indicate how you made these available Check all that apply  Own website Another's website X Upon request Other (explain)	ın So	hedule (1)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		•	nd fina	ncial	
13	statements available to the public during the tax year	mot (	n interest policy, ar	iu iiildi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks a	nd records			
	THE ORGANIZATION - 202-452-9545					
	1156 15TH STREET, NW, NO. 320, WASHINGTON, DC 200	05				
3200	11-07-14			For	n <b>990</b>	(2014)
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CONSERV. OF HISTORIC & ARTISTIC WORKS

23-7424418

Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees. and former such persons

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERYL WENTWORTH EXECUTIVE DIRECTOR/SECRETA	24.00 26.00	x		х				59294.	66090.	14177.
(2) PAMELA HATCHFIELD PRESIDENT	1.00	x		X				0.	0.	0.
(3) MARGARET HOLBEN ELLIS VICE PRESIDENT	1.00	x		X				0.	0.	0.
(4) JENNIFER HAIN TEPER TREASURER	1.00	x		х				0.	0.	0.
(5) INGRID BOGEL DIRECTOR	1.00	X						0.	0.	0.
(6) JEANNE DREWES DIRECTOR	1.00	x						0.	0.	0.
(7) JULIE HEATH DIRECTOR	1.00	x						0.	0.	0.
(8) MICHAEL MOHAMAD DIRECTOR	1.00	X		-				0.	0.	0.
(9) PETER TRIPPI DIRECTOR	1.00	х						0.	0.	0.
										Form <b>990</b> (2014)

CONSERV. OF HISTORIC & ARTISTIC WORKS

	2	3	-7	4	24	41	8	Page 8
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Name and trile	
the Sub-total per veek (list any hours for elisted organizations below line)  1b Sub-total  2 Total from continuation sheets to Part VII, Section A  4 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization from the organization in line 1st if Yes, "complete Schedule J for such individual for services and reflected organization from the organization grade that and the propriets Schedule J for such individual for services and reflected organization or line 1st if Yes," complete Schedule J for such person  1 Did any person listed on line 1st areceived or accrue compensation from any unrelated organization or individual for services section B, independent Complementation Report compensation from the organization and related organization is last organization in line 1st if Yes," complete Schedule J for such person  1 Complete this table for your five highest compensation from any unrelated organization or individual for services for the organization is last year.  (A)  Name and business address  PROJECT MANAGEMENT    Complete Management   Complete Schedule I for such person   Section B, Management   Sectio	rancanu mie
Compensation from continuation sheets to Part VII, Section A   Did I total (add lines 1b and 1c)   Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organization from the organization   Yes, "complete Schedule J for such individual for services rendered to the organization and related organization from the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization from the large reached organization or the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such individual for services rendered to the organization   Yes, "complete Schedule J for such person   Yes, "complete Schedule J for	
(list any hours for related organization) below line)  1b Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization sheet Schedule of for such individual  1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule of for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organization greater than \$150,000 of It* "Yes," complete Schedule of Ithe such individual  5 Did any person listed on line 1a; is the sum of reportable compensation from the organization and related organization greater than \$150,000 of It* "Yes," complete Schedule of Ithe organization or individual for services services in the organization or individual for services services in the organization or individual for services services in the organization or individual for services in the organization or individual for services services in the organization or individual for services in the organization or services is the organization or services in the organization or services is the organization or services in the organization or services is the organization or services	
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1b Sub-total  Total from continuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total from continuation sheets to Part VII, Section A  Total from continuation from the organization  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of removes the organization of the calendar year ending with or within the organization of services  (A)  Name and business address  Description of services  Compensation III or INC  M110, INC	
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Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation Individual  OC)  OC)  OC)	
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Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation for the calendar year ending with or within the organization's tax year  (B)  Description of services  PROJECT MANAGEMENT	
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(A) Name and business address  (B) Description of services  Compensation of the compen	
Name and business address  Description of services  Compensati PROJECT MANAGEMENT	
103 BROOKS STREET, BOSTON, MA 02135 CONSULTING 1878	Name and busine
	10, INC
O Tatal number of independent contractors (including but not limited to these listed above) who was used as as the	10, INC
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1	10, INC 3 BROOKS STREET, BOST
32008 1-07-14	Total number of independent contractors

			2014) CONSI	ERV. OF F	HISTORIC	& ARTISTIC	WORKS	23-742	4418 Page 9
Pa	rt \	/							
<u>-</u>			Check if Schedule O con	tains a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts ıts	1	а	Federated campaigns	1a		<del></del>			
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
s, C Am		С	Fundraising events	1c					
Gift		d	Related organizations	1d					
imi		е	Government grants (contribu	tions) 1e	107234.				
tion er S		f	All other contributions, gifts, grain	nts, and					
ję ję			similar amounts not included abo	ove 1f	1842268.				
the Dec		g	Noncash contributions included in lines	s 1a-1f \$					
<u>ā Č</u>		h	Total. Add lines 1a-1f		<b>_</b> _	<u> 1949502.</u>		<del> </del>	
_	_		MODIFICUODA		Business Code	1 4 4 3 1 0	4 4 4 5 4 5		
ice	2		WORKSHOPS	<del></del>	900099	144310.	144310.		
ser.		b			<u> </u>	<del></del>			
m S		C	<del></del>						<del>-  </del>
gra Re		d					-		<del> </del>
Program Service Revenue		e •	All other program service reve	20116		<del>-</del>	<del></del>		
		' a	Total. Add lines 2a-2f	silue		144310.			<del> </del>
	3	-7	Investment income (including	dıvıdends, inter					
			other similar amounts)		<b>&gt;</b>	37342.			37342
	4		Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5		Royalties		▶ [				
				(i) Real	(II) Personal				
	6	а	Gross rents						
		b	Less rental expenses						
			Rental income or (loss)	<u> </u>					
			Net rental income or (loss)	r	, <b>•</b>				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	1074150.					
		D	Less cost or other basis and sales expenses	772838.					
		_	Gain or (loss)	301312.					
			Net gain or (loss)	001312.	<u> </u>	301312.			301312.
4			Gross income from fundraisin	a events (not		301312.			301312
Other Revenue		_	including \$						
eve			contributions reported on line						
<u>بر</u>			Part IV, line 18	а					
₩		b	Less direct expenses	b					
ا ت			Net income or (loss) from fund	•	<b>•</b>				
	9	а	Gross income from gaming ad	ctivities See					
ĺ			Part IV, line 19	а		ļ			
			Less direct expenses	b					
			Net income or (loss) from gan	-					<del></del>
	10	а	Gross sales of inventory, less						
İ		and allowances a b Less cost of goods sold b							
			Net income or (loss) from sale						
l		<u> </u>	Miscellaneous Revenu		Business Code				
	11	— а							
		b							
		Ç							
		d	All other revenue	· - <del></del>					
		е	Total. Add lines 11a-11d		<b>&gt;</b> [				
40000	12_		Total revenue See instructions.		<u> </u>	2432466.	144310.	0	
43200	٠								Form <b>990</b> (2014)

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	(0)	<u> </u>
	not include amounts reported on lines 6b, 8b, 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	312801.	312801.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	47221.	47221.		<u>-</u>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	268711.	268711.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	65999.	50159.	15180.	660
6	Compensation not included above, to disqualified	i			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	134998.	108642.	17509.	8847
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6698.	5357.	911.	430
9	Other employee benefits	15579.	12591.	2151.	837
10	Payroll taxes	14656.	11625.	2334.	697
11	Fees for services (non-employees)				
а	Management		İ		
b	Legal				·
	Accounting	44260.	19328.	24932.	
d	Lobbying				· · ·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)	328360.	328360.		
12	Advertising and promotion				<u> </u>
13	Office expenses	20842.	17144.	3424.	274
14	Information technology				
15	Royalties				
16	Occupancy				<del></del>
17	Travel	373811.	368817.	4994.	_
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	53340.	53279.	61.	<del></del>
20	Interest	00000	002.75.0		<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	- 1			
23	Insurance				<del></del>
24	Other expenses. Itemize expenses not covered				<del></del>
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SHARED AND ALLOCATED OV	118420.	94110.	18947.	5363
b	MISCELLANEOUS EXPENSE	5331.	4863.	391.	77
c	CO-SPONSORSHIPS	4000.	4000.		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1815027.	1707008.	90834.	17185
	Joint costs. Complete this line only if the organization				
	Julit Costs. Complete this line only in the orderization				
26	, ,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash · non-interest-bearing	128649.	1	167638.
	2	Savings and temporary cash investments	1090004.	2	620051.
	3	Pledges and grants receivable, net	35000.	3	1361519
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	9140.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a		.	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities	992093.	11	773141.
	12	Investments - other securities. See Part IV, line 11	4137921.	12	3961872.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	·	14	·
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6383667.	16	6893361.
	17	Accounts payable and accrued expenses	95067.	17	<u>69463.</u>
	18	Grants payable	2696.	18	0.
	19	Deferred revenue	17185.	_19	0.
	20	Tax-exempt bond liabilities		20	<u>.</u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≣		key employees, highest compensated employees, and disqualified persons		- 1	
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	- <u>-</u> -
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	168865.	25	<u>377387.</u>
	26	Total liabilities. Add lines 17 through 25	283813.	26	446850.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \(\times\) and			
Ses		complete lines 27 through 29, and lines 33 and 34.	22222		
au	27	Unrestricted net assets	302288.	_27	379349.
Bai	28	Temporarily restricted net assets	3113935.	28	3383531.
2	29	Permanently restricted net assets	2683631.	29	2683631.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
Ď	1	and complete lines 30 through 34.			
šet	30	Capital stock or trust principal, or current funds .		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	6099854.	33	6446511.
	34	Total liabilities and net assets/fund balances	6383667.	34	<u>6893361.</u>

Form **990** (2014)

	990 (2014) CONSERV. OF HISTORIC & ARTISTIC WORKS	<u> 23-</u>	<u>7424418</u>	Pag	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets	-			
<u>.                                    </u>	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24	324	66.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	<u> 150</u>	27.
3	Revenue less expenses Subtract line 2 from line 1	3			39.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	998	54.
5	Net unrealized gains (losses) on investments	5		<u>707</u>	82.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	64	465	11.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: L Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	i i		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,		
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	, ; [		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	tit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	!	

Form **990** (2014)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization FOUNDATION OF THE AMERICAN INSTITUTE FOR **Employer identification number** CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Schedule A'(Form 990 or 990-EZ) 2014 CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support		·	<u>,                                     </u>	<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	1.7	1-1		(-)		
	membership fees received. (Do not						
	include any "unusual grants.")	468063.	813458.	682158.	700432.	2049412.	4713523.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						•
4	Total. Add lines 1 through 3	468063.	813458.	682158.	700432.	2049412.	4713523.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2941441.
6	Public support. Subtract line 5 from line 4						1772082.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	468063.	813458.	682158.	700432.	2049412.	4713523.
8	Gross income from interest,						
	dividends, payments received on	į					
	securities loans, rents, royalties						
	and income from similar sources	189134.	202981.	188551.	409952.	292597.	1283215.
9	Net income from unrelated business						
	activities, whether or not the	}					
	business is regularly carried on	•		i			
10	Other income Do not include gain						
	or loss from the sale of capital	İ					
	assets (Explain in Part VI)	248.		698.			946.
11	Total support. Add lines 7 through 10						5997684.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	361123.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3)	<del> </del>
	organization, check this box and stop						<b></b>
<u>Se</u>	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2014 (I	ine 6, column (f) div	ided by line 11, c	olumn (f))		14	29.55 %
15	Public support percentage from 2013	Schedule A, Part II	, line 14			15	41.16 %
16	33 1/3% support test - 2014. If the c	organization did not	check the box or	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly suppo	rted organization				
t	33 1/3% support test - 2013. If the o	organization did not	check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly su	ipported organiza	ition			$\triangleright \mathbf{X}$
178	10% -facts-and-circumstances test	t - <b>2014</b> . If the orga	nization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstanc	es" test, check th	is box and stop he	ere. Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organizati	on qualifies as a p	oublicly supported	organization		
ŧ	10% -facts-and-circumstances test	t - <b>2013</b> . If the orga	nızatıon dıd not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circum	nstances" test, ch	eck this box and s	t <b>op here.</b> Explain	n in Part VI how the	е
	organization meets the "facts-and-circ	umstances" test T	he organization q	ualifies as a public	ly supported orga	anızatıon	ightharpoons
<u>18</u>	Private foundation. If the organizatio	n did not check a b	ox on line 13, 16a	a, 16b, 17a, or 17b,	, check this box a	ind see instruction	is 🕨 🗌
					Sche	edule A (Form 990	or 990-EZ) 2014

# Schedule A (Form 990 or 990 EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II \

Section A. Public Support	· · ·					
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not		1				
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose				<del> </del>	<del>                                     </del>	
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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					1	
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		·				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		L				
c 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 (Explain in Part VI)						1
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thir	d fourth or fifth t	ax vear as a section	on 501(c)(3) organi	zation
check this box and stop here	<b>.</b>	,	a, 100/11, 01 /110/10	ar your do a cooin	on do riono, organiz	<b>▶</b> □
Section C. Computation of Publ	ic Support Pe	rcentage			<del></del>	
15 Public support percentage for 2014 (			column (f))		15	%
16 Public support percentage from 2013					16	<del></del>
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (f))	·	17	<u> </u>
18 Investment income percentage from	•	•	,		18	<del></del>
19a 33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2013. If the		-				and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		-			•	
20 - Hate Ioungation, it the organization	Sid fiet officer d	20/ 0// 11/0 17, 10	a, or row, or ear th	O .	Structions	

Schedule A (Form 990 or 990 EZ) 2014 CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Page 4

### Part IV Supporting Organizations

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

Section	A.	All	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(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 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	I		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		
	-		
	9a	_	
	9b		
,	9c		
	102		
	10a		
n 9	10b 90 or 99	└── Ю-EZ)	2014

	TIV Supporting Organizations (continued)	/ 42 <del>4 4 1</del>	<u>U 1 6</u>	ige J
تت	Cupporting Organizations (continues)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	j		
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		l
_	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	163	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1	ĺ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations		Ь	L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	)	Ì	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	etion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	————		
а	The organization satisfied the Activities Test. Complete line 2 below	· · · · · · · · · · · · · · · · · · ·		
b				
c		instructions	3)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a			1.00	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- 1		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.		<del> </del>	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	30		
1	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>	<del> </del>	+
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зь		
4000	Of its supported organizations: it Tes, describe in Fait VI the fole played by the organization in this regard.		00 EZ	2044

Schedule A (Form 990 or 990 EZ) 2014 CONSERV. OF HISTORIC			23-7424418 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Sup			<del></del>
• 1			uctions. All
other Type III non-functionally integrated supporting organizations in	must complete Se	ections A through E	<del></del>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		L
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		· <del>-</del>	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater am	ount,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	_ 5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-ful	nctionally integrat	ed Type III supporting or	ganization (see
instructions)	, ,		- ·

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509			3-/424416 Page 7
	on D - Distributions	(a)(o) Supporting Orga	anizations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Oun ent i eai
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or parpoods or supported		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	e	
	Amounts paid to acquire exempt-use assets	es or supported organization	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		<del></del>
6	Other distributions (describe in Part VI). See instructions	<del></del>		<del> </del>
7	Total annual distributions. Add lines 1 through 6.			<u> </u>
8	Distributions to attentive supported organizations to which the	he organization is responsive		
•	(provide details in <b>Part VI</b> ) See instructions.	ne organization is responsive	,	
9	Distributable amount for 2014 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount			
10	Elife o amount divided by Line 5 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	<u> </u>		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
С			<u> </u>	
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a				
b				
С				
d	Excess from 2013			
_ е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A: (Form 990 or 990 EZ) 2014 CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424  Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part I  Also complete this part for any additional information (See instructions).	418 Pag II, line 12
	II, line 12
Also complete this part for any additional information (see instructions).	
	_
	-
	<del></del>
028 09-17-14 Schedule A (Form 990 o	r 990-F7\ 1

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.is.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FOUNDATION OF THE AMERICAN INSTITUTE FOR OF HISTORIC & ARTISTIC WORKS

Employer identification number

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	—— · · · · · —— · · · •
·	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	derior advicer, or for any extremplaneese con	Yes No
Par		anization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried conservation contribution 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		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	•	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		•
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre		aın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>▶</b> \$

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

Schedule D (Form 990) 2014

FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition а Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? \_ Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c Additions during the year 1d Distributions during the year <u>1e</u> Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 4182269 3783882 4795389 3900228 4490935. Contributions 0 25300 19707 19150 10775. Net investment earnings, gains, and losses 34450 488350 482012 -83305 491187. Grants or scholarships 18200 21600 22000 21600 20970. Other expenditures for facilities and programs 144316 <u>936</u>63 596065 809406 176538. Administrative expenses g End of year balance 4054203 4182269. 3783882, 3900228 4795389. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as .00 Board designated or quasi-endowment Permanent endowment 66.20 Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by Yes No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(1i) X b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land

Schedule D (Form 990) 2014

0.

b Buildings

d Equipmente Other

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2014 CONSERV. O	F HISTORIC & A	RTISTIC WORKS	23-7424418 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes (a) Description of security or category (including name of security)			and of year mortest value
	(b) Book value	(c) Method of valuation Cost of	or end-or-year market value
(1) Financial derivatives			<del>-</del>
(2) Closely-held equity interests			
(3) Other (A) TIFF MULTIASSET FUND -			
(A) TIFF MULTIASSET FUND - (B) NON PUBLICALLY TRADED	3427269.	END-OF-YEAR MARK	
(C) TIFF SHORT TERM	3421203.	END-OF-IEAR MARK	CET VALUE
(D) INVESTMENT FUND - NON		····	<u> </u>
(E) PUBLICALLY TRADED	534603.	END-OF-YEAR MARK	TET VALUE
(F)	334003.	DIAD OF THE PRINCE	CD1 VIIIOU
(G)		·	
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3961872.		-
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, line 1	1c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost of	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	<del>- 1</del>	1d See Form 990, Part X, line 15	(I) Dealership
——————————————————————————————————————	a) Description		(b) Book value
(1)			
(2)			·
(3)			
(4) (E)			
(5)			
(6)			
(8)			
(9)	<del></del>		
Total, (Column (b) must equal Form 990, Part X, col (B) I	ine 15 )		<b>D</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" to Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, lin	ne 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DUE TO AIC		377387.	
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2014

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### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Part I | General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States \_Activities per Region\_(The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (a) Region (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (e g, fundraising, program is a program service, for and in the region ındependent services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region PROGRAM SERVICES AND GRANTS STATE HERMITAGE MUSEUM RUSSIA & THE NEWLY TO RECIPIENTS LOCATED IN PROJECT IN ST. INDEPENDENT STATES THE REGION PETERSBURG RUSSIA 311026. EAST ASIA AND THE GRANTS TO RECIPIENTS PACIFIC LOCATED IN THE REGION 1300. SOUTH AMERICA -GRANTS TO RECIPIENTS ARGENTINA, BOLIVIA LOCATED IN THE REGION 1700. EUROPE (INCLUDING GRANTS TO RECIPIENTS IN THE ICELAND & GREENLAND REGION 15676. GRANTS TO RECIPIENTS IN THE REGION SUB-SAHARAN AFRICA 2350. 3 a Sub-total 0 332052. **b** Total from continuation

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

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Schedule F (Form 990) 2014

sheets to Part I

and 3b)

c Totals (add lines 3a

332052.

23-7424418

Page 2

CONSERV. OF HISTORIC & ARTISTIC WORKS

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0				xempt by
(f) Manner of cash disbursement	WIRE				recognized as tax-ex
(e) Amount of cash grant	244005.				foreign country,
(d) Purpose of grant	FURCHASE OF EQUIPMENT AND SUPPLIES FOR PHOTOGRAPH CONSERVATION				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
(c) Region	RUSSIA & THE NEWLY INDEPENDENT STATES - ARMENIA, AZERBIJAN				ns listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organizatior
1 (a) Name of organization					2 Enter total number of n

SEE PART V FOR COLUMN (D) DESCRIPTIONS the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2014

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FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS

23-7424418

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Schedule F (Form 990) 2014

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
KRESS TRAVEL SCHOLARSHIP	BRUNEI BURMA	1	1300.	WIRE	0.		
	SOUTH AMERICA -						
	ARGENTINA,						
KRESS TRAVEL SCHOLARSHIPS	CHILE, COLUMBIA,	1	1700.	WIRE	o		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
KRESS TRAVEL SCHOLARSHIPS	ALBANIA, ANDORRA	9	12550.	WIRE	0		
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
KRESS TRAVEL SCHOLARSHIPS	BRUNEI BURMA	1	2350.	WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND &						
SCHOLARSHIP	GREENLAND)	1	1576.	WIRE	0		
SCHOLARSHIP - MELLON PHOTO	SOT GRASS HAGON		1000	9013	c		
#OLIVOIDOE	NOVIIII METRICO	•		TYPE			
	EUROPE (INCLUDING						
SCHOLARSHIP - MELLON PHOTO	ICELAND &						
WORKSHOP	GREENLAND)	1	1000.	WIRE	0		
	MIDDLE EAST AND						
KRESS TRAVEL SCHOLARSHIPS	NORTH AFRICA	1	1550.	WIRE	0.		

Schedule F (Form 990) 2014 CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 Page 4 Part IV Foreign Forms

	1 Croight Chile	
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the	
	organization may be required to file Form 926, Return by a U.S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization	
	may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	<u></u>
	(see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
3	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
		Yes X No
	Foreign Partnerships (see Instructions for Form 8865)	L Tes LA INO
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions	
	for Form 5713, do not file with Form 990)	Yes X No

Schedule F (Form 990) 2014

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SCHEDULE I (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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.fs.gov/form990.

Open to Public

Inspection

OMB No 1545-0047 2014

Name of the organization FOUNDATIC CONSERV.	FOUNDATION OF THE AMERICAN CONSERV. OF HISTORIC & ART	- 1	TTUTE WORKS	FOR		-	Employer identification number 23-7424418
	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 the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	sistance, and the select	
	istance?	:	:				X Yes No
잃는	ocedures tor monit	onng the use of grant	funds in the United	States.			
Part II   Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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	Domestic Organii \$5.000 Part II can	zations and Domestic be duplicated if additi	: Governments. Conal space is need	omplete if the orga led	ınızatıon answered "\	res" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER ART MUSEUM							
100 W 14TH AEVENUE PARKWAY							TO HOST CONSERVATION
DENVER, CO 80204	84-6038240	501(C)(3)	32000.	0			FELLOWSHIP
HOUSTON MUSEUM OF FINE ARTS							
PO BOX 6826							TO HOST CONSERVATION
HOUSTOM, TX 77265	74-1109655	501(C)(3)	32000.	0.			FELLOWSHIP
TRUSTEES OF DARTMOUTH COLLEGE							
6025 BAKER BERRY LIBRARY				,			TO HOST CONSERVATION
HANOVER, NH 03755	02-0222111	501(c)(3)	32000.	0			FELLOWSHIP
THE REGENTS OF THE UNIV. OF MICH.							
			6	•			TO HOST CONSERVATION
ANN ARBOR, MI 48109	38-6006309	501(C)(3)	32000.	0			FELLOWSHIP
SOLOMON R, GUGGENHEIM FOUNDATION							
345 HUDSON STREET, 12TH FLOOR							TO HOST CONSERVATION
NEW YORK, NY 10014	13-5562233	501(C)(3)	32000.	0			FELLOWSHIP
SMITHSONIAN INSTITUTION							
2441 NETWORK PLACE							TO HOST CONSERVATION
CHICAGO, IL 60673	53-0206027	501(C)(3)	64000.	0.			FELLOWSHIP
2 Enter total number of section 501(c)(3) and government organizations l	and government or	ganizations listed in th	isted in the line 1 table				<b>.</b> ₩
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2014)

FOUNDATION C	OF	THE	AMERI	MERICAN	INSTI	TUTE	FOR
CONSERV. OF	H	ISTORIC	ß	ARTI	ARTISTIC	WORKS	

Schedule I (Form 990)

Page 1

23-7424418

Schedule I (Form 990) CONFERENCE ATTENDANCE (h) Purpose of grant or assistance TO HOST CONSERVATION TO HOST CONSERVATION FELLOWSHIP FELLOWSHIP (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) o. (e) Amount of non-cash assistance (d) Amount of cash grant 32000. 32000 10689 (c) IRC section if applicable 35-0868188 501(C)(3) 501(C)(6) 501(C)(3) 23-7291856 06-0646973 (b) EIN CONSERVATION OF HISTORIC ARTS AND WORKS - 1156 15TH STREET, SUITE (a) Name and address of organization or government 320 - WASHINGTON, DC 20005 UNIVERSITY OF NOTRE DAME 8010 REYNIERS BUILDING AMERICAN INSTITUTE FOR NOTRE DAME, IN 46556 NEW HAVEN, CT 06520 YALE UNIVERSITY PO BOX 208280

CONSERV. OF HISTORIC & ARTISTIC WORKS

Schedule I (Form 990) (2014)

Part III

Page 2

23-7424418

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
KRESS CONSERVATION FELLOW		1,6667	C		
SAEHDE SCHOLARSHIP - PROFESSIONAL DEVELOPMENT FOR ART WORK ON PAPER CONSERVATORS		2000.	. 0		
HORTON SCHOLARSHIP -PROFESSIONAL DEVELOPMENT FOR BOOK AND PAPER CONSERVATORS	4	3000.	0		
STOUT SCHOLARSHIP - STUDENT TRAVEL TO PROFESSIONAL DEVELOPMENT ACTIVITIES	16	11000.	0		
PROFESSIONAL DEVELOPMENT SCHOLARSHIPS	16	12554	0		
Part IV Supplemental Information. Provide the information required in PART I, LINE 2:		e 2, Part III, column	(b), and any other ac	Part I, line 2, Part III, column (b), and any other additional information.	
GRANTS TO INDIVIDUALS IN THE UNITED STATES:	ID STATES				
GRANT AND SCHOLARSHIP RECIPIENTS ARE		TED THROUG	SELECTED THROUGH A RATING SYSTEM	SYSTEM	

PROVIDED BY A PANEL OF AT LEAST THREE INDEPENDENT EXPERTS IN APPROPRIATE

FIELDS. PROJECTS AND BUDGETS ARE EVALUATED AGAINST PUBLISHED CRITERIA.

RECIPIENTS ARE REQUIRED TO SUBMIT A REPORT OF THEIR ACTIVITY, INCLUDING

DETAILS OF EXPENDITURES. AWARDS FOR ATTENDANCE AT AIC OR FAIC EVENTS ARE

CHECKED AGAINST ROSTERS. PUBLICATION FELLOWSHIPS ARE AWARDED IN THREE

AN INITIAL PAYMENT OF 1/3 UPON SELECTION; 1/3 ON SUBMISSION OF PAYMENTS

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THE AMERICAN INSTIT	
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FOUNDATION OF THE AMERICAN INSTITUTE ACOUSERV. OF HISTORIC & ARTISTIC WORKS

Page 2 23-7424418 Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.) Schedule I (Form 990)

(f) Description of non-cash assistance. Schedule I (Form 990) (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 1000. 1000. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance TAKE A CHANCE GRANT LECTURE GRANT

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

FOUNDATION OF THE AMERICAN INSTITUTE FOR Name of the organization Employer identification number CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO UNDERTAKE AND UNDERWRITE PROGRAMS AND INITIATIVES TO ADVANCE THE CONSERVATION PROFESSION IN ALL ITS FACETS, TO SUPPORT CONSERVATION EDUCATION AND CAREER DEVELOPMENT, AND TO APPLY THE EXPERTISE OF THE PROFESSION IN ADDRESSING THE NATION'S ARTISTIC, CULTURAL, AND HISTORIC PRESERVATION PRIORITIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRESERVATION PRIORITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUPPORTS A CONSERVATION FELLOWSHIP PROGRAM FOR ONE-YEAR POST-GRADUATE INTERNSHIPS IN ADVANCED CONSERVATION. ANDREW W. MELLON FOUNDATION ENDOWMENT GRANTS SUPPORT COLLABORATIVE WORKSHOPS IN PHOTOGRAPH CONSERVATION AND A FIVE-YEAR INITIATIVE TO ESTABLISH A PHOTOGRAPH CONSERVATION DEPARTMENT AT THE STATE HERMITAGE MUSEUM IN ST. PETERSBURG, RUSSIA, IN ADDITION TO A PLANNING GRANT TO ASSESS MANAGEMENT OF DIGITAL MATERIALS FOR THE CONSERVATION PROFESSION. FAIC ALSO SUPPORTS PROFESSIONAL CONTINUING EDUCATION AND ATTENDANCE AT THE AIC ANNUAL MEETING BY GRANTS FROM ENDOWED FUNDS AS WELL AS FROM THE FAIC BUDGETED FUNDS. FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE MEMBER, THE AMERICAN INSTITUTE FOR CONSERVATION OF HISTORIC AND ARTISTIC WORKS.

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule Ó (Form 990 or 99	0-EZ) (2014)		Page 2
		HE AMERICAN INSTITUTE FOR PORIC & ARTISTIC WORKS	Employer identification number 23-7424418
FORM 990, PART	VI, SECTION A,	LINE 7A:	
THE SOLE MEMBE	R APPOINTS THE F	BOARD OF DIRECTORS.	
<del></del>	VI, SECTION A,		
		RITY TO MODIFY THE BYLAWS OF	
ADOPT NEW BYLA	NS IN PLACE OF A	ANY PROVISIONS DELETED, AND	TO APPROVE ANY
DECISIONS DEEM	ED NECESSARY AND	O/OR REQUIRED BY LAW.	
FORM 990, PART	VI, SECTION B,	LINE 11:	
		CERTIFIED PUBLIC ACCOUNTANT	r AND REVIEWED AND
		EXECUTIVE DIRECTOR REVIEWS,	-
THE RETURN PRI	OR TO FILING.		
FORM 990, PART	VI, SECTION B,	LINE 12C:	
THE ORGANIZATI	ON REQUIRES ANNU	JAL DISCLOSURE OF POTENTIAL	OR ACTUAL
CONFLICTS OF I	NTEREST. EACH Y	YEAR, FAIC BOARD MEMBERS ARI	E PROVIDED A COPY
OF THE CONFLIC	r of interest po	DLICY. EACH BOARD MEMBER AFI	FIRMS ON A WRITTEN
FORM THAT THEY	HAVE RECEIVED A	A COPY OF THE CONFLICT OF I	NTEREST POLICY,
HAVE READ AND	UNDERSTAND THE F	POLICY, AND AGREE TO COMPLY	WITH THE POLICY.
IN ADDITION, A	NY POTENTIAL OR	ACTUAL CONFLICTS OF INTERES	ST ARE ADDRESSED
DURING THE YEA	R AS NEEDED AND	APPROPRIATE ACTION IS TAKES	N BY THE BOARD OF
DIRECTORS. AS	A MATTER OF POL	ICY, THE ORGANIZATION DOES	NOT ALLOW
TRANSACTIONS B	ETWEEN THE ORGAN	NIZATION AND INTERESTED PART	ries which could
RESULT IN AN A	CTUAL OR PERCEIV	VED CONFLICT OF INTEREST.	
FORM 990, PART	VI, SECTION B,	LINE 15A:	
THE EXECUTIVE	DIRECTOR OF THE	ORGANIZATION IS A PAID EMPI	OYEE OF THE
AMERICAN INSTI 432212 08-27-14	rute for conserv	VATION OF HISTORIC AND ARTIS	STIC WORKS (AIC), A edule O (Form 990 or 990-EZ) (2014)

Name of the organization FOUNDATION OF THE AMERICAN INSTITUTE FOR Employer identification number CONSERV. OF HISTORIC & ARTISTIC WORKS 23-7424418 RELATED 501(C)(6) ORGANIZATION. THE ORGANIZATION SHARES ALL STAFF, FACILITIES AND OTHER COSTS WITH AIC. THE COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR IS ESTABLISHED BY THE BOARD OF DIRECTORS OF HER EMPLOYER, AIC, AND WAS ORIGINALLY ESTABLISHED BASED ON MARKET BASED DATA AT THE TIME OF HIRE FOR EXECUTIVE DIRECTORS OF ORGANIZATIONS OF SIMILAR SIZE AND SCOPE AND WITHIN BUDGETARY CONSTRAINTS OF THE ORGANIZATION. THE AIC ALLOCATES THE SALARY AND BENEFITS OF THE EXECUTIVE DIRECTOR BETWEEN THE ORGANIZATIONS BASED ON TIMESHEETS. THERE ARE NO OTHER INDIVIDUALS THAT ARE COMPENSATED WHICH MEET THE DEFINITION OF AN OFFICER, KEY EMPLOYEE OR HIGHEST COMPENSATED EMPLOYEE. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE NOT MADE PUBLICALLY AVAILABLE UNLESS REQUIRED BY LAW OR AT THE DISCRETION OF THE BOARD OF DIRECTORS. FORM 990, PART IX, LINE 11G, OTHER FEES: PROGRAM CONSULTANTS: PROGRAM SERVICE EXPENSES 328360. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 328360. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 328360. PART XII, LINE 2C NO CHANGE FROM PRIOR YEAR

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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S N	Open to

OMB No 1545-0047

►Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990.

Employer identification number Inspection

> FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS Name of the organization

23-7424418

Direct controlling

End-of-year assets e Total income ਰ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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. Part II

(a)	(q)	(0)	(p)	(e)	<b>(£)</b>	6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	ode	Public charity	Direc	Section 512(b)(13)	[2(b)(13)
of related organization		foreign country)	section	status (if section		entity?	y2
				501(c)(3))		Yes	Š
AMERICAN INSTITUTE FOR CONSERVATION OF							!
HISTORIC AND ARTISTIC WORKS - 23-7291, 1156						-	
15TH STREET, NW SUITE 320, WASHINGTON, DC	MEMBERSHIP ORGANIZATION	DISTRICT OF COLUMBIA 501(C)(6)	501(C)(6)	NA	NA		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

432161 08-14-14 LHA

Schedule R (Form 990) 2014

FOUNDATION OF THE AMERICAN INSTITUTE FOR CONSERV. OF HISTORIC & ARTISTIC WORKS Schedule R (Form 990) 2014

Page 2

23-7424418

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 Part III

	6									
(a)	(q)	9	(p)	(e)	(ı)	(6)	(H)	())	9	¥
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax index	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or F managing ( partner?	General or Percentage managing Ownership partner?
		foreign country)		sections 512-514		455615	Yes No	K-1 (Form 1065)		
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Part IV 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	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	as a Corp	<b>oration or Trust</b> Cor year	mplete if the organi	zation answered "Yes	." on Form 990, Pa	rt IV, line 34	because it had on	e or more	related
(e)			(9)	(3)	(a) (e)	€		(a)	3	(

Schedule R (Form 990) 2014

44

432162 08-14-14

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

Schedule R (Form 990) 2014

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
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?	is with one or more r	elated organizations listed	ın Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>₽</b>	×
c Gift, grant, or capital contribution from related organization(s)				اد X	
				9	×
				4	×
				2	:
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				<b>;</b> =	×
j Lease of facilities, equipment, or other assets to related organization(s)				į	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
$oldsymbol{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Ē	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			¥	1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				0 ×	
<ul> <li>Beimbursement baid to related organization(s) for expenses</li> </ul>				- t	
				╁	×
				?	<u>:</u>
r Other transfer of cash or property to related organization(s)				<b>-</b>	×
s Other transfer of cash or property from related organization(s)				15	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	ns line, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	( <b>c)</b> Amount involved	(d) Method of determining amount involved	nolved	
AMERICAN INSTITUTE FOR CONSERVATION OF	C	418003	A.C.m118.1.		
AMERICAN INST	2	, , , , , , , , , , , , , , , , , , ,	THE TABLE		1
AND ARTITSTIC WORKS	Z	II84I9.ACTUAL	ACTUAL		
AMERICAN INSTITUTE FOR CONSERVATION OF (3) HISTORIC AND ARTISTIC WORKS	Д	190938.ACTUAL	ACTUAL		
TNSI	ی	18950	18950. ACMITAT.		
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(9)					
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Page 4

23-7424418

CONSERV. OF HISTORIC & ARTISTIC WORKS

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2014

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

bisproper Code V-UBI General or Percentage bonate amount in box 20 managing ownership yes No (Form 1065) yes No end-of-year Share of assets Share of total income Ξ te Predominant income patiens sec (related, unrelated, 001(c)3) excluded from tax under sec sections 512-514) Legal domicile (state or foreign country) છ Primary activity Name, address, and EIN of entity

46

Schedule R (Form 990) 2014