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990

Return of Organization Exempt From Income Tax

15

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047

<u> </u>	101	tile zo io calei	dar year, or tax year beginn	<u>. </u>					
В	Check	k if applicable	C Name of organization	International Art	ists	Manifest	D	Employ	yer identification number
	Addre	ess change	Doing business as				4	6-25	13986
П	Name	e change	Number and street (or P C	box if mail is not delivered to street a	ddress)	Room/suite			one number
菌	Initial	return	c/o Sarah Bo	ouchard PO Box 12	31		-1c	2071	809-9670
Ħ	Final re	eturn/terminated		nce, country, and ZIP or foreign postal		'			
Ħ		nded return	Kennebunkport				ا ا	Gmss	receipts \$ 567,750.
Ħ		ation pending		cipal officer Sarah Bouch	ard				turn for subordinates? Yes No
ш	replice	ason pending					, .		= =
				ne Arundel, ME 0					
			X 501(c)(3) 50		47(a)(1) or	527	Į.		a list (see instructions)
			<u>iammanifest.c</u>						tion number
		of organization	X Corporation Trust	Association Other ▶	L Y	ear of formation 2	<u>012</u>	M :	State of legal domicile ME
Ρ	art l	Summa	ıry						
	1			ion or most significant activities					
8		To arc	hive and pron	note the work of	visua	l and per	form	ing	artists
Governance									
67	2	Check this I	oox In the organization	n discontinued its operations or dis	posed of m	ore than 25% of its	net asse	ets	
Š	3			ming body (Part IV, line 1a)				1 1	4
	4		•	s of the governing body (Part VI, III				-	
Activities &	l _								0
Ę	5			n calendar year 2015 (Part V, line 2					0
듕	<u> </u>		,	necessary)				-	
⋖				Part VIII, column (C), line 12					0.
	b	Net unrelate	d business taxable income	from Form 990-T, line 34		· · · · · · · · · · · · · · · · · · ·	<u></u>	7b	0.
						Prior	Year		Current Year
	8	Contribution	s and grants (Part VIII, line	1h)		<u> </u>			<u>567,750.</u>
9	9	Program se	rvice revenue (Part VIII, line	2g)				ł	
Revenue	10	Investment	ncome (Part VIII, column (/	A), lines 3, 4, and 7d)					
é	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					
_	12			(must equal Part VIII, column (A),				- †	567,750.
	13			IX, column (A), lines 1-3) x^2	1110 12)	' 			301,130.
	1		· · · · · · · · · · · · · · · · · · ·	7.)// · · ·	·		- 	
	14		d to or for members (Part I)		10×	·		- -	
9	15			e benefits (Part IX, column A), line	2 2 W	<i>i.</i>			
Expenses			I fundraising fees (Part IX,		· · 🏅 · ·	`X\			
8			ising expenses (Part IX, co	lumn (D), line 25)		<i>&</i>			
ũ	17	Other exper	ises (Part IX, column (A), fii	nes 11a-11g, var-24e)					<u>2,458.</u>
	18	Total expens	ses. Add lines 13-17 (must	equal Part Dogumn (A), line 25)	()				2,458.
	19	Revenue les	s expenses. Subtract line 1	18 from line 12					565,292.
- S					7	Beginning of	Current	Year	End of Year
ats c	20	Total assets	(Part X, line 16)		' 		1,8	37.	567,129.
Ass Bal	21		es (Part X, line 26)					- 1	
Net Assets (Fund Balanc	22		or fund balances Subtract I				1,8	37	567,129.
		Signate		IIIC 21 II GATIIIIC 20 July 12		<u>'</u>	<u> </u>	<u> </u>	301,123.
				ned this return, including accompanying	a sabadulaa	and statements, and	to the he	et of mu	knowledge and holief it is
				•					knowledge and belief, it is
tru	e, com	- 8 4	ete Declaration of preparer (c	other than officer) is based on all inform	nation of whi	cn preparer nas any	Knowledge		
_	. 1		will moul	sord			7.51	15/2	016
	gn	_	e of officer				Date 1	•	
H	ere			President					
		Type or	print name and title						
P	aid	Pnr	t/Type preparer's name	Preparer's signature		Date		Check	f PTIN
	repa	rer		1				self-em	ployed
	•		n's name	•		<u> </u>	Firm's	EIN ►	
U:	se U	- 1.	n's address				Phone		
		' '''					"""		
-	. Ab *	DC dia *		-h					
May	me i	rs discuss t	nis return with the preparer	shown above? (see instructions).					Yes No

1'	Statement of Program Service Check if Schedule O contains a response	e Accomplishments	
	Check if Schedule O contains a resnon-	e Accomphannenta	_
		se or note to any line in this Part III	<u></u>
	Briefly describe the organization's mission To archive and promote	the work of visual	and performing artists
	Did the organization undertake any significant	program consess during the year which we	ore not listed on the
	pnor Form 990 or 990-EZ?		
3	Did the organization cease conducting, or makeservices?	ce significant changes in how it conducts,	
ļ	Describe the organization's program service a expenses Section 501(c)(3) and 501(c)(4) organization total expenses, and revenue, if any, for each	ccomplishments for each of its three large ganizations are required to report the amou	
4a	(Code:) (Expenses \$	including grants of \$	
		ic phase of promoting	cart up phase and will begin ng and archiving the work of
	Carro Trecore, wren oc	ar cross to rotat	
b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$
	Other program or and (December 2011)	20)	
ю	Other program services (Describe in Schedul (Expenses \$ including gra		uue\$)

Form **990** (2015)

Form 990 (2015) International Artists Manifest 46-2513986 Page 3 Part IV, Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X 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..... X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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 X 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13

14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		i l	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization of the street o	15		X
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 (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	i I	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	i	X

Par	LIV Checklist of Required Schedules (continued)			
•			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a				
	\$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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is this organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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, highest compensated employees, or		į į	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<u> </u>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			
	Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		 ₩
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		x
05 -	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	 	\vdash
36	related organization? If "Yes,", complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	\vdash	^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"	 	<u> </u>
J 0	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	to Meter and Common more distributed to complete considered Common Commo	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Tes	NO
1 a b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			İ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) wirnings to prize winners?	1c		
2 a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		i
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	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		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature of 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).			_
5 a	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>
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b_		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	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 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	70	\vdash	\vdash
đ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\vdash
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	l	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			ł
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)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	X
_	Note. See the instructions for additional information the organization must report on Schedule O		[
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	14a	 	X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	 ^
<u> </u>	ii res, nas it nieu a rumi rzu iu reputt niese payments. Ii 140, provide an explanation in denedule C	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	

46-2513986 Page 6 Form 990 (2015) International Artists Manifest 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 Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 13 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official.......... X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?................. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **Maine** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > (207) 809-9670

Sarah Bouchard 46 Titcomb Lane Arundel, ME 04046

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4	6	_	2	<u>5</u>	1	3	9	8	<u>6</u>	Page	<u>7</u>
		-	_			-					

Form 990 (2015)	International	Articto	Manifort

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

a check this box it fiction the organization i	1		3	((, , , , , , , , , , , , , , , , , , , ,		
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	(do not check more than one				than o	ne	Reportable	Reportable	Estimated
	hours per	1 '	box, unless person is both				compensation	compensation from	amount of	
	week (list any	1 50%, 4111000 5010011						from	related	other
	hours for	9 5			_		_	the	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	귷	Former	organization (W-2/1099-MISC)	(V421035-MISC)	organization
	below dotted	ct dual	g	ן ק	를	st c	4	(VF2/1099-MISC)		and related
	line)	_ E	a. #		γğ	ğ				organizations
	1	e e	ıste		ľ	9,				
	<u> </u>		Φ			Highest compensated employee				
(A) Court - Double - d	70.00	İ								
(1) Sarah Bouchard	10.00			Į						
President	05 00	X	-	-	H	<u> </u>				
(2) MaryPat Warming	05.00									
Vice President	01 00	X		H	⊢	-	H			
(3) Kent Gordon	01.00									
Treasurer	05 00	X	-		1		<u> </u>			
(4) Claire Turlo	05.00			ļ						
Secretary	ļ	X	<u> </u>	_	-		\vdash			
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(13)	1	$\{$]				
(14)	+		\vdash		\vdash	\vdash	╁┈	 		
<u>, , , , , , , , , , , , , , , , , , , </u>	1	1						l		
	1	1	1		1	1	1	L		

	reportable compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		X
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		X
cti	on B. Independent Contractors			

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	(C) Compensation
2 Total number of independent contractors (including but not limited to those received more than \$100,000 of compensation from the organization)	se listed above) who	

	Check if Schedule O contain		,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512-5
1a	Federated campaigns	1					
: 1			+	1	1		
C	Fundraising events	_		1			
d	Related organizations			1			•
e	Government grants (contribu						
e f g h	All other contributions, gifts,	•	1	1			
	and similar amounts not inclu	-	567 750				
g				1			
, F	Total. Add lines 1a-1f			567,750.	-		
+"	Total. Add lines 14-11	<u> </u>	Business Code	307,730.	 		
,_			Duamesa Code				
2a							
b					+		
°			i				
4			<u> </u>		 		
e							
	All other program service rev						
	Total. Add lines 2a-2f						
3	Investment income (including						
	and other similar amounts).						
4	Income from investment of ta	x-exempt bond pro	ceeds				
5	Royalties	<u> </u>	<u>, . , , •</u>				
		(ı) Real	(II) Personal				
6a	Gross rents						
b	Less rental expenses			<u> </u>			
C	Rental income or (loss)		<u> </u>				
d	Net rental income or (loss) -	<u> </u>	<u> </u>				
7a	Gross amount from sales of	(i) Secunties	(ii) Other				
	assets other than inventory						
Ь	Less cost or other basis						
1	and sales expenses					:	
C	Gain or (loss)						
d	Net gain or (loss)			·			
	Gross income from fundraisii						
	events (not including \$	-					
	of contributions reported on li	ine 1c)					
	See Part IV, line 18		,				
Ь	Less direct expenses			1	1		
	Net income or (loss) from fur				1		
	Gross income from gaming a				 		
""	See Part IV, line 19				1 1		
١.	Less direct expenses				1		
	Net income or (loss) from gai		.				
			· · · · · · · ·		 		
liva	Gross sales of inventory, less						
١.	returns and allowances		¹ <u> </u>	1			
	Less cost of goods sold		·				
<u>c</u>	Net income or (loss) from sal				 	-	
<u> </u>	Miscellaneous Revenu	e	Business Code				
11a					ļ <u>.</u>		
Ь							
C			<u></u>				
d	All other revenue				<u> </u>		
e	Total. Add lines 11a-11d .						
1	Total maraness Construct		_	567 750	1		

Part IX Statement of Functional Expenses

Manifest
Expenses

Secu	On 501(c)(3) and 501(c)(4) organizations must complete all colu			• •	
<u> </u>	Check if Schedule O contains a response or note to any	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, 7b, 8b, 9b, 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	11 · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic				
-		ŀ	-		
3	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,				
4	lines 15 and 16			·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,				
c	and key employees				
6	Compensation not included above, to disqualified persons				
	(as defined under section 4958(f)(1)) and persons				
-	described in section 4958(c)(3)(B)				
7	Other salaries and wages			+	
8	Pension plan accruals and contributions (include section				
•	401(k) and 403(b) employer contributions)			 	
9	Other employee benefits				
10	Payroll taxes			 	
11	Fees for services (non-employees).				
	Management			·	
	Legal				
_	Accounting				
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
1					• • • • • • • • • • • • • • • • • • • •
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	780.	-···· - · ···	780.	
13	Office expenses.	/80.		/80.	
14	Information technology.				
15 16	Royalties				
17	Occupancy	33.		33.	
18	Travel			33.	
10	Payments of travel or entertainment expenses for any				
19	federal, state, or local public officials	189.		189.	
	Conferences, conventions, and meetings	109.		109.	
20 21	Interest				
22	Payments to affiliates				
23	Depreciation, depletion, and amortization				
24	Other expenses. Itemize expenses not covered above			-	••
	(List miscellaneous expenses in line 24e. If line 24e amount				
	exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O)				
,	Outside Contractors	1,250.		1,250.	
h	Website	96.	 .	96.	
	Registration Fees	110.		110.	
d	•	110.		110.	
					-
25	All other expenses Total functional expenses Add lines 1 through 24c	2,458.		2,458.	
26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	4,430.	.	2,450.	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
	here Inf following SOP 98-2 (ASC 958-720)				
_	11010 - 1 11 1010 ming 001 00-2 (700 000-120)			<u> </u>	

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	L		Beginning of year		End of year
	1	Cash — non-interest-bearing	1,837.	1	13.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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			
	ŀ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	l	employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
	l	beneficiary organizations (see instructions)		i	
ets		Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	567,116.
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment, cost or			
		other basis. Complete Part VI of Schedule D			
	l t	Less accumulated depreciation		10c	
	11	Investments — publicly traded securities		11	
	12	Investments — other securities See Part IV, line 11		12	
	13	Investments — program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,837.	16	567,129.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
S	20	Tax-exempt bond liabilities		20	
Ë	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees,			
at		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
]	not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
es.		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and complete lines 27			
2		through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	1,837.	27	567,129.
Net Assets or Fund Balances	28	Temporanly restricted net assets		28	
ī	29	Permanently restricted net assets		29	
Z		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete			
5		lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds	1,837.	32	<u>567,129.</u>
e	33	Total net assets or fund balances	1,837.	33	567,129.
Z	1 34	Total liabilities and net assets/fund balances	1 1 837	34	567.129

Form 99	^{90 (2015)} International Artists Manifest	46-2	<u> 51398</u>	5 Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>50.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,4	<u>58.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92 .</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>1,8</u>	<u>37.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	50, 00idilii (B) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	<u>56</u>	<u>7,1</u>	<u> 29.</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	旦
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_		İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O] !		_
2 a	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 or	n a separate			l i
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				<u>.</u> ,
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 separate b	asis, consolidate	d		
	basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				'
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1		
	Schedule O			_	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ļ
	the Single Audit 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				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
UYA			Form	1 990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization					Employer identification	
International Artists					46-2513986	
Part I Reason for Public Ch						ons.
The organization is not a private foun		-		-	•	
1 A church, convention of chui						
2 A school described in section						
3 A hospital or a cooperative h	•	-		, , ,	., ,, .	
4 A medical research organiza		onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)(iii). Enter the
hospital's name, city, and sta						
5 An organization operated for		ollege or university ov	vned or o	perated b	y a governmental u	nit described in
section 170(b)(1)(A)(iv). (C						
6 A federal, state, or local gov	-			-		
7 An organization that normal	•	•	ort from a	a governr	nental unit or from t	he general public
described in section 170(b)		-				
8 A community trust described						
9 🗵 An organization that normall						
receipts from activities relate						
support from gross investme						businesses
acquired by the organization						
10 An organization organized a						
11 An organization organized ar						
one or more publicly supporte						
the box in lines 11a through		• • • • • • • • • • • • • • • • • • • •				
a Type I. A supporting organ						
the supported organization			ect a majo	ority of th	e directors or truste	es of the supporting
organization. You must co	=					(a) bubadaa
b Type II. A supporting orga						
control or management of			ie same p	ersons u	nat control or mana	ge the supported
organization(s). You must	*					
c Type III functionally integ						iy integrated with,
its supported organization(•				4
d Type III non-functionally	•				• •	
that is not functionally inte	-		-			an attentiveness
requirement (see instruction	•	•				II. Tuno III
e Check this box if the organ						ii, Type iii
functionally integrated, or			Jording of	yamzauo	111	
f Enter the number of supportedg Provide the following informat	_					
		T			(v)Amount of monetary	(vi) Amount of
(i) Name of supportedorganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed in you	organization ur governing		other support (see
		above (see instructions))		ment?	instructions)	instructions)
			Yes	No	1	
						
(A)			}	1		
	1		<u> </u>	 		
(B)	Į					
			· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(C)			1	ł		
(5)					†	
(D)		1]		
(F)						
(E)		1		l	1	
Total		L		L	L	

Part II 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		<u> </u>		[
	include any "unusual grants.")					567,750.	
2	Tax revenues levied for the				į		
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities				i		
	furnished by a governmental unit to the						
	organization without charge				L		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a				1		
	governmental unit or publicly				İ		
	supported organization) included on				}		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				<u> </u>		
6	Public support. Subtract line 5 from line 4						
	on B. Total Support		 · · 		<u> </u>		<u> </u>
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4				<u> </u>	_	
8	Gross income from interest, dividends,						
	payments received on securities loans,					1	
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business		Į				
	ıs regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		l		<u> </u>		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>			▶ X
	on C. Computation of Public Suppo						
14	Public support percentage for 2015 (line to						<u>%</u>
15	Public support percentage from 2014 Sch						%
16 a	33 1/3 % support test-2015. If the organi						
	box and stop here . The organization qua						
b	33 1/3 % support test-2014. If the organ						
	check this box and stop here. The organi	•					
17a	10%-facts-and-circumstances test-201						
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa			_	•	•	· ·
_	organization						· —
b	10%-facts-and-circumstances test-201	-					
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m				•	•	
40	supported organization						
18	Private foundation. If the organization d						
	instructions				<u></u>		· · · • • ·

Schedule A (Form 990 or 990-EZ) 2015 International Artists Manifest

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.)

	if the organization rails to quality	andor are to	oto notou bon	on, picase ce	inploto rait		
	on A. Public Support			,			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")		<u> </u>		<u> </u>		
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		1	}	ł		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513				ļ		•
4	Tax revenues levied for the		 				
-	organization's benefit and either paid		ł		ł		
	· ,		1				
_	to or expended on its behalf				<u> </u>		
5	The value of services or facilities				1	ļ	
	furnished by a governmental unit to the				1		
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		ļ		ļ		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				1		
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				· · · · · · · · · · · · · · · · · · ·		
•	line 6.)		ļ		ļ		
Sacti	on B. Total Support		L.,	<u> </u>	<u></u>	L	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(0) 2011	(0)2012	(6) 2015	(4) 2014	(6) 2013	(i) Total
_	Gross income from interest, dividends,	· 	<u> </u>				
IVa	payments received on securities loans, rents,				ļ		
	royalties and income from similar sources				1		
	-		<u></u>				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ <u> </u>				-
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		1	1	ŀ	ł	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			<u> </u>			
	and 12.)			_	L		
14	First five years. If the Form 990 is for the	e organization	's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop her	e					. <u>.</u> > 🕱
Secti	on C. Computation of Public Suppo					· · · ·	
15	Public support percentage for 2015 (line			e 13, column ((f))	15	%
16	Public support percentage from 2014 Sc					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2015			by line 13, co	lumn (f))	. 17	%
18	Investment income percentage from 201						%
19a	33 1/3 % support test-2015. If the organ						
	line 17 is not more than 331/3%, check this						
b	33 1/3 % support test—2014. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation If the organization d	•	_	•			

Part IV Supporting Organizations

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

ecu	on A. All Supporting Organizations		Yes	Na
_			162	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	- ₁ -	:	
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>		
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			i
	organization was described in section 509(a)(1) or (2).	- ₂ -		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
3a	(b) and (c) below.	3a		
.	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-		
44	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			į
	despite being controlled or supervised by or in connection with its supported organizations.	4b	-	1
С	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)		Ì	!
	purposes.	4c	İ	,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (f applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			,
	was accomplished (such as by amendment to the organizing document).	5a	_	
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		ł	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (III) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	<u> </u>	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	<u>-</u>		
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	۰		_:_
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	9a		
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Ja		├
b	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	-	
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	- 55	 	
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	٣	\vdash	\vdash
ıva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	t	
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		t	
	determine whether the organization had excess husiness holdings)	10b	1	1

Schedul Part	o A (Form 990 or 990-EZ) 2015 International Artists Manifest 46-25 V Supporting Organizations (continued)	139	86 F	'age 5
<u> </u>	Supporting Organizations (Sommod)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	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		<u> </u>
Section	on B. Type I Supporting Organizations			
	Did the desert of householders have the second to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
<u></u>		1		
Section	on D. All Type III Supporting Organizations		Yes	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a]
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	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.			ļ
		3		<u> </u>
	on E. Type III Functionally-Integrated Supporting Organizations			
1_	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	nstru	ctions	i):
a	T '			
b c	The organization is the parent of each of its supported organizations Complete line 3 below. The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see ii	nstruc	tions)
C	- The againman supported a governmental order become an are trion you supported a government order	,500 #		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	Į]	
	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.			<u></u>
_	ŕ	2a	 	 ,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these]		
	activities but for the organization's position that its supported organization(s) would have engaged in these	2b	 	-
3	Parent of Supported Organizations Answer (a) and (b) below.	<u>- 5</u>		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	
•	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov 20, 1970. See is	nstructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		<u> </u>
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
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		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-ın	tegrated Type III supporti	ng organization (see

Schedule A (Form 990 or 990-EZ) 2015 International Artists Manifest

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	inies 2, 3, and 6. Also complete this part for any additional mormation. (See instructions.)
<u> </u>	
	
 -	
-	
_	

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.irs.gov/form990.

| Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

<u>Inte</u>	rnational Artists Manifest		46-2513986
Part	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answered "		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year (during year)		
5	Did the organization inform all donors and donor advisors in		funds are the organization's
•	property, subject to the organization's exclusive legal control	•	<u> </u>
6	Did the organization inform all grantees, donors, and donor		
·	purposes and not for the benefit of the donor or donor advis		
	private benefit?		
Part	Conservation Easements.	· · · · · · · · · · · · · · · · · · ·	165 100
· art	Complete if the organization answered "	Ves" on Form 990 Part IV line 7	
	Purpose(s) of conservation easements held by the organization		
1		· · · · · · · · · · · · · · · · · · ·	otorically important land area
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation or a	certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lifted conservation contribution in the form of	
	of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
ь	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic s		I I
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		[2d]
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the	
	organization during the tax year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hair	ndling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva-	ation easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements		
Part			Other Similar Assets.
	Complete if the organization answered "		·····
1a	If the organization elected, as permitted under SFAS 116 (a	ASC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items	
b	If the organization elected, as permitted under SFAS 116 (a	ASC 958), to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furtherand	ce of public service, provide the following
	amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		
	required to be reported under SFAS 116 (ASC 958) relating		. -
а	Revenue included on Form 990, Part VIII, line 1	-	▶\$
- h	Assets included in Form 990. Part X		. \$

Schedi	ule D (Form 990) 2015 Internation	nal	Artist	s Man	ifest	:		46-2	2513	3986	Page 2
Par		Organizations Maintaining	Colle	ections of	Art, Hist	orical	reasures,	or O				tinued)
3		g the organization's acquisition, accessi				•						
•	(chec	ck all that apply)			,	-	-					
а	X	Public exhibition			d [X Loan	or exchange pr	rogram	5			
b	X	Scholarly research			e Î	=		-				
c		Preservation for future generations			•							
4		ide a description of the organization's co	Mection	ns and explain	how they fi	irther the	organization's	exempl	ouroose in Part X	THI .		
•		100 to 00000, p.100.000 to 100 to 5000			,		J					
5	Dunr	ng the year, did the organization solicit o	r recei	ve donations of	f art. histor	cal treasu	res, or other si	ımılar a	ssets to be sold to	raise f	funds	
•	rathe	r than to be maintained as part of the on	ganiza	tion's collection	n?					Г	Yes	X No
Pari		Escrow and Custodial Arra									_	
		Complete if the organization			on Form	990, P	art IV, line	9, or	reported an ar	noun	t on Fo	orm
		990, Part X, line 21.				,	•	•	•			
1a	le the	e organization an agent, trustee, custodi	an or o	ther intermedia	ary for conf	ributions o	or other assets	not inc	luded			
'a		orm 990, Part X?								Г	Yes	X No
ь		es," explain the arrangement in Part XIII						•			_,	
U	" "	s, explain the arrangement in rate Am	a.u v	ompicie inc ron	ownig two	•			Arr	nount		
_	Dogu	nning balance						. 10			-	
ا		tions during the year.										
d		ibutions during the year									••	
e												
f		ng balance									7٧	
2a		he organization include an amount on Fo										∐ No
b		es," explain the arrangement in Part XIII	Chec	k here if the ex	planation n	as been p	rovided in Pan	XIII -		<u>.</u>	· · · ·	—
Par	·V	Endowment Funds.					ort IV/ line	10				
		Complete if the organization			1				L a =1			
			(a)	Current year	(b) Pr	or year	(c) Two year	s back	(d) Three years ba	ack (e) Four ye	ears back
1a	Begii	nning of year balance					-					
b	Cont	inbutions	<u> </u>									
C	Net ı	nvestment earnings, gains, and										
	losse	es										
d	Gran	its or scholarships			L							
e	Othe	er expenditures for facilities and								i		
	prog	rams										
f		inistrative expenses		•			ļ					
g	End	of year balance										
2		ide the estimated percentage of the curr		ar end balance	(line 1g, c	olumn (a))	held as					
а		d designated or quasi-endowment			%	, .,						
b		nanent endowment ▶ %			-							
c		poranty restricted endowment		%								
•		percentages on lines 2a, 2b, and 2c sho	nuld ea									
3a		there endowment funds not in the posse			tion that ar	e held and	d administered	for the				
- Ou		nization by:									Y	es No
		unrelated organizations								[3a(i)	
		related organizations	• •							- 1	3a(ii)	
b		es" on 3a(ii), are the related organization								i i	3b	1
4		cribe in Part XIII the intended uses of the								٠ . ٢	00	!
	t VI				Willellt suite	13						
га	t VI	Complete if the organization			on Form	1 000 P	art IV line	112	See Form 990	Par	t X lin	e 10
			alism				r other basis		Accumulated) Book va	
		Description of property		(a) Cost or oth (investm			other)		epreciation	U) BOOK VA	ilue
				(+00011		- `	,					
1a	Land					 						
b		dings				 						
C	Leas	sehold improvements				 						
d	Equi	pment				ļ						
е	Othe	mon to through to (Column (d) must on				<u>L</u>						

(Induding name of security)	(c) Method of valuation
Closely-held equity interests	Cost or end-of-year market value
Other (A) (B) (C) (C) (C) (C) (C) (E) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
(A) (B) (C) (C) (D) (E) (F) (G) (H) (A) (A) (E) (F) (G) (G) (H) (A) (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ (A) (A) (B) (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ (A) (B) (B) (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ (A) (B) (A) (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ (A) (B) (A) (B) (B) (B) (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ (B) (Column (b) must equal Form 990, Part X, col. (B) line 15) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
(B) (C) (C) (E) (E) (F) (G) (H) (A) (Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ (a) Description of investment (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 13) ▶ (a) Description of investment (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 13) ▶ (a) Description (a) Description (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15) (a) Description (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15) (a) Description (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15) (a) Description (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 15) (a) Description of liability (b) Book value (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25) (a) Description of liability (b) Book value (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25) ▶ (a) Description of liability (b) Book value (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25) ▶ (a) Description of liability (b) Book value (b) Book value (column (b) must equal Form 990, Part X, col. (B) line 25) ▶ (a) Description of liability of the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII, prowde the text of the footnote to the organization's financial statement and positions in Part XIII prowde the text	
(C) (D) (E) (E) (F) (G) (H) al. (Column (b) must equal Form 990, Part X. col. (B) line 12) ▶ art VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. Si (a) Description of investment (b) Book value art X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. Si (a) Description art X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d or line 25. (a) Description of liability (b) Book value (a) Description of liability (b) Book value (b) Federal income taxes (a) Description of liability (b) Book value (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (b) Book value (c) Description of liability (c) Book value (d) Description of liability (d) Book value (e) Description of liability (d) Book value (e) Description of liability (d) Book value (f) Federal income taxes (g) Description of liability (d) Book value (e) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Federal income taxes (g) Description of liability (f) Book value (f) Description of liability (f	
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liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided	

Schedu	lle D (Form 990) 2015 International Artists Manifest	:		46-	2513986	Page 4
	XI Reconciliation of Revenue per Audited Financial Stateme					
_ `	Complete if the organization answered "Yes" to Form 990, Pa	art IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a]]		
b	Donated services and use of facilities	2b				
c	Recovenes of prior year grants	2c]		
d	Other (Describe in Part XIII)	2d				
e	Add lines 2a through 2d			2е		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ			
b	Other (Describe in Part XIII)			1		
C	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
Part					turn.	
T GIT	Complete if the organization answered "Yes" to Form 990, Pa					
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•		<u> </u>		
	Donated services and use of facilities	1 20	I			
a				1 1		
b	Prior year adjustments			1 1		
C	Other losses					
d	Other (Describe in Part XIII.).					
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1	i · ·	<i></i>	3_		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	<u> </u>				
а	Investment expenses not included on Form 990, Part VIII, line 7b			1 1		
b	Other (Describe in Part XIII.).	4b	<u> </u>			
C	Add lines 4a and 4b			4c		
5	Total expenses Add lines 3 and 4c.(This must equal Form 990, Part I, line 18)		<u> </u>	5		
	XIII Supplemental Information.					
Provide	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	nes 1b	and 2b; Part V, line 4; Pa	ırt X, lın	e 2,	
Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditiona	al information			
P3,	Ln 4					
IAM	acquired the collected work of Carolo Pit	tor	<u>'e</u>			
	will archive and promote the work in comp	lia	nce			
P2,	Ln 3					
with	n IAM's mission statement					
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Schedule D (Form 990) 2015

Schedule D (i	Form 990) 2015	International	Artists	Manifest	46-2513986	Page 5
Part XIII	Supplemen	International ntal Information (conti	nued)			
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Schedule D (Form 990) 2015

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

International Artists Manifest

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

OMB No 1545-0047 Open To Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

46-2513986

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determination a	
1	Art – Works of art	X	1	567,750.	Apprais	al	,
2	Art – Historical treasures				 		
3	Art – Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods				l		
6	Cars and other vehicles						
7	Boats and planes				1		
8	Intellectual property				1		
9	Securities – Publicly traded						
10	Securities – Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests				1		
12	Securities – Miscellaneous						
13	Qualified conservation						
	contribution – Historic		Ì				
	structures						
14	Qualified conservation				1		
••	contribution – Other		", "		† — — — — — — — — — — — — — — — — — — —		
15	Real estate – Residential						
16	Real estate – Commercial				†		
17	Real estate – Other						
18	Collectibles				 		-
19	Food inventory	<u> </u>		·			
20	Drugs and medical supplies				 		
21	Taxidermy						
22	Historical artifacts						-
23	Scientific specimens						
24	Archeological artifacts				 		
25	Other ()		· · · · · · · · · · · · · · · · · · ·		 		
26	Other • ()						
20 27	Other (<u> </u>			 		
28	Other ▶() Other ▶()				 		
29	Number of Forms 8283 received by the	organization	during the tay year for contributi	ons for which the	 		-
23	organization completed Form 8283, Part				29		0
	organization completed Form 0200, Fatt	t IV, Donce /	noniowieugement			Ye	
30 a	During the year, did the organization rec	ene by contr	thution any property reported in	Part Lines 1 through 28			S NO
Jua	that it must hold for at least three years t				for evemnt		
	purposes for the entire holding period?					30a	Х
	• •					30a	^
b 24	If "Yes," describe the arrangement in Pa		hat easily on the review of critical	an standard			
31	Does the organization have a gift accept		•			24	v
22-	Contributions?					31	<u> </u>
32 a	Does the organization hire or use third p		•			222	₩.
L	contributions?					32a	X
	If "Yes," describe in Part II		- /-> f				
33	If the organization did not report an amo describe in Part II.	unt in columi	i (c) for a type of property for wr	iich column (a) is checked,		ř	

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

►Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Inspection

OMB No 1545-0047

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

International Artists Manifest	46-2513986
····	

Schedule O (Form 990 or 990-EZ) (2015)	Page Z
Name of the organization	Employer Identification number
International Artists Manifest	46-2513986
Part III Line 2	
Toward building an archive of work of important artists,	IAM acquired
Part III Line 2	
the estate holdings of the visual artist, Carlo Pittore.	
Part VI Line 2	
Sarah Bouchard, daughter of Secretary	
Part VI Line 2	
Claire Turlo, mother of President	
Part VI Line 11b	
distribution and comment period	
Part VI Line 15a or b	
not applicable	······
Part VI Line 19	
No, IAM was in start up phase	
•	