Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

07/01, **2012**, and ending A For the 2012 calendar year, or tax year beginning 06/30, 20 13 D Employer Identification number C Name of organization B Check if applicable WORLD MONUMENTS FUND, INC. 13-2571900 Address Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name chance 350 FIFTH AVENUE, SUITE 2412 (646) 424-9582 Initial return City, town or post office, state, and ZIP code Terminated Amended NEW YORK, NY 10118 G Gross receipts \$ 24,574,885. Application pending F Name and address of principal officer: CHRISTOPHER OHRSTROM H(a) is this a group return for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: X | 501(c)(3) If "No," attach a list. (see instructions) 501(c) ((insert no.) 4947(a)(1) or 527 Website: WWW.WMF.ORG H(c) Group exemption number Form of organization: X Corporation Association Other > L Year of formation: 1965 M State of legal domicite: NY Summary Part Briefly describe the organization's mission or most significant activities: TO PRESERVE IMPORTANT HISTORIC ARCHITECTURAL SITES AND WORKS OF ART Activities & Governance WITHOUT REGARD TO NATIONAL BOUNDARIES. if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 23. 22. Number of independent voting members of the governing body (Part VI, line 1b) 38. Total number of individuals employed in calendar year 2012 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) n ō 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 24,130,747 15,191,977. Revenue Program service revenue (Part VIII, line 2g) 28,545 105,237. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -125,0151,690,849. 10 -153,660 -179,258Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 23,880,617. 16,808,805. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,517,491. 4,672,611. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ _____1, 524, 442. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,134,249 13,327,979. 18,000,590. 16,651,740. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 7,228,877. -1,191,785Beginning of Current Year **End of Year** 65,245,200 67,868,756. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 828,790. 1,484,620. 21 64,416,410. Net assets or fund balances. Subtract line 21 from line 20. , 66,384,136 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here VISTOMER Type or print name and title Print/Type preparer's name Preparer's signatur Date Check JAMES J. REILLY Paid ΕB 2014 self-employed P00183769 Preparer Firm's name CONDON O'MEARA MCGINTY & DONNELLY L 13-3628255 Firm's EIN Use Only 212-661-7777 Firm's address > ONE BATTERY PARK PLAZA, NEW YORK, NY 10004 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

rari	Checklist of Required Schedules		1	
			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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	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	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			**
_	complete Schedule D, Part III	8		X
9	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			Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		X	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	A	SPECIA
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.	1 Total Control		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	х	
h	complete Schedule D, Part VI	11α		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	1.0		
Ů	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		Í	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	l	v	
	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 assistance to any			х
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	46		Х
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		11
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		Х
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	* *		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		<u></u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) 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 the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			3.7
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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	eraco, reac	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):		VELLEY.	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Λ.
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		x
	Schedule L, Part IV	28b		21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		Х
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		Х
	Part I	-		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
	complete Schedule N, Part II	\ <u>\</u>		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		
34		34	Х	
0 = -	or IV, and Part V, line 1	35a		Х
35 a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			\vdash
36		36		х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	"		<u> </u>
37				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Х
	Part VI	—		T
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	 		(2012)

number reported in Box 3 of Form 1096. Enter -0- if not applicable	35	Jacker of	Yes	<u>L</u>
number of Forms W-2G included in line 1a. Enter -0- if not applicable	35	Janes and State	res	
number of Forms W-2G included in line 1a. Enter -0- if not applicable	~ ~ [2	2137782222		No
	0			
organization comply with backup withholding rules for reportable payments to ve	ndors and		40.5	
gaming (gambling) winnings to prize winners?		1c	X	
number of employees reported on Form W-3, Transmittal of Wage and Tax			Shall:	
s, filed for the calendar year ending with or within the year covered by this return . 2a	38	Strate N		
one is reported on line 2a, did the organization file all required federal employment to	ax returns?	2b	X	LENIAL
· · · · · · · · · · · · · · · · · · ·				
		3a	17476-24-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	X
	I	3b		<u> </u>
				ĺ
ancial account in a foreign country (such as a bank account, securities account, or other	er financial	40	x	
		4a		
		52		X
				Х
		6a		Х
		6b		
	28	16.3		Security of the Control of the Contr
	for goods			i id
		7a	X	
		7b	Х	
	[7c		Х
ndicate the number of Forms 8282 filed during the year	20 20 20 20 20			
	ntract?	7e		X
rganization, during the year, pay premiums, directly or indirectly, on a personal benefi	it contract?	7f		Х
ization received a contribution of qualified intellectual property, did the organization file Form 8899 as re-	equired?	7g		<u> </u>
ization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form	1098-C?	7h	unana man	C120102
	16			
			žana	
		8	acarri	oten de
	West			
				\vdash
-		90	12000	
, , , , , ,				
, , , , , , , , , , , , , , , , , , , ,	333			牌
			4000	
	40-14-14-14-14-14-14-14-14-14-14-14-14-14-			
	\$3.50 pt			
		Name of		
	orm 10412	12a	Armed .	SAMPLE
	01111 10411			S.U.
		erati.		
	ľ	13a	DOMESTICA DE LA CONTRACTOR DE LA CONTRAC	(W) SEPTEMBER
·	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	100		
· · · · · · · · · · · · · · · · · · ·			Tive in	
		14a		X
•		_		
rinner e vois i lide toi obtrigen nirthir innife cilicen ve e si anise	rganization have unrelated business gross income of \$1,000 or more during the year? as it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O ne during the calendar year, did the organization have an interest in, or a signature or other nancial account in a foreign country (such as a bank account, securities account, or other anter the name of the foreign country: ▶ ATTACHMENT 1 Loctions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A organization a party to a prohibited tax shelter transaction at any time during the tax year? axable party notify the organization that it was or is a party to a prohibited tax shelter time 5a or 5b, did the organization file Form 8866-T? organization have annual gross receipts that are normally greater than \$100,000, a ion solicit any contributions that were not tax deductible as charitable contributions? did the organization include with every solicitation an express statement that such contribution that may receive a payment in excess of \$75 made partly as a contribution and partly reganization receive a payment in excess of \$75 made partly as a contribution and partly reganization receive any funds, directly or indirectly, to pay premiums on a personal benefit co organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as no nization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as no nization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as no nization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as no nization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as no nization received any funds, directly	inter the name of the foreign country: ► ATTACHMENT 1	rganization have unrelated business gross income of \$1,000 or more during the year? 3a is filled a Form 990-T for this year? If "No," provide an explanation in Schedule O. and during the calendar year, did the organization have an interest in, or a signature or other authority nancial account in a foreign country (such as a bank account, securities account, or other financial control of the foreign country. ► ATTACHMENT 1 actions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. The control of filling requirements for Foreign Bank and Financial Accounts. The control of filling requirements for Foreign Bank and Financial Accounts. The control of filling requirements for Foreign Bank and Financial Accounts. The control of filling requirements for Foreign Bank and Financial Accounts. The control of filling requirements for Foreign Bank and Financial Accounts. The control of Foreign	grantzation have unrelated business gross income of \$1,000 or more during the year? and it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. and during the calendar year, did the organization have an interest in, or a signature or other authority nancial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, or a signature or other authority and interest in, or a signature or other authority and interest in, or a signature or other authority and interest in, or a signature or other authority and interest in, or a signature or other authority and interest in, or a signature or other authority and interest in, or a signature or other financial account in a financial account in a financial account in a financial account in a signature or other save and interest in, or a signature or other standard in the account in a financial account in a financial account in a financial account in a financial account in a signature or other save and in a financial account in a signature or other save and in a signature or other save and in the financial account in a signature or other save and in the save and

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	tion A. Governing Body and Management			11
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		100	- Table (1)
ia	the file flumber 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	1000000		
L	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent		Will.	
þ	Enter the number of voting members moladed in line ta, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> 180008</u>	X
	any other officer, director, trustee, or key employee?	2		Λ
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	g		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10-	Did the arganization have lead shorters branches as affiliates?	10a	X	
	Did the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	jeljtaji	ys is its
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	24 57657	v	STORY.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	,, , , , , , , , , , , , , , ,		37	
	rise to conflicts?	12b	<u>X</u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	jiyi:	isite Hust	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			10 10 10 10 10 10 10 10 10 10 10 10 10 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	Tarana Tarana	Turk	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	7214		
	organization's exempt status with respect to such arrangements?	16b		177311729674
Sect	ion C. Disclosure	1027		
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5		2\	
10	available for public inspection. Indicate how you made these available. Check all that apply.	u i (c)(ojs oi	ну)
	X Own website Another's website X Upon request Other (explain in Schedule O)			
40		.		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: >CHRIS JEANNOPOULOS/THE FUND 350 FIFTH AVENUE, STE 2412 NEW YORK, NY 10118 646-424-9582	e		
JSA	Organization F	Corre	000	(2012)

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 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.

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) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BONNIE BURNHAM	40.00			.,				077 062		20 024
PRESIDENT	2 00	X		X	 			277,863.	0	30,034.
(2) CHRISTOPHER OHRSTROM CHAIRMAN	3.00	x		Х				0	0	0
(3) JAMES E. JORDAN VICE CHAIRMAN	3.00	х		х				, c	0	0
(4) DAVID B. FORD TREASURER	3.00	х		Х				C	0	0
(5) JOHN J. KERR, JR. SECRETARY	3.00	Х	-	х		-		C	0	0
(6) PRINCE AMYN AGA KHAN TRUSTEE	3.00	х						C	0	0
(7) BROOK BERLIND TRUSTEE	3.00	х						C	0	0
(8) GILBERT BUTLER TRUSTEE	3.00	х						C	0	0
(9) MICA ERTEGUN TRUSTEE	3.00	Х						C) 0	0
(10)ASHTON HAWKINS, ESQ. TRUSTEE	3.00	Х						(0	0
(11)ROBERTO HERNANDEZ RAMIREZ TRUSTEE	3.00	х						C) 0	0
(12)SANGITA JINDAL TRUSTEE	3.00	Х						C	0	0
(13) FERNANDA M. KELLOGG TRUSTEE	3.00	х							0	0
(14) PETER KIMMELMAN TRUSTEE	3.00	x) 0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unles er and	Pos eck s pe l a d	more rson irect	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m	(F) Estimated amount of other compensation	
	related organizations below dotted line)	Officer Institutional trustee Individual trustee or director		Key employee	Former Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	O)	from the organization and related organizations		
15) DR. LOIS DE MENIL TRUSTEE	3.00	х						0		0	0	
16) NANCY B. NEGLEY TRUSTEE	3.00	х						0		0	0	
17) SHARON PATRICK TRUSTEE	3.00	х						0			0	
18) BERNARD SELZ TRUSTEE	3.00	х						0		0	0	
19) JACK SHEAR TRUSTEE	3.00	Х						0		0	0	
20) ANDREW SOLOMON TRUSTEE	3.00	х						0			0	
21) SYDNEY HOUGHTON WEINBERG TRUSTEE	3.00	х						0		0	0	
22) MONICA A. MCLENNAN TRUSTEE	3.00	х						0		0	0	
23) JUAN PABLO MOLYNEUX TRUSTEE	3.00	Х					•	0		0	0	
24) MARILYN PERRY TRUSTEE	3.00	Х						0		0	0	
25) BERTRAND DU VIGNAUD EUROPEAN PRESIDENT	40.00					х		293,244.		0	25,727.	
1b Sub-total c Total from continuation sheets to Part VII, S	ootion A	• • •		•	• •			277,863. 1,231,018.		0	30,034. 112,323.	
d Total (add lines 1b and 1c)	· · · · · ·		<u> </u>		<u> </u>		_	1,508,881.		o	142,357.	
2 Total number of individuals (including but not reportable compensation from the organization		hose 1(d al	bove	e) who	re	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											Yes No	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	007	lf	"Yes	," (4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "You	accrue coi	mpen	satio	on f	fron	any	uni				5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	ress							(B) Description of se	rvices	Co	(C) empensation	
ATTACHMENT 3												
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ited		thos	e li	isted above) who	received			

Part VII Section A. Officers, Directors, True		y En	ipic	ye	es,	and F	ugi			ees (c	
(A)	(B) (C)							(D)	(E)		(F)
Name and title	Average Position							Reportable	Reportat		Estimated
	hours per (do not check more than one week (list any box, unless person is both as							compensation	compensatio		amount of other
	hours for	office				or/trust		from the	related organizati		compensation
	related	악크		•			_	organization	(W-2/1099-		from the
	organizations	함	stitu	Officer	y e	함	Former	(W-2/1099-MISC)	(44-271033-	,viioO)	organization
	below dotted	ect	ŧ	۳	闄	yee c	4	(** 2,1000 mileo)			and related
	line)	l≚₹	ลี		Key employee	** <u>\$</u>					organizations
		Individual trustee or director	Institutional trustee		Œ	ğ					
		1 10	ee			Highest compensated employee		T-CANADA			
26) HENRY NG	40.00			\vdash	-	┝╨					
EXECUTIVE VICE PRESIDENT	†	1		ļ		Х		230,812.		0	28,627.
27) LISA ACKERMAN	40.00			┢		 	<u> </u>				
EXECUTIVE V.P. & COO		ł		l		X		208,787.		0	26,184.
	40.00	-					<u> </u>	200,707.		\longrightarrow	20,104.
28) EDWARD T. MOHYLOWSKY	40.00	-				١		100 151		ار	10 000
VICE PRESIDENT, DEVELOPMENT		<u> </u>	<u> </u>	<u> </u>		X		182,151.		0	12,223.
29) CHRISTOPHER JEANNOPOULOS	40.00	1		ŀ						_	
CHIEF FINANCIAL OFFICER				L		X		164,943.		0	8,376.
30) DAVID YOUTZ	40.00										_
SENIOR PHILANTHROPIC ADVISOR			l			Х		151,081.		0	11,186.
			Γ								
	T	1									
		T									
	t	1									
		├	 	\vdash		1					
	 	1								ļ	
	1	<u> </u>		-	╁	-					
	ļ	4									
MANAGEMENT TO THE PARTY OF THE		ļ	<u> </u>		_						
						ļ					
	L]									
1b Sub-total							▶				
c Total from continuation sheets to Part VII, S	ection A						>				
d Total (add lines 1b and 1c)							•				
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 c	of	
reportable compensation from the organization		1(<i>,</i>		o,	• . •	, oon ou more man	* ,		
reportable compensation from the organization	·· ·										Yes No
								bishas			
3 Did the organization list any former office											
employee on line 1a? If "Yes," complete Sched	ule J for su	cn ind	iivia	uai		• • •	• •	• • • • • • • • •		• •	3 X
4 For any individual listed on line 1a, is the	sum of rep	portab	ole (com	преі	nsatio	n a	nd other compen	sation from	the	
organization and related organizations gr	eater than	\$15	50,0	000	? //	"Yes	s,"	complete Schedu	ile J for s	such	
individual											4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	ion	fror	n any	un	related organizati	on or indivi	dual	
for services rendered to the organization? If "Y	es," comple	te Scl	hedi	ule .	J foi	such	per	rson	<u> </u>		5 X
Section B. Independent Contractors											
1 Complete this table for your five highest com	npensated i	ndepe	ende	ent	con	tracto	rs t	that received more	than \$100	,000 c	of
compensation from the organization. Report of year.	compensati	ion fo	r the	e ca	ilen	dar ye	ar e	ending with or wit	hin the orga	nizatio	on's tax
, (A)							Т	(B)			(C)
Name and business ad		Description of se	ervices	(Compensation						
							+-				
							+-				
							+				
							- -				
							-				
										an an in a	
2 Total number of independent contractors (i				nite	d t	o thos	se I	isted above) who	received		
mare than \$100,000 in companyation from the	a araanisa	tion b	_						-	の作り連続で発展する	AND THE RESIDENCE OF THE PARTY

Form	990 (2	012)	WORLD MONU	MENTS FUND	, INC.	900 Page 9		
Pa	rt VIII	Statement of Reve Check if Schedule O c		nse to any ques	tion in this Part VII	l		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	đ e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d 1d	678,796. 1,150,050.				
	g h				15,191,977.			
Program Service Revenue	2a b	TRIPS & LECTURES		Business Code 900099	105,237.	105,237.		
rogram Ser	d e f	All other program service rev				on the particular to		
Pr	3 4	Total. Add lines 2a-2f Investment income (includir other similar amounts) Income from investment of	ng dividends, inter	est, and	105,237. 1,523,603.	Personal Control of the Control of t		1,523,603.
	5 6a	Royalties · · · · · · · · · · · · · · · · · · ·						
	b c d	Rental income or (loss)		▶ (ii) Other	0			
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7,686,742. 7,519,443.	461. 514.				
ine	c d 8a	Gain or (loss)		-53. ▶	167,246.			167,246.
Other Revenue		events (not including \$ of contributions reported on See Part IV, line 18	line 1c).	66,865. 246,123.				
Oth	c	Less: direct expenses Net income or (loss) from ful Gross income from gaming a See Part IV, line 19	ndraising events .		-179,258.			-179,258.
	С	Less: direct expenses Net income or (loss) from ga	b aming activities		0			
	b	returns and allowances Less: cost of goods sold Net income or (loss) from sa	b les of inventory, .					
	11a b	Miscellaneous Reven	ue	Business Code				
	c d e	All other revenue Total. Add lines 11a-11d .			0			
	12	Total revenue. See instruction))	<u> </u>	16,808,805.	105,237.		1,511,591.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a res	ponse to any question i	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			els catality and character	Sozzatelezio (2874)
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3				VENTONINE STORES	
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4		<u> </u>			
	Benefits paid to or for members				
5	Compensation of current officers, directors,	284,090.	168,130.	54,663.	61,297.
	trustees, and key employees	204,030.	100,130.	34,003.	01,231.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	,			
_	persons described in section 4958(c)(3)(B)	3,222,676.	2,126,052.	120 051	665,770.
7	Other salaries and wages	3,222,010.	2,120,032.	430,854.	003,770.
8	Pension plan accruals and contributions (include section	207 140	110 050	20 400	40 463
_	401(k) and 403(b) employer contributions)	207,140. 319,681.		-	48,461.
9	Other employee benefits				73,581.
10	Payroll taxes	639,024.	366,859.	122,500.	149,665.
11	Fees for services (non-employees):	_			
_	Management	10,922.	2,634.		0.000
b	Legal			02 076	8,288.
C	Accounting	40,960.	17,084.	23,876.	
d		0	asion masterio di Statione Steate e passa S		
e	Professional fundraising services. See Part IV, line 17	0			<u> </u>
	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	14 110 706	11 014 260	10 270	00 004
	(A) amount, list line 11g expenses on Schedule O.)	11,113,726.		18,372.	80,994.
12	Advertising and promotion	1,263.	1,263.	40 242	04.007
13	Office expenses	327,777. 231,443.			94,997.
14	Information technology	231,443.	139,688.	48,482.	43,273.
15	Royalties	658,662.	389,278.	124 501	144,803.
16 	Occupancy	433,396.		124,581.	<u> </u>
17	Travel	433,390.	379,140.	2,213.	52,043.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0 297,699.	180,071.	E4 201	63,307.
19	Conferences, conventions, and meetings	491,039.	100,0/1.	54,321.	03,307.
20 24	Interest	0			
21 22	Payments to affiliates	143,114.	84,711.	26,133.	32,270.
22 22	Depreciation, depletion, and amortization	39,259.	11,807.	23,052.	4,400.
23	Insurance	39, 439.	. 1.7007. 	43,032.	4,400.
24	Other expenses, Itemize expenses not covered	156, doublie, oil (#4.15.69.02			
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				albaciji šalos Siters i stemelji. Med 1990 si kalama izvete
	(A) amount, list line 24e expenses on Schedule O.)		en er en en en bevirke felicik melk. Skrive er de de janger blever en en	erson, ne transporte i più li fili i i dell'ilia. Controllografia ndollo Zigno e cince	orani alian kangalar 1992 2015. Januar Januar 1995
	CUSTODIAL FEES	17,346.		17,346.	
•	MISCELLANEOUS EXPENSES	12,412.	4,186.	6,933.	1,293.
b		12,412.	4,100.	0, 933.	1,293,
ن					
· ·					
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	18,000,590.	15,378,410.	1,097,738.	1,524,442.
26	Joint costs. Complete this line only if the	20,000,000	20,0,0,1201	2,00,,700.	2,001,110,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here	·			
	following SOP 98-2 (ASC 958-720)	0			

_	_	Polones Check					Page 11			
art	X	Balance Sheet	to on:	augation in this Dan	+ Y					
		Check if Schedule O contains a response	o any	question in this Par		· • •	(B)			
			- · · · · · · · · · · · · · · · · · · ·		(A) Beginning of year		End of year			
1	1	Cash - non-interest-bearing			423,988.	1	368,145.			
-:		Savings and temporary cash investments	11,852,463.	2	7,971,756.					
:	3	Pledges and grants receivable, net			26,419,472. 181,195.	3	28,884,996 191,773			
4	4	Accounts receivable, net	unts receivable, net							
	5	Loans and other receivables from current and	forme	officers, directors,	-101 particulos Harris (1811) Victoria de la Solo de Carriero	115				
		trustees, key employees, and highest co	omper	sated employees.		1450 Vid. 1880 Vid.				
		Complete Part II of Schedule L			0	5				
		Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	ontributing employers		6					
3 .	7	Notes and loans receivable, net			0	7				
in	8	Inventories for sale or use			0	8				
	9	Prepaid expenses and deferred charges			143,956.	9	141,699			
1		Land, buildings, and equipment: cost or			rvantsu (zamoska) (j. štor	Tand				
1.		other basis. Complete Part VI of Schedule D	10a	1,514,687.	Nach billian and a					
1	b	Less: accumulated depreciation	10b	852,831.	754,536.	10c	661,856			
11					16,420,374.	11	17,345,575			
12		Investments - other securities. See Part IV, line 11			8,735,181.	12	11,963,987			
1		Investments - program-related. See Part IV, line 1			C	13				
14		Intangible assets			C	14				
1		Other assets. See Part IV, line 11				15	338,969			
10		Total assets. Add lines 1 through 15 (must equal			65,245,200.	16	67,868,756			
17		Accounts payable and accrued expenses			619,921.	17	1,299,462			
11			ayable							
19			revenue							
20	-	Tax-exempt bond liabilities			C	20				
		Escrow or custodial account liability. Complete Pr	art IV d	of Schedule D	C	21				
22		Loans and other payables to current and for				1000				
		trustees, key employees, highest compen				TEST OF A				
Ĭ		disqualified persons. Complete Part II of Schedule			C	22				
2:	3	Secured mortgages and notes payable to unrelat			C	23				
24		Unsecured notes and loans payable to unrelated			C	24				
2		Other liabilities (including federal income tax,								
		parties, and other liabilities not included on lines								
		of Schedule D			208,869.	25	185,158			
2	6	Total liabilities. Add lines 17 through 25			828,790.	26	1,484,620			
n D		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checi 34.	there 🕨 🗓 and						
E 2	7	Unrestricted net assets		. <i></i>	6,634,487.	27	6,132,584			
2	8	Temporarily restricted net assets			35,907,871.		35,800,003			
g 2	9	Permanently restricted net assets			21,874,052.	29	24,451,549			
		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.), chec	k here 🕨 and						
- 1	0	Capital stock or trust principal, or current funds				30				
නු 3		Paid-in or capital surplus, or land, building, or equ				31				
Sets 3	7					32				
Assets 2 2 2		Retained earnings, endowment, accumulated inc	ome,	or other funds			<u> </u>			
ass 3	2	Retained earnings, endowment, accumulated inc		or other funds	64,416,410.		66,384,136 67,868,756			

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Х Form 990 (2012)

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Open to Public Inspection

Name	of the organization							Emplo	yer iden	tificatio	n numb	er	
WORI	D MONUMENTS FUI	ND, INC.							13	-257	1900		
Part	Reason for Pub	olic Charity Statu	s (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions				
Part The o 1	Reason for Pub rganization is not a pri A church, convent A school describe A hospital or a cod A medical resear hospital's name, ci An organization o section 170(b)(1)(A federal, state, o An organization th described in section A community trust X An organization th receipts from acti	vate foundation be- ion of churches, or d in section 170(b)- operative hospital s ch organization op ty, and state: perated for the be A)(iv). (Complete F r local government nat normally receive on 170(b)(1)(A)(vi). described in secti- nat normally receive vities related to its	cause it is: (For lines 1 the association of churches of (1)(A)(ii). (Attach Schedulervice organization describerated in conjunction with the conjunction with the conjunction with the conjunction with the conjunction of a college or universal unit describes a substantial part of its (Complete Part II.) on 170(b)(1)(A)(vi). (Complete (1) more than 331/3% exempt functions - subject (2)	rough describe e E.) bed in th a h ersity cribed s supp plete F of its ect to	section section section section section section section section section from section support support support support section s	eck only ection In 170(b I descr or ope i or ope m a go out from in exce	one bo 170(b)(b)(1)(A) ibed in erated I 0(b)(1)(A) contrib ptions,	x.) 1)(A)(i) (iii). sectio by a go A)(v). ental und butions, and (2)	n 170(b	o)(1)(A ntal u om the	A)(iii). E nit des e gener fees, a an 331/	criberal pu	ed in ublic ross of its
10 11 e f g	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 that describes the type of supporting organization and complete lines 11e through 11h. a												
<u>h</u> (and (iii) below (ii) A family mem (iii) A 35% contro	o directly or indire t, the governing bot ber of a person dea lled entity of a pers	ectly controls, either alon dy of the supported organ scribed in (i) above? con described in (i) or (ii) al ut the supported organization (iii) Type of organization (described on lines 1-9	ization cove? ation(s)	?	(v) Did y	person	(vi) i	ribed in		11g(i) 11g(ii) 11g(iii) mount of support		No
	organization		above or IRC section (see instructions))	col. (I) your go	listed in overning ment?	in col	. (i) of apport?	col. (i) o	rganized U.S.?		опрро		
(A)													
(B)													
(C)													
(D)													
(E)		Spiritiggs of the two was			: <u>*****</u> ******	umtée 8k	10.160ac	al: Succi	realiste.				
Total					3455F-) 1516-1								
	perwork Reduction Act 990 or 990-EZ.	Notice, see the instru	ctions for					Scl	hedule A	(Form	990 or 99	0-EZ)	2012

Par	(Complete only if you chec Part III. If the organization t	ked the box or	line 5, 7, or 8	of Part I or if	the organizat	ion failed to qu	
Sec	tion A. Public Support				rum	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				are some plant for \$5.		·····
5	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)					The state of the s	
6	Public support. Subtract line 5 from line 4.					0.5	
	tion B. Total Support	(-) 0000	(I-) 0000	(-) 0040	(4) 0044	(-) 0040	(A T-1-1
_	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		32 E				
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) .				12	
13	First five years. If the Form 990 is the second state has	or the organizat	ion's first, secor	id, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
500	organization, check this box and stop here tion C. Computation of Public Sup						· · · · >
				11 ookuma (6)	.	14	<u></u> %
14	Public support percentage for 2012 (I Public support percentage from 2011		•				%
15	331/3% support test - 2012. If the						
IVa	this box and stop here. The organizati						b
h	331/3% support test - 2011. If the						or more
~	check this box and stop here. The org	-			·		
17a	10%-facts-and-circumstances test -	•					
	10% or more, and if the organization	-					
	Part IV how the organization meets						•
	organization			-	•	•	▶□
b	10%-facts-and-circumstances test -						and line
	15 is 10% or more, and if the org						-
	Explain in Part IV how the organizat supported organization			<i>.</i>			▶ 🔲
18	Private foundation. If the organization						1
	instructions						

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.)

	ii iiio oigainaattoi tatto qo			,, p.,,,,,,	ompioto i acti	·/	
Sec	tion A. Public Support		I			,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	14,374,222.	13,812,969.	19,762,430.	24,130,747.	15,191,977.	87,272,345.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	162,021.	160,350.	78,852.	116,445.	172,102.	689,770.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						<u> </u>
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	14,536,243.	13,973,319.	19,841,282.	24,247,192.	15,364,079.	87,962,115.
		14,530,243.	13, 973, 319.	19,041,202.	29,247,132.	13,364,079.	07,902,115.
1 4	Amounts included on lines 1, 2, and 3 received from disqualified persons	11 000 334	0 031 000	14 114 207	12 010 707	7 200 040	EC 010 445
b	Amounts included on lines 2 and 3	11,090,334.	9,831,068.	14,114,307.	13,910,787.	7,269,949.	56,216,445.
	received from other than disqualified		•				
	persons that exceed the greater of \$5,000						-
	or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b	11,090,334.	9,831,060.	14,114,307.	13,910,787.	7,269,949.	56,216,445.
8	Public support (Subtract line 7c from	mente de la composition della					
	line 6.)			The second secon		阿爾斯斯斯斯斯斯斯斯	31,745,670.
	tion B. Total Support	(-) 0000	#1.0000	1 1 2 2 4 2	("0044	(1) 0040	40 T 1 1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	14,536,243.	13,973,319.	19,841,282.	24,247,192.	15,364,079.	87,962,115.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	621,528.	994,980.	850,818.	1,071,922.	1,523,603.	5,062,851.
þ	Unrelated business taxable income (less	***					
	section 511 taxes) from businesses	A-19-10-10-10-10-10-10-10-10-10-10-10-10-10-					
	acquired after June 30, 1975						0
C	Add lines 10a and 10b	621,528.	994,980.	850,818.	1,071,922.	1,523,603.	5,062,851.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	15,157,771.	14,968,299.	•		16,887,682.	93,024,966.
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(d	:)(3)
	organization, check this box and stop here						▶ │ │
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ige				
15	Public support percentage for 2012 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	34.13%
16	Public support percentage from 2011 School					16	34.12%
Sec	tion D. Computation of investme	nt Income Per	centage				
17	Investment income percentage for 2012 (li			3, column (f))		17	5.44%
18	Investment income percentage from 2011					18	4.19%
	331/3% support tests - 2012. If the or					e than 331/3%, a	nd line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2011. If the orga						
-	line 18 is not more than 331/3%, check				· ·		
20	Private foundation. If the organization		•	-	•	• •	

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of the organization		Employer identification number
WORLD MONUMENTS FUND, I	NC.	13-2571900
Organization type (check one):		
Filers of: Se	ection:	
Form 990 or 990-EZ	501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
Note. Only a section 501(c)(7), (8), instructions.	ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor. Complete Parts I and II.	or more (in money or
Special Rules		
under sections 509(a)(1)	rganization filing Form 990 or 990-EZ that met the 33 1/3 % support to and 170(b)(1)(A)(vi) and received from any one contributor, during the or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	e year, a contribution of
during the year, total con	(8), or (10) organization filing Form 990 or 990-EZ that received from a tributions of more than \$1,000 for use exclusively for religious, charital or the prevention of cruelty to children or animals. Complete Parts I, II,	ble, scientific, literary,
during the year, contribut not total to more than \$1, year for an exclusively reli applies to this organization	(8), or (10) organization filing Form 990 or 990-EZ that received from a ions for use exclusively for religious, charitable, etc., purposes, but the ,000. If this box is checked, enter here the total contributions that were igious, charitable, etc., purpose. Do not complete any of the parts unless on because it received nonexclusively religious, charitable, etc., contributions.	ese contributions did e received during the es the General Rule outions of \$5,000 or
990-EZ, or 990-PF), but it must ans	t covered by the General Rule and/or the Special Rules does not file So swer "No" on Part IV, line 2 of its Form 990; or check the box on line H o certify that it does not meet the filing requirements of Schedule B (For	of its Form 990-EZ or on

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

Employer identification number

			13-2571900
Part il	Noncash Property (see instructions). Use duplicate copies of	f Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Employer identification number 13-2571900

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$_____

Į	Jse duplicate copies of Part III if additio	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
•		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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. ► See separate instructions.

Employer identification number Name of the organization

WOE	RLD MONUMENTS FUND, INC.	13-2571900
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Fund organization answered "Yes" to Form 990, Part IV, line 6.	ls or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets he	
_	funds are the organization's property, subject to the organization's exclusive legal contro	
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
	conferring impermissible private benefit?	to Form 000 Port IV line 7
1 1	rt II Conservation Easements. Complete if the organization answered "Yes" Purpose(s) of conservation easements held by the organization (check all that apply).	to Form 990, Fait IV, line 7.
•		itaa af an biskaulaallu luunambuuk laud anaa
		tion of an historically important land area
	Frotection of natural nabitat	tion of a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a consequation
2	easement on the last day of the tax year.	on in the form of a conservation
	addition the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a 1.
b	Total acreage restricted by conservation easements	1 1 5 00
C	Number of conservation easements on a certified historic structure included in (a)	1
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	· · · · · · · · · · · · · · · · · · ·
-	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or te	
-	tax year ▶	,
4	Number of states where property subject to conservation easement is located ▶	1.
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
	▶ 35.	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	ements during the year
	►\$3,200.	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenu	e and expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi	nancial statements that describes the
_	organization's accounting for conservation easements.	200-1
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8	otner Similar Assets.
1a		***************************************
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in works of art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in works of art, historical treasures, or other similar assets held for public exhibition, public service, provide the following amounts relating to these items:	its revenue statement and balance sheet education, or research in furtherance of
	(i) Revenues included in 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 treasures, or other sim	ilar assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these	
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	•••• \$

Par	t III Organizations Maintaining Co	ollections of	Art, His	storical T	Freasure	s, or Ot	her Simila	ar Asse	ts (con	tinued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and o	ther reco	ds, check	any of t	he follow	ing that ar	e a sign	ificant us	se of its
а	Public exhibition		d	Loan	r exchang	ge program	ms			
b	Scholarly research		e	Other						
c	Preservation for future generations		_							
4	Provide a description of the organization		and expla	ain how t	hey furthe	er the or	ganization's	exempt	purpose	in Part
	XIII.		•		· ·		-			
5	During the year, did the organization solid	it or receive d	lonations o	of art, histo	orical trea	sures, or	other simila	ır		
	assets to be sold to raise funds rather tha								Yes	No
Par	t IV Escrow and Custodial Arrang line 9, or reported an amount of				janizatior	answe	red "Yes"	to Form	990, F	art IV,
	Is the organization an agent, trustee, cust included on Form 990, Part X?		<i>.</i>		<i>.</i> .			[Yes	No No
							Ar	nount		
C	Beginning balance				1	С				
d	Additions during the year		<i>.</i>		1	d				
e	Distributions during the year				1	е				
f	Ending balance				1	f				
2a	Did the organization include an amount of	n Form 990, i	art X, line	21?				L	Yes	No
b	If "Yes," explain the arrangement in Part >									
Par	t V Endowment Funds. Complete	if the organ	ization ar	swered '						
		Current year	(b) Prid			ears back	(d) Three ye			ears back
1a	Beginning of year balance 24	,805,158.				1,615.	1			18,745
b	Contributions	266,038.	79	8,169.	2	5,274.	-439	,867.	9	85,618
C	Net investment earnings, gains,									
	and losses 4	,122,848.	33	1,531.	3,88	5,744.	4,218	,381.	-2,5	60,067
đ	Grants or scholarships									
е	Other expenditures for facilities	i								
	· · -	,014,900.		0,153.		5,111.		,502.	5	89,693
f	Administrative expenses	16,606.		5,529.		6,382.				
g	· · · · · · · · · · · · · · · · · · ·	,162,538.		5,158.			21,761	,615.	18,4	54,603
2	Provide the estimated percentage of the			e (line 1g,	column (a	i)) held as	:			
а	Board designated or quasi-endowment		<u>.</u> %							
b	Permanent endowment ► 86.8230									
C	Temporarily restricted endowment ▶									
_	The percentages in lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the po	ssession of th	ne organiza	ation that	are held a	and admir	nistered for t	the	<u> </u>	
	organization by:									es No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations							• • • •	3a(ii)	X
_	If "Yes" to 3a(ii), are the related organizat						• • • • • •		3b	
4	Describe in Part XIII the intended uses of									
Par	t VI Land, Buildings, and Equipme					T	1			
	Description of property	(a) Cost or (inves			or other basis ther)	depr	cumulated reciation	(d	l) Book valu	·e
1a	Land	<u> </u>				PRADE TOTAL				
b	Buildings	F			106 00	-	45 000		~ .	1 004
C	Leasehold improvements				186,284		45,080			1,204.
ď	Equipment	<u> </u>			71,908		51,256.		32	0,652.
е	Other			<u> </u>	156, 495		56,495.			1 050
Tota	I. Add lines 1a through 1e. (Column (d) m	ust equal Forn	n 990, Part	X, columi	n (B), line	10(c).)	<u></u> ▶			1,856.
								Schedi	ule D (For	n 990) 2012

- 1	200	_	-
	۲ag	е	•

Part VII Investments - Other Securities. See F	orm 990, Part X, line	e 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial derivatives			,
(2) Closely-held equity interests			
(3) Other			
(A) ANDANTE FUND, LP	2,116,791.	FMV	
(B) GLENVIEW CAPITAL PARTNERS LP	2,388,797.	FMV	
(C) L-R GLOBAL FUND LTD LP	35,599.	FMV	
(D) SENATOR GLOBAL OPP OFFSHORE FD	3,467,590.	FMV	
(E) LIBREMAX OFFSHORE FUND	2,956,297.	FMV	
(F) MANATUCK HILL MARINER OFFSHORE	998,913.	FMV	
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	11,963,987.		
Part VIII Investments - Program Related. See F	orm 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	
(1)		<u> </u>	
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(8)			
(9)			THE PARTY OF THE P
(10)	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	45		
Part IX Other Assets. See Form 990, Part X, li			#A De alcontos
	Description		(b) Book value
(1)			
(2)			
(3) (4)			
(5)		· · · · · · · · · · · · · · · · · · ·	
(6)			
(7)			
(8)		·	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	line 15)		>
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	(-/		100
(2) DEFERRED RENT	185,1	158.	
(3)			
(4)			
(5)			
(6)			and a second be about the
(7)		VERNEL PROPERTY OF A PARTY OF	
(8)			
(9)			
(10)			
			TO THE REAL PROPERTY AND ADDRESS OF THE PARTY OF THE PART
(11)			

JSA 2E1270 1.000 8BC05V M261

	e D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W	ith R	levenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements			1	20,197,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			通道	**************************************
а	Net unrealized gains on investments	2a	3,159,564.		,
b	Donated assistant and use of facilities	2b	.,		
	• • • • • • • • • • • • • • • • • • • •		· "		
C	Recoveries of prior year grants	2c	246 122		
d	Other (Describe in Part XIII.)	2d	246,123.		0 405 605
е	Add lines 2a through 2d			2e	3,405,687.
3	Subtract line 2e from line 1		<i></i>	3	16,791,459.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	17,346.		
C	Add lines 42 and 4h			4c	17,346.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,808,805.
Part				استسا	
1	Total expenses and losses per audited financial statements		exposione pos stock	1	18,229,420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	• • •	• • • • • • • • • • •	5, 75,71,33	
	Donated services and use of facilities	2-			
a		2a			
b	Prior year adjustments	2b	53.		
C	Other losses	2c	<u> </u>		
d	Other (Describe in Part XIII.)	2d	246,123.		
е	Add lines 2a through 2d		<i></i>	2e	246,176.
3	Subtract line 2e from line 1		<i></i>	3	17,983,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			- 3 7 -7-3	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	17,346.		
C	Add lines 4a and 4b			4c	17,346.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • •		5	18,000,590.
Part		• • •			· · ·
Part V, inform	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also				
*** *** *** ***					
				Sche	dule D (Form 990) 2012

Part XIII Supplemental Information (continued)

CONSERVATION EASEMENT

PART II - LINES 5 & 9

5. PROCEDURES FOR MONITORING, INSPECTING AND ENFORCEMENT OF THE CONSERVATION EASEMENT: - WMF COMMUNICATES WITH THE OWNER TO CONFIRM THAT THEY ARE ADHERING TO THE RESTRICTIONS IMPOSED BY THE TERMS OF THE AGREEMENT AND ENSURE THE CONSERVATION PURPOSE OF THE EASEMENT IS BEING ACHIEVED. - THE CONSERVATION EASEMENT RIDES WITH THE TITLE TO THE PROPERTY, A POTENTIAL PURCHASER MUST BE INFORMED OF THE EASEMENT AND WMF MUST BE INFORMED OF A NEW OWNER. - WMF PERFORMS ONSITE VISITS TO OBSERVE THE PROPERTY ANNUALLY OR WHEN ALTERATIONS OR CHANGES HAVE BEEN MADE TO THE PREMISES THAT COULD AFFECT THE PROTECTED FEATURES COVERED IN THE EASEMENT. - CHANGES WHICH COULD AFFECT THE PROTECTED FEATURES SHALL ADHERE TO THE SECRETARY OF THE INTERIOR'S STANDARDS FOR THE TREATMENT OF HISTORIC PROPERTIES. - WMF CONFIRMS ITS OBSERVATIONS REGARDING COMPLIANCE WITH THE CONSERVATION EASEMENT. IF A VIOLATION WAS OBSERVED, WMF WOULD TAKE ACTION TO EXPLAIN THE EASEMENT OBLIGATION AND COMPEL THE OWNER TO ADHERE TO THE AGREEMENT, INCLUDING COMMUNICATION, ARBITRATION, OR LITIGATION. - THE EASEMENT DOCUMENT (SECTION 8) OUTLINES THAT WMF HAS THE RIGHT, ACCOMPANIED BY A REPRESENTATIVE OF THE OWNER, TO ENTER THE PREMISES ONCE PER YEAR TO INSPECT THE PREMISES. IN ADDITION WMF MAY INSPECT THE PREMISES AFTER MATERIAL ALTERATIONS OR CHANGES TO THE PREMISES (INCLUDING EMERGENCY REPAIRS) IF ANY PROTECTED FEATURES COULD BE AFFECTED BY ALTERATIONS. 9. CONSIDERATION FOR THE CONSERVATION EASEMENT IS INCLUDED IN THE REVENUE AND EXPENSE STATEMENT AND BALANCE SHEET.

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

PART V - LINE 4

THE TEMPORARILY RESTRICTED NET ASSETS ARE MAINTAINED BY PROJECTS AND ARE NOT ENDOWED NOR ARE ANY OF THE TEMPORARILY RESTRICTED NET ASSETS THE RESULT OF PERMANENTLY RESTRICTED ACTIVITIES AT JUNE 30, 2013. IN ADDITION, THE TEMPORARILY RESTRICTED NET ASSETS ARE MAINTAINED IN CASH, CASH EQUIVALENTS AND CONTRIBUTIONS RECEIVABLE AND ARE NOT INVESTED.

PERMANENTLY RESTRICTED NET ASSETS OF \$24,451,549 AT JUNE 30, 2013 ARE RESTRICTED TO AN ENDOWMENT. WORLD MONUMENTS FUND, INC. IS PERMITTED TO USE, IN ACCORDANCE WITH CERTAIN DONOR LIMITATIONS, AN AMOUNT NOT EXCEEDING FIVE PERCENT OF THE FAIR MARKET VALUE OF THE ASSETS BASED ON A ROLLING FIVE-YEAR AVERAGE. THE AMOUNT EXPENDED, WHICH IS GENERATED FROM THE ENDOWMENT INVESTMENTS IS APPROVED ANNUALLY BY THE BOARD.

OTHER LIABILITIES

PART X - LINE 2

AS OF JUNE 30, 2013, NO AMOUNTS HAVE BEEN RECOGNIZED FOR UNCERTAIN TAX POSITIONS. WMF'S TAX RETURNS FOR THE 2010 FISCAL YEAR AND FORWARD ARE SUBJECT TO THE USUAL REVIEW BY THE APPROPRIATE AUTHORITIES.

Part XIII Supplemental Information (continued)

RECONCILIATION OF REVENUE

PART XI - LINES 2D & 4B

2D. DIRECT SPECIAL EVENT EXPENSES: 246,123.

4B. CUSTODIAL FEES: 17,346.

RECONCILIATION OF EXPENSES

PART XII - LINES 2D & 4B

2D. DIRECT SPECIAL EVENT EXPENSES: 246,123.

4B. CUSTODIAL FEES: 17,346.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD MONUMENTS FUND, INC.

Employer identification number 13-2571900

Par	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the organization answe	red "Yes" to
1	For grantmakers. Does the organassistance, the grantees' eligibility grants or assistance?	ty for the grant	s or assistance	e, and the selection criteri	a used to award the	Yes X No
2	For grantmakers. Describe in assistance outside the United Sta		ganization's pr	ocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	FIELD PROJECT RESTORAT	131,601.
(2)	MIDDLE EAST AND NORTH AFRICA	,	1.	PROGRAM SERVICES	FIELD PROJECT RESTORAT	1,449,239.
(3)				PROGRAM SERVICES	FIELD PROJECT RESTORAT	2,464,150.
(4)	EUROPE	1.	4.	PROGRAM SERVICES	FIELD PROJECT RESTORAT	3,497,757.
(5)	NORTH AMERICA			PROGRAM SERVICES	FIELD PROJECT RESTORAT	538,723.
(6)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	FIELD PROJECT RESTORAT	-18,378.
(7)	SOUTH AMERICA			PROGRAM SERVICES	FIELD PROJECT RESTORAT	983,995.
(8)	SUB-SAHARAN AFRICA			PROGRAM SERVICES	FIELD PROJECT RESTORAT	500,056.
(9)	SOUTH ASIA			PROGRAM SERVICES	FIELD PROJECT RESTORAT	855,313.
(10)						
(11)						
(12)						
(13)						
(14)			-			
(15)						-
(16)						
(17)						
3a		1,	5.			10,402,456.
b						
c	Totals (add lines 3a and 3b)	1.	5.	[19] "中国国际政策与基础管理。		10,402,456.

WORLD MONUMENTS FUND, INC.

Schedule F (Form 990) 2012

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Metrica or valuation (book, FMV, appraisal, other)
						TELEVIE		
		TITATE THE TAXABLE TO		eredenintetrinum on description of the control of t				
								STATE OF THE PROPERTY OF THE P
				-				
								:

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.

Schedule F (Form 990) 2012

WORLD MONUMENTS FUND, INC.

Schedule F (Form 990) 2012

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

Part III can be duplicated if additional space is needed.

and it accords of the item.	montal aparent la magaza.						
(a) Type of grant or assistance	(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, appraisa, other)
(1)							
(2)							
(3)					· · · · · · · · · · · · · · · · · · ·		
(4)							
(5)							
(9)							
(1)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							=
						Sche	Schedule F (Form 990) 2012

Page	1

Part	V Foreign Forms		
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)	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. (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," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
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)	Yes	X No

Schedule F (Form 990) 2012

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

VORI	D MONUMENTS FUND, INC.					13-2571900	
Part	Fundraising Activities. Com Form 990-EZ filers are not				'Yes" to Form 9	90, Part IV, line	17.
	Indicate whether the organization raise. Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of or key employees listed in Form 990	e f g r oral agreement v , Part VII) or entity	Solid Solid Spec with any ind	itation of r itation of c cial fundrai dividual (in tion with p	non-government g government grant ising events cluding officers, d rofessional fundra	rants s lirectors, trustees ising services?	Yes No
b	If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	organization.	(iii) Did fun	draiser have	Int to agreements (iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity	contrib	r control of outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization
1			Yes	No			
2	****			:			
3							
4							
5						-	
6							
7			ļ		**************************************		
8							
9	to and the second secon						
10							
Total 3	List all states in which the organiza registration or licensing.	tion is registered of	or licensed	▶ d to solicit	contributions or	has been notified	it is exempt from

		gross receipts greater than \$5,0	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HADRIAN AWARD	WMF EU GALA		(add col. (a) through col. (c))
<u>u</u>			(event type)	(event type)	(total number)	1
Never de	1	Gross receipts	539,381.	206,280.		745,66
	2	Less: Contributions	495,916.	182,880.		678,79
		Gross income (line 1 minus line 2)				66,86
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	92,823.	55,746.		148,569
・イトー・	7	Food and beverages	. ,, ,,			
2	8	Entertainment				
	9	Other direct expenses	80,428.	17,126.	, , , , , , , , , , , , , , , , , , ,	97,55
						1
	10	Direct expense summary. Add lines 4	through 9 in column (d) <i></i>		(246,123
	10 11	Direct expense summary. Add lines 4	3, column (d), and line 1	<u>),,,,,,,,,,,,,,,,</u>	<u> ▶</u>	1
	10	Net income summary. Combine line Gaming. Complete if the org	3, column (d), and line 19 anization answered "Y	<u>),,,,,,,,,,,,,,,,</u>	<u> ▶</u>	1
'a	10 11	Net income summary. Combine line	3, column (d), and line 19 anization answered "Y	es" to Form 990, Part	<u> ▶</u>	orted more
а	10 11	Net income summary. Combine line Gaming. Complete if the org	3, column (d), and line 1 anization answered "Y EZ, line 6a.	oor. 'es" to Form 990, Part		orted more
à	10 11 rt 1	Net income summary. Combine line Gaming. Complete if the org	3, column (d), and line 1 anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Part		orted more
Section 5	10 11 rt	Net income summary. Combine line: Gaming. Complete if the org than \$15,000 on Form 990-E	3, column (d), and line 1 anization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo		-179, 258 orted more
2000	10 11 rt 1	Net income summary. Combine line: Gaming. Complete if the org than \$15,000 on Form 990-E Gross revenue	3, column (d), and line 1 anization answered "Y EZ, line 6a. (a) Bingo	es" to Form 990, Part		orted more
S. C. C.	101111111111111111111111111111111111111	Net income summary. Combine line: Gaming. Complete if the org than \$15,000 on Form 990-E Gross revenue	3, column (d), and line 1 anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo		orted more
3	10 11 rt 1 2 3	Net income summary. Combine line: Gaming. Complete if the org than \$15,000 on Form 990-E Gross revenue	3, column (d), and line 1 anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo		orted more
a	10 11 1 1 2 3 4	Net income summary. Combine line: Gaming. Complete if the org than \$15,000 on Form 990-E Gross revenue	3, column (d), and line 1 anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c)
a	10 11 11 2 3 4 5	Net income summary. Combine line Gaming. Complete if the org than \$15,000 on Form 990-E Gross revenue	3, column (d), and line 1 anization answered "Y Z, line 6a. (a) Bingo Yes% No	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
a	10 11 1 2 3 4 5	Net income summary. Combine line Gaming. Complete if the org than \$15,000 on Form 990-B Gross revenue	3, column (d), and line 1 anization answered "Y EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d)	es" to Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)

b If "Yes," explain:

WORLD MONUMENTS FUND, INC.

Page 3
es No
es No
%
%
es No

'es No
te this
-

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD MONUMENTS FUND, INC.

Employer identification number

13-2571900

Part	Questions Regarding Compensation			
,		1.3. (A) X	Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1271.73897		
	Discretionary spending account Fersonal services (e.g., maid, chadiled, one)	2/gs 1,2,		
. b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	!!-i	re 1 4 41.0
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,	1 1		
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	.0	orași de faire
		T-115.15.15.15.15.15.15.15.15.15.15.15.15.		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		13.00 10.00 10.00	
	X Compensation committee Written employment contract		4711	
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	347.7		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	10000	9500	
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1000	189 11 1 2 10 2 1 1 1 1 1 1 2 3 1 1 1 1 1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		海道	
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:	Siegik.	Figure 1	
а	The organization?	5a		X
b	Any related organization?	5b	Property for	X
	If "Yes" to line 5a or 5b, describe in Part III.		49152	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			1000000
	compensation contingent on the net earnings of:	100000	-543.5	SUM
	The organization?	6a		X
þ	Any related organization?	6b	Thyuntia u	Α.
	If "Yes" to line 6a or 6b, describe in Part III.	-Weits		A MARKA
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	1		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			4.
	in Part III	8	L	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

Page 2

Schedule J (Form 990) 2012

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	•	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported as deferred in prior Form 990
BONNIE BURNHAM	8	277,863.			20,340.	9,464.	307,667.	
BERTRAND DU VIGNAUD	E	793.244	ے اِت		18 537	0 1 7	10 01	0 0
2 EUROPHAN PRESIDENT	€ €	0			5		- T	
HENRY NG	€	230,812.	0		18,931	969'6	259,439.	0
3 EXECUTIVE VICE PRESIDENT	(E)	0	0		0	0	 	0
LISA ACKERMAN	ε	208,787.	0		16,704.	9,480.	234,971.	0
	▣	0	5					0
EDWARD T. MOHYLOWSKY	ε	182,151.			5,265.	6,958.	194,374.	0
THE PROPERTY PROPERTY.		3				0	- 1	0
CHRISTOPHER JEANNOPOULO (1)	<u></u>	164,943			8,213.	163,	173,319.	0
6 CHIEF FINANCIAL OFFICER	€	0	D				1 8	0
DAVID YOUTZ	ε	151,081.	1			11,186.	162,267.	0
7 SENIOR PHILANTHROPIC ADVISOR	▣	0			0		į	0
	8							
8	8							
	ε							
6	€		,]] [[[[]	7 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	Θ						1	
10	₿							
	ε	 					W. Company of the Com	
11	(E)						1	
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1] 				
12	▣							
	E							
13	€							
	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 				***************************************
14	(E)							
	€	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !				
15	•	***************************************						
	€			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
16	▣							

Schedule J (Form 990) 2012

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

Schedule J (Form 990) 2012

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.

OMB No. 1545-0047 Open To Public

inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WORLD MONUMENTS FUND, INC. 13-2571900 Types of Property (c) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art - Works of art. 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods. 6 Cars and other vehicles 7 8 Intellectual property X 45,224. MARKET QUOTE Securities - Publicly traded 9 10 Securities - Closely held stock . . . 11 Securities - Partnership, LLC, Securities - Miscellaneous 12 13 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Food inventory 19 20 Drugs and medical supplies 21 22 23 Scientific specimens..... 24 Archeological artifacts. 25 Other ►(____) 26 Other ►(____) 27 Other ►(_____) 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions?

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2012)

describe in Part II.

b If "Yes," describe in Part II.

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WORLD MONUMENTS FUND, INC.

Employer identification number 13–2571900

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4B

EDUCATION AND OUTREACH PROGRAMS - EDUCATION AND OUTREACH PROGRAM ACTIVITIES IN FY 2013 INCLUDED (A) A CRAFTSMAN TRAINING PROGRAM THAT PROVIDES HANDS-ON TRAINING AND ON-SITE RESTORATION WORK AT FIVE INTERNATIONAL PROJECT SITES IN THE U.S., PERU AND CAMBODIA, (B) SUSTAINABLE TOURISM PROGRAMS TO HELP BALANCE THE SOCIAL AND ECONOMIC BENEFITS WITH THE DAMAGE TO FRAGILE HISTORIC SITES, (C) MODERNISM AT RISK EXHIBITION "MODERN SOLUTIONS FOR SAVING MODERN LANDMARKS" WHICH EXPLORES THE ROLE DESIGNERS AND ARCHITECTS PLAY IN SAVING ENDANGERED MODERN BUILDINGS, (D) ANNUAL LECTURE SERIES, (E) PUBLICATION OF WMF NEWSLETTERS, (F) ARCHIVAL PROGRAM TO ORGANIZE RESTORATION PROJECT MATERIALS, DIGITIZE TECHNICAL REPORTS AND IMAGES, PAST PUBLICATIONS, NEWSLETTERS, PRINTED MATERIALS RELATED TO FIELD PROJECTS IN A DIGITAL IMAGE LIBRARY AVAILABLE TO AMERICAN UNIVERSITIES, COLLEGES, RESEARCHERS AND STUDENTS FOR RESEARCH PURPOSES, (G) WMF'S WEBSITE WHICH OFFERS DIGITIZED MATERIALS TO PROVIDE A RICH AND LIVELY VIEW OF A BROAD CROSS-SECTION OF THE WORK OF THE ORGANIZATION, AND (H) SELECTION AND LAUNCH OF THE 2014 WATCH LIST OF ENDANGERED SITES.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 11B

THE WORLD MONUMENTS FUND, INC. (WMF) PROVIDES A COPY OF FORM 990 TO FINANCE AND AUDIT COMMITTEE TO REVIEW AT THEIR MEETING BEFORE FILING.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

THE WORLD MONUMENTS FUND, INC. (WMF) CONFLICT OF INTEREST AND BUSINESS RELATIONSHIP DISCLOSURE STATEMENTS ARE GIVEN TO NEW TRUSTEES TO COMPLETE WHEN THEY JOIN THE BOARD AND ANNUALLY THEREAFTER. THE INFORMATION ON THE STATEMENTS IS SUMMARIZED AND PROVIDED TO THE CHAIR. IF DURING THE YEAR THERE ARE DISCUSSIONS OR ACTIONS INVOLVING ANY FINANCIALLY OR PROGRAMMATICALLY SUBSTANTIVE ISSUE REGARDING THESE ORGANIZATIONS, VENDORS OR INVESTMENT FIRMS (ORDINARILY FUNDING, PERSONNEL, WHETHER TO CONTINUE THE RELATIONSHIP, AND WHETHER TO TAKE LEGAL, DISCIPLINARY OR OTHER ACTION):

- INDIVIDUALS WITH RELATIONSHIPS AND POTENTIAL CONFLICTS WILL RESCUE

 THEMSELVES WHENEVER THE ORGANIZATIONS, VENDORS OR INVESTMENT FIRMS ARE UP

 FOR DISCUSSION OR ACTION.
- STAFF REFER TO THE LIST SO INDIVIDUALS CAN BE EXCLUDED WHEN A CONFLICT ARISES SUCH AS WMF FUNDING AWARDS TO OTHER ORGANIZATIONS WHERE WMF TRUSTEES OR FAMILY MEMBERS SERVE ON THEIR BOARDS.
- INDIVIDUALS WITH CONFLICTS INVOLVING WMF AFFILIATES ARE NOT EXCLUDED FROM THE DISCUSSIONS ABOUT THE AFFILIATES BUT WOULD BE EXCLUDED FROM THE VOTE (AND THE FINAL PART OF THE DISCUSSION LEADING UP TO THE VOTE) IF THE VOTE INVOLVES ANY FINANCIALLY OR PROGRAMMATICALLY SUBSTANTIVE ISSUE.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTIONS 15A & 15B

THE WORLD MONUMENTS FUND, INC. (WMF) FINANCE AND AUDIT COMMITTEE IS

RESPONSIBLE FOR REVIEWING AND APPROVING THE COMPENSATION FOR THE KEY

Name of the organization WORLD MONUMENTS FUND, INC.

Employer identification number 13–2571900

EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES (ABOVE \$150,000). THE

COMMITTEE INCLUDES TRUSTEES WHO ARE INDEPENDENT OF THE KEY AND HIGHLY

COMPENSATED EMPLOYEES. EACH YEAR THE COMMITTEE IS PROVIDED WITH WRITTEN

COMPARABLE DATA SUCH AS SPECIFIC COMPENSATION INFORMATION FROM FORM 990S

OF SIMILAR ORGANIZATIONS, AND NATIONAL SURVEY INFORMATION ON NON-PROFIT

COMPENSATION LEVELS, RANGES AND TRENDS. THE COMMITTEE CHAIR REVIEWS THE

INFORMATION WITH COMMITTEE MEMBERS AND RESPONDS IN WRITING TO THE VICE

PRESIDENT AND CHIEF FINANCIAL OFFICER CONFIRMING THE PROPOSED

COMPENSATION FOR THE COMING YEAR.

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION C. - QUESTION 19

THE WORLD MONUMENTS FUND, INC. (WMF) MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

FRANCE

UNITED KINGDOM

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 2

AK, AZ, AR, CA, CT,

DC, FL, GA, HI, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization WORLD MONUMENTS FUND, INC. Employer identification number 13-2571900

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE PALACE MUSEUM 4 JINGSHAN QIANJIE 100009 BEIJING CHINA	CRAFTSMAN TRAINING	1,083,988.
THEATRE NATIONAL DEL'OPERA COMIQUE 3 RUE FAVART 75002 PARIS FRANCE	CONSERVATION	666,443.
ARCANES SARL 21 RUE DU PONTS AUX CHOUX 75003 PARIS FRANCE	CONSERVATION	495,871.

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

WORLD MONUMENTS FUND, INC.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

▼ See separate instructions.

Open to Publ

OMB No. 1545-0047

Employer identification number Inspection

13-2571900

Part	Identification of Disregarded Entities (Complete if th	the organization answered "Yes" to Form 990, Part IV, line 33.)	vered "Yes" to F	orm 990, Part IV	/, line 33.)			
	(a) Name, address, and EIN (frapplicable) of disregarded entity	α,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(2)								
(3)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			-			
(4)								
(5)								
[6]								
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	(Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had the tax year.)	ganization answ	ered "Yes" to Fc	orm 990, Part IV,	line 34 because	it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled ?
		1					Yes	No No
(1) WORE	(1) WORLD MONUMENTS FUND BRITAIN N/A 70 CONCROSS STREET ECIM 6EJ LONDON, UK	CHARITABLE	UK	FOR CHARITYN/A	N/A	N/A		×
(2) WORE	WORLD MONUMENTS FUND ITALY VIA FLAMINIA 362 00196	CHARITABLE	E-	FOR CHARITYN/A	(N/A	N/A		×
(3) WORL	WORLD MONUMENTS FUND FRANCE HOTEL DE TALLEYRAND, 2 RUE SAI	CHARITABLE	FR	FOR CHARITYN/A	(N/A	N/A		×
			~ ~~	we facilities as the control of the				
(5)								
(6)		**************************************						
(7)								
For Paper	For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule	Schedule R (Form 990) 2012	0) 2012

2E1307 1,000 8BC05V MZ61

Page 2

Schedule R (Form 990) 2012

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

	because it had one or more related organizations treated as a partnership during the tax year.)	nore related organ	nizations	treated as a pa	rtnership during	the tax year.)	-	-			
2	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispreportenste silocations?	(I) Code V-UBI amount in box 20	General or managing	(k) Percentage ownership
			foreign country)		excluded from tax under sections 512-514)			Yes No	(Form 1065)	Yes No	
(1)			THE								
(3)											
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					The state of the s					
(5)											
(9)						-					
7(2)											
Part IV	Identification of Related Organizations Taxable as a line 34 because it had one or more related organizations.	ed Organizations one or more relat	Taxable ted organ		Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, ons treated as a corporation or trust during the tax year.)	nplete if the org n or trust during	ganization answ the tax year.)	ered "Yes" to	Form 990, F	⊃art IV,	
	(a) Name, address, and EiN of related organization	of related organization		(b) Primary activity	(c) ctivity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- sets tage ownership	n-Section Section 512(b)(13) controlled ship entity?
			***************************************								Yes No
	;		 								
_(2)											· · · · · · · · · · · · · · · · · · ·
(3)				1 1							
(4)								-			
(5)											
(9)				 							
(7)		. ALS DES DES DES DES DES DES DES DES DES DE									
					-				Schedule	R (Form	Schedule R (Form 990) 2012

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

Marks Consultate Hand M Marks and Marks 12 Hade J 12 Daniel 11 11 - 10 - 12 11 11 - 10 - 10 - 10 -			218
Note: Complete line 1 if any entry is listed in Parts in, in, or 17 of this schedule. 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?	ated organizations lis	ted in Parts II-IV?	33.5
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity			1a ×
Giff. grant. or capital contribution to related organization(s)			1b X
			1c ×
			×
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	· · · · · · · · · · · · · · · · · · ·		
		• • • • • • • • • • • • • • • • • • • •	
i Lease of facilities, equipment, or other assets to related organization(s)			41: X
		*	300 A
k Lease of facilities, equipment, or other assets from related organization(s)			1k X
Performance of services or membership or fundraising solicitation	•		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m X
Sharing of paid employees with related organization(s)	* * * * * * * * * * * * * * * * * * * *		
	* * * * * * * * * * * * * * * * *		
p Reimbursement paid to related organization(s) for expenses			1p X
q Reimbursement paid by related organization(s) for expenses			1q X
			11 ×
S Ouner transfer of cash of property from related organization(s)			-
Z If the answer to any of the above is 'Yes,' see the instructions for information on who must complete file.	Ē	relationships and	transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-s)	(G) Amount involved	(d) Method of determining amount involved
(1) WORLD MONUMENTS FUND BRITAIN	۲	1,056,218.	FMV
(2) WORLD MONUMENTS FUND FRANCE	ф	936,413.	FMV
(3) WORLD MONUMENTS FUND FRANCE	۵	625,000.	FMV
(4) WORLD MONUMENTS FUND BRITAIN	J	.057.6	FMV
(5)			
(9)			
JSA			Schedule R (Form 990) 2012

13-2571900

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

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.

90) 2012	Schedule R (Form 990) 2012	hedule	Sch										
													(16)
													(15)
													(14)
handle of the control													(13)
													(12)
													(11)
													(0)
													(6)
													(8)
													(7)
													(9)
							No. and Associated Association and Association						(2)
													(4)
												ANALYSIA ANA	(3)
													(5)
	No	Yes	(Form 1065)	N _O	Yes			No st	Yes				
(K) Percentage ownership	General or Permaging ow partner?	Gen Tagr	Code V-UBI amount in box 20 of Schedule K-1	Disproportionate	Dispro	Share of end-of-year assets	(r) Share of total income	Are all partners section 501(c)(3)	Are all p sect 501(c	Predominant income (related, unrelated, excluded	Legal domicile (state or foreign country)	(u) Primary activity	(a) Name, address, and EIN of entity
			149		_				3	5		alikatoli. Occ ilisti	of gross revertue) that was not a related organization. See mondor

Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

(INOV. Juliudily 2	0,0,	Exchipt	. Organ	nzation Retain	•	OMB No. 1545-1709	
Department of t		► File a	senarate a	pplication for each return.			
		Automatic 3-Month Extension, o	-		ie hov	▶ X	
		Additional (Not Automatic) 3-Mo					
-	_	<i>inless</i> you have already been grain					
		You can electronically file Form					
8868 to rec	ii requileu i	o file Form 990-T), or an addition ension of time to file any of the	forme liete	tomatic) 5-month exten	ision of time, fou can ith the exception of F	Form 8870 Information	
Return for	Transfers A	ssociated With Certain Persona	I Benefit	Contracts which must	t he sent to the IRS	in naper format (see	
instructions)	. For more o	details on the electronic filing of th	is form, vis	sit www.irs.gov/efile an	d click on e-file for Cha	arities & Nonprofits.	
		Month Extension of Time. On					
A corporatio	n required t	o file Form 990-T and requesting	an automa	atic 6-month extension	 check this box and co 	omplete	
Part I only						▶ 🔲	
All other cor	porations (i	including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use f	Form 7004 to request a	n extension of time	
to file incom	e tax returns	3.			Enter filer's identify	Ing number, see instructions	
	Name of ex	empt organization or other filer, see in	structions.		Employer identification	number (EIN) or	
Type or							
print	WORLD N	MONUMENTS FUND, INC.			13-25719	00	
File by the due date for	Number, st	reet, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number (SSN)	
filing your return. See Instructions. 350 FIFTH AVENUE, SUITE 2412 City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	NEW YOU	RK, NY 10118					
Enter the Re	eturn code f	or the return that this application i	is for (file a	a separate application fo	or each return)	0 1	
Application Return Application Return							
Is For Code Is For Code							
Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07							
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08							
Form 990-BL 02 Form 1041-A 08 Form 4720- (individual) 03 Form 4720 09							
Form 990-T			06	Form 8870		12	
Telephone If the orga If this is for the whole a list with the until	e No. ▶ anization do or a Group F e group, che e names an st an autom	d EINs of all members the extensionatic 3-month (6 months for a corporation of 2/17, 20 14, to file the extension of the exte	Dusiness in ur digit Gro it is for pa on is for. poration re	FAX No. the United States, checking Exemption Number (art of the group, check to the group of the squired to file Form 990	GEN)his box ►	. If this is	
▶□	calendar ye	n's return for: ear 20 or					
X	tax year be	ginning 07/0	<u>1</u> , 20 <u>12</u>	, and ending	06/30	, 20 <u>13</u> .	
	hange in ac	ered in line 1 is for less than 12 mecounting period		 -			
		is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less an		
		dits. See instructions.	4700	6060	Sundahla aradita ara	3a \$	
		is for Form 990-PF, 990-T,		=		1 1	
		nents made. Include any prior year				3b \$	
		ract line 3b from line 3a. Include y Tax Payment System). See instruc		entwith this form, if fe	quired, by using EFTP	3c \$	
		make an electronic fund withdrawal		orm 8868, see Form 8453-	EO and Form 8879-EO f		
		rwork Reduction Act Notice, see Instr				Form 8868 (Rev. 1-2013)	

JSA