Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2021 calendar year, or tax year beginning ULL 1, 2021 and e	ending JU	JN 30, 2022	
	heck if pplicabl	C Name of organization		D Employer identifi	cation number
X	Addre	world monuments fund, inc.			
	Name chang	e Doing business as		13-2571900	
	Initial return		Room/suite	E Telephone numbe	er
	Final return	600 5TH AVENUE FLOOP 25		(646) 424-95	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	21,707,451.
	Amen return			H(a) Is this a group r	eturn
	Applic tion	F Name and address of principal officer. CHRISTOTHER CERNING COLOS		for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
ΙT	ax-ex	empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
J۷	Vebsi [.]	te: WWW.WMF.ORG		H(c) Group exemption	on number 🕨
KF	orm of	organization: X Corporation Trust Association Other ►	L Year of	of formation: 1965	V State of legal domicile: NY
Pa	rt I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: PRESERV	E HISTOR	IC ARCHITECTURAL	
Governance		SITES & WORKS OF ART WITHOUT REGARD TO NATIONAL BOUNDARIES.			
srna	2	Check this box F if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove				<u>3</u>	31
ي 2		Number of independent voting members of the governing body (Part VI, line 1b) \dots			31
es {	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			38
iviti		Total number of volunteers (estimate if necessary)			30
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		9,856,785.	18,166,883.
ent		Program service revenue (Part VIII, line 2g)		0.	42,955.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,532,688.	1,854,316.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58,507.	195,025.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,447,980. 0.	20,259,179.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		3,776,716.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<u> </u>	<u> </u>
ens		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		••	
EXp		Total fundraising expenses (Part IX, column (D), line 25) 1,711,0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,390,176.	10,353,680.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,166,892.	, ,
		Revenue less expenses. Subtract line 18 from line 12		1,281,088.	5,920,547.
- Second	13		Bei	ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		55,746,854.	56,711,356.
Asse Bal	21	Total liabilities (Part X, line 26)		979,487.	706,367.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		54,767,367.	56,004,989.
	rt II	Signature Block		. , -	, , ,
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			, ,,,,,,
,					
		Signature of officer		Date	

Sign	Signature of onicer		Date		
Here	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	ALEXANDER LAZZARUOLO	Alexander Lazzaruolo	11/4/2022	self-employed P01775353	
Preparer	Firm's name 🕒 CONDON O'MEARA MCGINTY &		Firm'	s EIN 🕨 13-3628255	
Use Only	Firm's address ONE BATTERY PARK PLAZA,	7TH FL.			
	NEW YORK, NY 10004		Phon	e no.212-661-7777	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes	No

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	90 (2021) WORLD MONOMENTS FUND, INC. III Statement of Program Service Accomplishments		00 Page
	Check if Schedule O contains a response or note to any line in this Part III		X
E	Briefly describe the organization's mission:		
	MF SAFEGUARDS THE WORLD'S SIGNIFCANT CULTURAL PLACES TO ENRICH LIVES		
Ā	ND BUILD MUTUAL UNDERSTANDING.		
-			
: C	Did the organization undertake any significant program services during the year which were not listed on the		
	rior Form 990 or 990-EZ?		Yes X No
lf	"Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? [;] "Yes," describe these changes on Schedule O.	[Yes X No
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by e	(penses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	evenue, if any, for each program service reported.		choco, and
	Code:) (Expenses \$ 11,351,012. including grants of \$) (Reve		42,955.
	Code:) (Expenses \$) (Heve TELD RESTORATION PROJECTS AND PROGRAMS	nue \$	42,555.
_			
-	MF FIELD WORK ENCOMPASSES FIVE CORE PROGRAM AREAS THAT SERVE THE BROAD		
-	NTERESTS OF PRESERVATION INCLUDING (1) PRESERVATION OF ARCHITECTURAL		
	ND CULTURAL HERITAGE, (2) CAPACITY BUILDING AND CULTURAL TOURISM		
_	ANAGEMENT IN LOCAL COMMUNITIES, (3) ADVOCACY FOR THE PRESERVATION		
M _	OVEMENT, (4) EDUCATION AND TRAINING, AND (5) DISASTER RECOVERY.		
F	ESTORATION PROJECTS AND PRESERVATION PROGRAMS INCLUDED OVER 100 SITES		
I	N OVER 52 COUNTRIES		
-			
-			
-			
	Code:) (Expenses \$) (Reve	nue\$	
E -	DUCATION & OUTREACH PROGRAMS		
E	DUCATION AND OUTREACH PROGRAM ACTIVITIES INCLUDED (A) A CRAFTSMAN		
Т	RAINING PROGRAM THAT PROVIDES HANDS-ON TRAINING AND ON-SITE		
R	ESTORATION WORK AT FIVE INTERNATIONAL PROJECT SITES IN THE U.S., PERU		
A	ND CAMBODIA (B) SUSTAINABLE TOURISM PROGRAMS TO HELP BALANCE THE		
5	OCIAL AND ECONOMIC BENEFITS WITH THE DAMAGE TO FRAGILE HISTORIC SITES		
-	C) MODERNISM AT RISK EXHIBITION "MODERN SOLUTIONS FOR SAVING MODERN		
_	ANDMARKS" WHICH EXPLORES THE ROLE DESIGNERS AND ARCHITECTS PLAY IN		
-	AVING ENDANGERED MODERN BUILDINGS. (D) ANNUAL LECTURE SERIES. (E)		
-			
_	UBLICATION OF WMF NEWSLETTERS, (F) ARCHIVAL PROGRAM TO ORGANIZE		
_	ESTORATION PROJECT MATERIALS, DIGITIZE TECHNICAL REPORTS AND IMAGES,		
	AST PUBLICATIONS, NEWSLETTERS, PRINTED MATERIALS RELATED TO FIELD		
с (Code:) (Expenses \$) (Reve	nue\$	
_			
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-			
-			
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	Other program services (Describe on Schedule O.)		<u>۱</u>
	Expenses \$ including grants of \$) (Revenue \$)
(E	11 251 010		
(E	Total program service expenses 11,351,012.		~~~
(E			Form 990 (202
(E	Total program service expenses 11,351,012. 2-09-21 SEE SCHEDULE O FOR CONTINUATION(S)		Form 99(

Form 990 (2021) WORLD MONUMENTS FO WORLD MONUMENTS FUND, INC. 13-2571900 Page 3

			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	Х	
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		X
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 Rev. Proc. 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	X	├───
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
-	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
b	Part VI	114		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 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		X
f	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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		í —
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x
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WORLD MONUMENTS FUND, INC.

Checklist of Required Schedules (continued) Part IV Ye<u>s</u> No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease С any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х Schedule I Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 27 creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If а х "Yes." complete Schedule L, Part IV 28a х b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If x 28c "Yes," complete Schedule L, Part IV х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation x contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 х 34 Part V line 1 x 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 28 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable h 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming С Х (gambling) winnings to prize winners? **1**c Form 990 (2021) 132004 12-09-21

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	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)					age
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
3a				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a	х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired]	
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
	sponsoring organization have excess business holdings at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the energy stranger reliant make a distribution to a dense dense advisor, as related nergan?		N/A			
^	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		IN / A	9b		
U	Section 501(c)(7) organizations. Enter:		N/A	9b		
a	Section 501(c)(7) organizations. Enter:	10a	M/A	9b		
	Section 501(c)(7) organizations. Enter:	10a 10b	N/A	<u>9b</u>		
a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12N/A			<u>9b</u>		
a b	Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			<u>9b</u>		
a b 1	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 M/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	10b		<u>9b</u>		
a b 1 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against	10b		9b		
a b 1 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against	10b 11a 11b		<u>9b</u> 12a		
a b 1 b 2a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A	10b 11a 11b				
a b 1 b 2a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10b 11a 11b 10413				
a b 1 b 2a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	10b 11a 11b 10413 12b				
a b 1 2a b 3	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. N/A	10b 11a 11b 10413 12b		12a		
a b 1 2a 5 3	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	10b 11a 11b 10413 12b		12a		
a b 1 a b 2a b 3 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the	10b 11a 11b 10413 12b		12a		
a b 1 b 2a b 3 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	10b 11a 11b 10411 12b		12a		
a b 1 b 2a b 3 a b c	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Divide the attent of reserves on hand	10b 11a 11b 10417 12b 13b 13c		12a		x
a b 1 b 2a b 3 a b c	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	10b 11a 11b 10411 12b 13b 13b	N/A	12a 13a		x
a b 1 b 2 a b 2 a b c 4 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	10b 11a 11b 10417 12b 13b 13c	N/A	12a 13a 14a		x
a b 1 b 2 a b 2 a b c 4 a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	10b 11a 11b 10417 12b 13b 13c	N/A	12a 13a 14a		
a b 1 b 2a b 3 a b c 4a b	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	10b 11a 11b 10417 12b 13b 13c	N/A	12a 13a 14a 14b		
a b 1 a b 2 a b c 4 a b 5	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year?	10b 11a 11b 10417 12b 13b 13c	N/A	12a 13a 14a 14b		
b 1 2 2 3 3 b c 4 4	Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Schedule N.	10b 11a 11b 10417 12b 13b 13c	N/A	12a 13a 14a 14b 15		x
a b 1 a b 2 a b 2 a b c 4 a b 5	Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme	10b 11a 11b 10417 12b 13c 13c 13c	N/A	12a 13a 14a 14b 15		x
a b 1 a b 2 a b 3 a b 4 a b 5 6	Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investme	10b 11a 11b 10417 12b 13b 13c ///////////////////////////////////	N/A N/A	12a 13a 14a 14b 15		x

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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		- ,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 33	L		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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			
10		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
D		76		x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
a	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Δ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 🕨 AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, KS			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	··· j /		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	an		
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CHRIS JEANNOPOULOS/THE FUND - (646) 424-9594			
20				
20	600 5TH AVENUE FLOOR 25 NEW YORK NY 10020			
20	600 5TH AVENUE FLOOR 25, NEW YORK, NY 10020 6 12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	Eore	9 90	(202

<u>Form 990 (</u>		13-2571900	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with o	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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c		itior		200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BENEDICTE DE MONTLAUR	45.00	_	_		-		-			
PRESIDENT & CEO		х		х				420,500.	0.	46,883.
(2) CHRISTOPHER JEANNOPOULOS	45.00									
CFAO						х		236,515.	0.	21,198.
(3) JONATHAN BELL	45.00									
V.P. OF PROGRAMS						X		191,965.	0.	39,215.
(4) KARAUGH BROWN	45.00									
V.P. OF DEVELOPMENT						x		186,925.	0.	40,568.
(5) DARLENE MCCLOUD	45.00									
EXECUTIVE V.P.						X		181,165.	0.	29,219.
(6) JUDITH WALKER	45.00									
V.P. OF COMMUNICATIONS						X		120,388.	0.	23,759.
(7) LORNA B. GOODMAN	1.00									
CHAIR		Х		Х				0.	0.	0.
(8) JOHN J. KERR, JR., ESQ.	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) FERNANDA M. KELLOGG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) PETER KIMMELMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) PRINCE AMYN AGA KAHN	1.00									
TRUSTEE		Х						٥.	0.	0.
(12) KWAME ANTHONY APPIAH	1.00									
TRUSTEE		Х						0.	0.	0.
(13) BROOK BERLIND	1.00									
TRUSTEE		х						0.	0.	0.
(14) WENDY WALDRON BRANDOW	1.00									
TRUSTEE		х						0.	0.	0.
(15) SUSAN DE MENIL	1.00									
TRUSTEE		х						0.	0.	0.
(16) MICA ERTEGN	1.00									
TRUSTEE		х						0.	0.	0.
(17) PAULINE EVEILLARD	1.00									
TRUSTEE		х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) WORLD MONUMEN	NTS FUND, I	NC.							13-257	1900)	Pa	ige 8	
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)					
(A)	(B)			(0	C)			(D)	(E)			(F)		
Name and title	Average	(10		Posi				Reportable	Reportable		Es	timated	d	
	hours per	box	, unle	heck r ss per	son i	s both	n an	compensation	compensation		an	nount c	of	
	week	offi	cer ar	ıd a di	recto	r/trus	tee)	from	from related			other		
	(list any	director						the	organizations		com	pensat	ion	
	hours for	or dir				ted		organization	(W-2/1099-MISC	/ /	fr	om the	;	
	related	stee o	ruste			ensa		(W-2/1099-MISC/	1099-NEC)		•	anizatio		
	organizations below	al tru	onal t		loyee	e com		1099-NEC)				d relate		
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizatio	ns	
(18) LINN FEIDELSON	1.00	=	=	9	Ke	도교	2			\rightarrow				
TRUSTEE	1.00	x						0.		٥.			0.	
(19) MARK FLETCHER	1.00													
TRUSTEE		x						0.		٥.			Ο.	
(20) ROBERTO HERNNDEZ RAMREZ	1.00													
TRUSTEE		x						0.		٥.			0.	
(21) HENRY ISEMAN	1.00									\rightarrow				
TRUSTEE		х						0.		٥.			Ο.	
(22) SHAIKHA MAI BINT MOHAMMED AL KH	1.00													
TRUSTEE		х						0.		٥.			0.	
(23) SUZANNE KOHLBERG	1.00													
TRUSTEE		х						0.		٥.			0.	
(24) DEBORAH M. LEHR	1.00													
TRUSTEE		х						0.		0.			0.	
(25) MONIKA A. MCLENNAN	1.00												•	
TRUSTEE	1 00	Х						0.		0.			0.	
(26) JUAN PABLO MOLYNEUX TRUSTEE	1.00	x						0.		٥.				
								1,337,458.		0.		200,8	0.	
1b Subtotal								1,337,430.		0.		200,0	0.	
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								1,337,458.		0.		200,8	-	
2 Total number of individuals (including but no							o re		000 of reportable			,		
compensation from the organization		000	noco	u uo		,	010						6	
												Yes	No	
3 Did the organization list any former officer,	director, trust	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	lovee on	[
line 1a? If "Yes," complete Schedule J for su				•	-		Ŭ	• •		- E	3		х	
4 For any individual listed on line 1a, is the su														
and related organizations greater than \$150	-		-					-	-	- E	4	х		
5 Did any person listed on line 1a receive or a										··· -				
rendered to the organization? If "Yes," com										[5		х	
Section B. Independent Contractors														
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	on fro	m		
the organization. Report compensation for t	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.					
(A)								(B)		~	(C			
Name and business								Description of s	ervices		omper	nsation	1	
COMUNITA EBRAICA DI VENEZIA, CANNAREG	310,													
1146, VENEZIA, VENEZIA, ITALY 30121	DIG						-	CONSERVATION				807,5	500.	
MUSEE CLUNY, 254/256 RUE DE BERCY, PA	ARIS,											- 4 - 4	120	
PARIS CEDEX 12, FRANCE 75577	A 37						_	CONSERVATION				747,4	136.	
PREAH KHAN CONSERVATION, 0807, BANTEA VILLAGE, BANTEAY VILLAGE, SIEM REAP,	71							CONSERVATION				699,1	193	
COMITE FRANCAIS POUR LA SAUVEGARDE DI	E VENTS						-	CONDERVITION				, , , ,		
PLAZZO BALBI MOCENIGO, DORSODURO, VEN								CONSERVATION				365,6	525.	
DONALD INSALL ASSOCIATES, 12 DEVONSH							f					,		
STREET, LONDON, LONDON, UNITED KINGDO								CONSERVATION				281,7	705.	
2 Total number of independent contractors (ir		ot lir	nited	t to t	thos	se lis	ted	above) who received mo	ore than					
\$100,000 of compensation from the organiz	•					5		·						
SEE PART VII, SECTION A CONTINU		тs								ſ	orm 9	990 (2	:021)	

13441031 152490 8BC05V

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 8 2021.05000 world monuments fund, inc 8BC05V_1

Form 990 WORLD MONUMER	NTS FUND, I	NC.							13-25719	00
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(Cl	(check all that app				ly)	compensation	compensation from related	amount of other
	per week					ee		from the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	e			ited ei		(W-2/1099-MISC)		organization
	related	ustee	truste		e	bens				and related
	organizations below	lual tri	tional		n ploye	st com	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
(27) NANCY B. NEGLEY	1.00									
TRUSTEE		х						0.	0.	0.
(28) DR. MARILYN PERRY	1.00									
TRUSTEE		х						0.	0.	0.
(29) DONNA ROSEN	1.00									_
TRUSTEE	1 00	X				-		0.	0.	0.
(30) ANNABELLE SELLDORF	1.00	x							^	0
TRUSTEE (31) BERNARD SELZ	1.00	^				-		0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(32) HELENE MARIE SHAFRAN	1.00								••	
TRUSTEE	1.00	x						0.	0.	0.
(33) MELISSA STEWART	1.00							·		••
TRUSTEE		x						0.	0.	0.
(34) MARCHESA KATRIN THEODOLI	1.00									
TRUSTEE		х						0.	0.	0.
(35) ANTHONY V. THOMPSON	1.00									
TRUSTEE		х						0.	0.	0.
(36) JUAN CARLOS VERME GIANNONI	1.00									
TRUSTEE		х						0.	0.	0.
						<u> </u>				
						-				
		•								
		1								
		1								
		1								
		1								
		-				-	-			
		1								
		•			•		•			
Total to Part VII, Section A, line 1c										

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		Check if Schedule O	Conta		130		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax und sections 512 -
ş	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Ā	c	Fundraising events		1c		919,661.				
ar /	c	Related organizations		1d						
i		e Government grants (con				2,366,182.				
Š	f	All other contributions, gifts								
the		similar amounts not include	d abov			14,881,040.				
p	ç					450,530.	40.466.000			
a	r	Total. Add lines 1a-1f	<u></u>	<u></u>			18,166,883.			
	_	PROGRAM EEEG				Business Code	40.055	40.055		
	2 a					900099	42,955.	42,955.		
ne	k				_					
/en	c									
Be	c				_					
Revenue	e f		rovo	<u></u>	_					
	י כ						42,955.			
	3	Investment income (inclu					1			
	-	other similar amounts)					1,118,367.			1,118,3
	4	Income from investment					· · · ·			
	5	Royalties		-		Г				
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	k	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	c	Net rental income or (los	s)			▶				
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	1,979,9	86.					
	k	Less: cost or other basis								
		and sales expenses								
		Gain or (loss)		•			725 040			725 0
		Net gain or (loss)			·····	▶	735,949.			735,9
	88	 Gross income from fundrais including \$ 	•							
		contributions reported o								
		Part IV, line 18		-	8a	12,350.				
	F	Less: direct expenses			8b	204,235.				
		Net income or (loss) from			_	, t	-191,885.			-191,8
		Gross income from gami		-			,			,
		Part IV, line 19			9a					
	k	Less: direct expenses			9b					
		Net income or (loss) from				►				
		Gross sales of inventory,								
		and allowances			10a					
	k	Less: cost of goods sold			10b					
	c	Net income or (loss) from	n sales	s of inventor	у					
						Business Code				
Revenue	11 a	CARES ACT - ERTC				900099	386,910.			386,9
enu	k					ļ ļ				
Sev	c				_					
٦		All other revenue				L				
		Total. Add lines 11a-11d					386,910.		_	
	12	Total revenue. See instruct	ions				20,259,179.	42,955.	0.	2,049,3

WORLD MONUMENTS FUND, INC.

Form 990 (2021)

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Form 990 (2021) WORLD MONUMENTS FUN WORLD MONUMENTS FUND, INC.

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Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	467,383.	256,461.	83,071.	127,851.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,666,303.	1,467,165.	473,885.	725,253.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	178,355.	96,850.	31,717.	49,788.
9	Other employee benefits	354,218.	192,618.	62,973.	98,627.
10	Payroll taxes	318,693.	173,508.	56,638.	88,547.
11	Fees for services (nonemployees):				
а	Management	16,600.		16,600.	
b	Legal	59,811.	11,883.	22,769.	25,159.
с	Accounting	65,627.	10,590.	50,613.	4,424.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	144,956.		144,956.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	7,700,698.	7,664,251.	32,447.	4,000.
12	Advertising and promotion	10,306.	6,051.	1,785.	2,470.
13	Office expenses	356,423.	209,338.	48,187.	98,898.
14	Information technology	484,040.	236,823.	64,884.	182,333.
15	Royalties				
16	Occupancy	709,072.	387,852.	125,963.	195,257.
17	Travel	405,921.	361,132.	5,389.	39,400.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	77,873.	62,738.	11,154.	3,981.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	142,799.	78,246.	25,380.	39,173.
23	Insurance	93,321.	50,798.	16,678.	25,845.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT EXPENSE	84,708.	84,708.		
b	UNRELATED BUS. INC. TAX	1,525.	,	1,525.	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,338,632.	11,351,012.	1,276,614.	1,711,006.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	check here impaign and fundraising solicitation.				
	II 10110WING SUP 98-2 (ASU 958-720)				

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Form 990 (2021)

WORLD MONUMENTS FUND, INC.

13-2571900 Page **11**

Par	נא	Balance Sneet	noto to co	v line in this Dect V			
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			146,964.	1	399,468.
	2	Savings and temporary cash investments	13,550,796.	2	19,693,914,		
	3	Pledges and grants receivable, net	9,353,520.	3	8,542,615		
	4	Accounts receivable, net			257,198.	4	130,549
	5	Loans and other receivables from any curren					,
	-	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu		_			
	•	under section 4958(f)(1)), and persons descri	•			6	
<u>ر</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			96,270.	9	150,534
		Land, buildings, and equipment: cost or othe	1		,		,
	ieu	basis. Complete Part VI of Schedule D		1,815,074.			
	h	Less: accumulated depreciation		587,995.	169,458.	10c	1,227,079
	11	Investments - publicly traded securities		· · · · · ·	30,479,385.	11	24,179,742
	12	Investments - other securities. See Part IV, lir			1,423,662.	12	1,938,124
	13	Investments - program-related. See Part IV, III				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	269,601.	15	449,331		
	16	Total assets. Add lines 1 through 15 (must e	55,746,854.	16	56,711,356		
	17	Accounts payable and accrued expenses	486,157.	17	706,367		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20			20			
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete		20			
	22	Loans and other payables to any current or f				21	
ies	22	trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of t		22			
Liabilities	00						
	23 24	Secured mortgages and notes payable to un		· · · · · · · · · · · · · · · · · · ·	493,330.	23	0
		Unsecured notes and loans payable to unrela			495,550.	24	•
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		of Schedule D	1165 17-24			25	
	26				979,487.	25 26	706,367
_	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, 0	abook bor		575,407.	20	100,501
ŝ			check her				
ů –	07	and complete lines 27, 28, 32, and 33.			1,951,511.	07	2,180,114
ala	27 20			52,815,856.	27	53,824,875	
а Р	28	Net assets with donor restrictions			52,015,050.	28	55,024,075
5		Organizations that do not follow FASB AS	C 956, CI				
۲. ۲	20	and complete lines 29 through 33.	do			00	
ŝ	29 20	Capital stock or trust principal, or current fur				29	
SSE	30 01	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			51 767 267	31	56 004 000
ž	32	Total net assets or fund balances			54,767,367.	32	56,004,989.
	33	Total liabilities and net assets/fund balances			55,746,854.	33	56,711,356. Form 990 (2021

Form 990 (2021)

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Forn	990 (2021) WORLD MONUMENTS FUND, INC.	13-257190	0	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,	259,	179.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,	338,	632.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	920,	547.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	54,	767,	367.
5	Net unrealized gains (losses) on investments	5	-4,	682,	925.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	56,	004,	989.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047	
2021	

Open to Public

Name of the org	onization

Internal Reve	enue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.						Ins	pection	
Name of	the organizati	ion						Employer	nployer identification number		
			MONUMENTS FUND, INC.						13-2571	900	
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The orga	nization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)						
3 🛄	•	•		anization described in se							
4			ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospit	tal's name,	
	city, and stat										
5	-	-		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
			Complete Part II.)								
6		-	-	nental unit described in							
7	-		-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general p	oublic des	cribed in	
• □	-		omplete Part II.)								
8	-			(1)(A)(vi). (Complete Par	-						
9 📖	•	-	-	in section 170(b)(1)(A)(-		-	-		
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or		
10 X	university:		II								
10 🗵				than 33 1/3% of its supp							
				t to certain exceptions; a (less section 511 tax) fro					-		
			mplete Part III.)	(less section of r tax) ite		ses acqui	ieu by the org	anization a		50, 1975.	
11 🗌				ively to test for public sa	fety See	section 50)9(a)(4)				
12	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses	of one or	
	-	-	-	ed in section 509(a)(1) o	-			•			
			-	f supporting organization						507 011	
a	_	•	• •	upervised, or controlled		-		-	nivina		
u _			-	gularly appoint or elect a	• • •	-					
		-	complete Part IV, Se		indjointy c				pporting		
b	_ ·		-	l or controlled in connect	ion with it	s supporte	d organizatio	n(s) by hav	ina		
~ _			-	anization vested in the sa			•		-		
		-	t complete Part IV,		anne peree)e ine eapp			
c	_ ·			g organization operated	in connect	tion with. a	and functional	lv integrate	d with.		
		-). You must complete I				.,			
d		-		porting organization oper				ted organiz	ation(s)		
		-		zation generally must sat				-			
		-		nplete Part IV, Sections	-		-				
e		-	-	written determination fro				II, Type III			
	functionally	y integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.					
f Ent	er the number	of supported of	organizations								
g Pro	vide the follow	ring information	n about the supporte	ed organization(s).							
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of	,	• •	ount of other	
	organization	า		above (see instructions))	Yes	No	support (see ir	istructions)	support (s	ee instructions)	
Total											

Part II Support Schedule for	-					-			
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization									
fails to qualify under the test	s listed below, plea	se complete Part I	II.)						
Section A. Public Support									
Calendar year (or fiscal year beginning in) 🕨	• (a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.")									
2 Tax revenues levied for the organ-									
ization's benefit and either paid to									
or expended on its behalf									
3 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge \dots									
4 Total. Add lines 1 through 3									
5 The portion of total contributions									
by each person (other than a									
governmental unit or publicly									
supported organization) included									
on line 1 that exceeds 2% of the									
amount shown on line 11,									
column (f)									
6 Public support. Subtract line 5 from line 4.									
Section B. Total Support				1					
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7 Amounts from line 4									
8 Gross income from interest,									
dividends, payments received on									
securities loans, rents, royalties,									
and income from similar sources \dots									
9 Net income from unrelated business									
activities, whether or not the									
business is regularly carried on \dots									
10 Other income. Do not include gain									
or loss from the sale of capital									
assets (Explain in Part VI.)									
11 Total support. Add lines 7 through 10									
12 Gross receipts from related activities					12				
13 First 5 years. If the Form 990 is for t	•					. —			
organization, check this box and sto	p here								
Section C. Computation of Publ									
14 Public support percentage for 2021					14	%			
15 Public support percentage from 2020					15	%			
16a 33 1/3% support test - 2021. If the	-								
stop here. The organization qualifies									
b 33 1/3% support test - 2020. If the									
and stop here. The organization qua									
17a 10% -facts-and-circumstances tes									
and if the organization meets the fac			-		-				
meets the facts-and-circumstances to	-		• • • •		17a and lina 15 ia				
b 10% -facts-and-circumstances tes	-					1070 01			
more, and if the organization meets t organization meets the facts-and-circ				• •					
18 Private foundation. If the organizati									

WORLD MONUMENTS FUND, INC.

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,693,447.	11,588,826.	12,884,373.	10,004,866.	18,166,883.	61,338,395.
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	45.000	120 150	56 005		40.055	055 404
-	organization's tax-exempt purpose	47,392.	130,152.	56,925.		42,955.	277,424.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	8,740,839.	11,718,978.	12,941,298.	10,004,866.	18,209,838.	61,615,819.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	2,445,194.	3,803,523.	6,357,094.	5,182,264.	3,066,089.	20,854,164.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	2,445,194.	3,803,523.	6,357,094.	5,182,264.	3,066,089.	20,854,164.
	Public support. (Subtract line 7c from line 6.)						40,761,655.
	ction B. Total Support				(N	()	
	ndar year (or fiscal year beginning in)	(a) 2017 8,740,839.	(b)2018 11,718,978.	(c) 2019 12,941,298.	(d)2020 10,004,866.	(e) 2021 18,209,838.	(f) Total 61,615,819.
	Amounts from line 6 Gross income from interest,	0,740,035.	11,710,970.	12,941,290.	10,004,000.	10,209,030.	01,015,015.
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	664,966.	721,927.	876,053.	706,047.	1,118,367.	4,087,360.
h	Unrelated business taxable income		,	,	,	_//	_, , , .
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	664,966.	721,927.	876,053.	706,047.	1,118,367.	4,087,360.
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	9,405,805.	12,440,905.	13,817,351.		19,328,205.	65,703,179.
14	First 5 years. If the Form 990 is for the	0					n,
800	check this box and stop here ction C. Computation of Publi	o Support Dor					·····
	•					45	62.04 %
	Public support percentage for 2021 (I Public support percentage from 2020		•			15 16	
	ction D. Computation of Inves					10	56.87 %
	Investment income percentage for 20			ne 13. column (f))		17	6.22 %
	Investment income percentage from		'			18	6.52 %
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						N V
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check thi	is box and see inst	tructions	
13202	23 01-04-22					Schedule A	(Form 990) 2021

16

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021	WORLD	MONUMENTS	FUND,
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Yes

1

2

No

			Yes	No
			165	NU
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sar	tion B. Type I Supporting Organizations			

INC

Supporting Organi

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported exception(a)	1	1	1

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Part IV Supporting Organizations (continued)

Sche	edule A (Form 990) 2021 WORLD MONUMENTS FUND, INC.			13-2571900	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying the set of the set	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations mus				
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current Y	'ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2021

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WORLD MONUMENTS FUND, INC. 13-2571900 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2021 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2021. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

Page 7

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Schedule A	Form 990) 2021 WORLD MONUMENTS FUND, INC.	13-2571900	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Sectior /, Section B, line 1e; Pa	۱C,
	(See instructions.)	la momation.	
		0.4	
132028 01-04-2	21	Schedule A (Form	990) 2021

	1	Quantament	al Einanaial Statamanta		IO	MB No. 154	45-0047
			al Financial Statements anization answered "Yes" on Form 990,			200) 1
(Forr	Y Part IV, line 6, 7, 8, 9, 10, 1), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			202	<u> </u>
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information			Open to Inspectio	
	e of the organizatio				loyer ider	ntification	
_		WORLD MONUMENTS FUND, INC.				2571900	
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or A	ccoun	ts. Com	plete if the	Э
	organization	Tanswered fes of Form 990, Fartiv, in	(a) Donor advised funds	(b) Fund	ts and oth	ner accour	
4	Total number at or	ad of year					
1 2		nd of year f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5			writing that the assets held in donor advised fur	ds			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only			
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	ring		-	
Pa	impermissible priva		· · · · · · · · · · · · · · · · · · ·			Yes	No
			ganization answered "Yes" on Form 990, Part IV	, line 7.			
1		ervation easements held by the organizati of land for public use (for example, recrea		orioally i	mnortant	land area	
		f natural habitat	tion or education) Preservation of a his	-			
		of open space		uneu ms	ione sirue	luie	
2			fied conservation contribution in the form of a c	onservati	ion easem	nent on the	e last
_	day of the tax year	o o .				e End of the	
а	Total number of co	onservation easements		2a			1
				2b			5.00
с	Number of conserv	vation easements on a certified historic str	ucture included in (a)	2c			1
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structure				
	listed in the Nation	al Register		2d			
3	Number of conserv	vation easements modified, transferred, rel	leased, extinguished, or terminated by the orgar	nization o	during the	tax	
	year 🕨						
4		where property subject to conservation eas					
5	0	tion have a written policy regarding the per			v	Yes	
6	,	orcement of the conservation easements it					No No
6		8	handling of violations, and enforcing conservati	on easer	nents dur	ing the yea	ar
7	Amount of expense		dling of violations, and enforcing conservation e	sement	s durina ti	ne vear	
•	► \$	1,500.			s during ti	ie year	
8			ve satisfy the requirements of section 170(h)(4)(E	5)(i)			
	and section 170(h)	(4)(B)(ii)?				Yes	No No
9			on easements in its revenue and expense stater				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements th	nat descr	ribes the		
	organization's acco	ounting for conservation easements.					
Pa			f Art, Historical Treasures, or Other S	Similar	Assets	.	
		the organization answered "Yes" on Form					
па	6	, I	8, not to report in its revenue statement and ba				
			olic exhibition, education, or research in furthera	nce of p	UDIIC		
h	· •		ncial statements that describes these items. i8, to report in its revenue statement and balanc	e sheet v	worke of		
U.	-		c exhibition, education, or research in furtherand				
		ng amounts relating to these items:		pub		- 1	
				▶ 9	6		
					s		
2			asures, or other similar assets for financial gain,				
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1	-	. 🕨 🖇	š		
b							

b	Assets	included	in	Form	990,	F

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21 ٨٩

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1	~ -	~ ~ ~	7.70

2021.05000 WORLD MONUMENTS FUND, INC 8BC05V_1

		MENTS FUND, I					13-257		Pa	_{age} 2		
Pa	t III Organizations Maintaining C	ollections of <i>i</i>	Art, Hist	orical Tre	asures, or Oth	er Simila	r Assets	contin	ued)			
3	Using the organization's acquisition, accession	on, and other reco	ords, checl	k any of the f	ollowing that make	significant	use of its					
	collection items (check all that apply):											
a Public exhibition d Loan or exchange program												
b	Scholarly research		e 🗌	Other								
с	Preservation for future generations											
4	Provide a description of the organization's co	ellections and exp	lain how th	nev further th	e organization's ex	empt purpa	ose in Part	XIII				
5	During the year, did the organization solicit o											
•	to be sold to raise funds rather than to be ma							Yes		No		
Pa	t IV Escrow and Custodial Arrange									<u></u>		
	reported an amount on Form 990, Par			oorganizatio			o, r arcri,					
12	Is the organization an agent, trustee, custodia		ediany for	contributions	or other assets no	t included						
ia	on Form 990, Part X?							Yes		No		
h	If "Yes," explain the arrangement in Part XIII						∟		L			
D		and complete the	lollowing	LaDIE.				Amount				
_	De sienie a balance							Amoun				
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance							7		7		
	Did the organization include an amount on Fo					• • • • • •	L	Yes		No		
	If "Yes," explain the arrangement in Part XIII.	Check here if the	explanation	on has been	provided on Part XI	<u>II</u>						
Pa	t V Endowment Funds. Complete i											
		(a) Current yea		Prior year	(c) Two years back		years back					
	Beginning of year balance	32,453,13	2. 26	,816,071.	27,190,425	. 27,5	546,449.	27,	189,			
b	Contributions			100,000.		_	37,001.	. 19,22				
С	Net investment earnings, gains, and losses	-3,111,83	0.6	,572,061.	685,646	. 8	311,275.	1,	652,	672.		
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs	1,060,00	0. 1	,035,000.	1,060,000	. 1,2	204,300.	1,	315,	000.		
f	Administrative expenses											
g	End of year balance	28,281,30	2. 32	,453,132.	26,816,071	. 27,1	L90,425.	27,	546,	449.		
2	Provide the estimated percentage of the curr	ent year end bala	nce (line 1	g, column (a)) held as:							
а	Board designated or quasi-endowment		%	•								
	Permanent endowment 96.6600	%										
	Term endowment 3.3400	%										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.										
3a	Are there endowment funds not in the posses		nization the	at are held an	d administered for	the organiz	ration					
00	by:					and organiz	acion	ſ	Yes	No		
	(i) Unrelated organizations							3a(i)		х		
	(ii) Related organizations							3a(ii)		х		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as rea	wired on S	chodulo P2				3b				
1	Describe in Part XIII the intended uses of the							50				
Pa	t VI Land, Buildings, and Equipm		luowinent	iunus.								
	Complete if the organization answered		990 Part I	V line 11a S	ee Form 990 Part 3	X line 10						
	· · ·						a al					
	Description of property	(a) Cost o basis (inve		(b) Cost basis		Accumulat depreciatior		(d) Bool	< value	Э		
	Land		Journenty	00010		-opicolation	•					
	Land											
	Buildings				E02 E72	20	570		F 6 7	002		
	Leasehold improvements				593,573.		,570.		567,			
	Equipment				819,795.		,677.		647,			
-	Other				401,706.		,748.			958.		
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Pa</u>	art X, colur	<u>mn (B), line 1(</u>	<u>)c.)</u>				227,			
							Schedule	D (Form	n 990)	2021		

WORLD MONUMENTS FUND, INC. 13-2571900 Page 3 Schedule D (Form 990) 2021 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes (2)(3) (4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

►

132053 10-28-21

Sche	dule D (Form 990) 2021 WORLD MONUMENTS FUND, INC.			13-25719	00 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			15 421 000
1				1	15,431,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		4 (00 005		
a	Net unrealized gains (losses) on investments		-4,682,925.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			4 (00 005
е	Add lines 2a through 2d			2e	-4,682,925.
3	Subtract line 2e from line 1			3	20,114,223.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1	144 050		
a	Investment expenses not included on Form 990, Part VIII, line 7b		144,956.		
b	Other (Describe in Part XIII.)	4b			144.056
c _	Add lines 4a and 4b			4c	144,956.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,259,179.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per P	ieturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				14 102 686
1	Total expenses and losses per audited financial statements			1	14,193,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			0
-	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	14,193,676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	144 056		
а	Investment expenses not included on Form 990, Part VIII, line 7b		144,956.		
b		4b			144 056
	Add lines 4a and 4b			4c	144,956.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	14,338,632.
	rt XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part X, line	2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional informa	ation.		
סגס	TT TIMP F.				
FAR.	II, LINE 5:				
ססס					
FROG	EDURES FOR MONITORING, INSPECTING AND ENFORCEMENT OF THE CON	NSERVATION			
FACI	MENT:				
WMF	COMMUNICATES WITH THE OWNER TO CONFIRM THAT THEY ARE ADHERIN	אה שט אד			
WHI	COMMONICATES WITH THE OWNER TO CONFIRM THAT THEY ARE ADDERIT				
סדפי	RICTIONS IMPOSED BY THE TERMS OF THE AGREEMENT AND ENSURE TH	J.P.			
KES.	RICHIONS IMPOSED BI THE TERMS OF THE ROREEMENT AND ENSURE IN	15			
CON					
	ERVATION PURPOSE OF THE EASEMENT IS BEING ACHIEVED.				
ጥፔፍ	CONSERVATION EASEMENT RIDES WITH THE TITLE TO THE PROPERTY,	Σ			
Inc	CONSERVATION ERSEMENT RIDES WITH THE TITLE TO THE FROFERIT,	A			
₽∩Ͳĩ	NTIAL PURCHASER MUST BE INFORMED OF THE EASEMENT AND WMF MUS	ናጥ вළ			
INFO	RMED 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.

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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

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."

PART II, LINE 9:

CONSIDERATION FOR THE CONSERVATION EASEMENT IS INCLUDED IN THE REVENUE AND

EXPENSE STATEMENT AND BALANCE SHEET.

PART V, LINE 4:

THE ENDOWMENT INCLUDES 7 INDIVIDUAL ENDOWMENT FUNDS. THE ENDOWMENT

PROVIDES STABLE FINANCIAL SUPPORT TO A WIDE VARIETY OF PROGRAMS AND

ACTIVITIES IN PERPETUITY, PLAYING A CRITICAL ROLE IN ENABLING WORLD

MONUMENTS FUND TO ACHIEVE ITS MISSION. PROGRAMS SUPPORTED BY THE

ENDOWMENT INCLUDE WMF FIELD WORK (CONSERVATION PROJECTS) AND EDUCATION &

OUTREACH PROGRAMS. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT

FUNDS AND FUNDS DESIGNATED BY THE BOARD OF DIRECTORS TO FOUNDATION AS

ENDOWMENTS. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING

BOARD-DESIGNATED ENDOWMENT FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE

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Schedule D (Form 990) 2021

132055 10-28-21

Part XIII Supplemental Information (continued)

EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

Schedule D (Form 990) 2021

132055 10-28-21

Name of the organization					Employer identi	fication number
WORLD MONUMENTS FUND,	INC.				13-2571900	
		ctivities Out	side the United States. Comple	ete if the organ		Yes" on
Form 990, Part IV				0		
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra	nts and other a		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance out	side the
United States.						
			an be duplicated if additional space is n	· · · · · · · · · · · · · · · · · · ·		(0) Tabal
(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)		(s) in the region	investments in the region
		In the region				
				FIELD PROJE	SCT	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESTORATION	1	518,761.
						· · · · ·
				FIELD PROJE	SCT	
SOUTH ASIA	0	1	PROGRAM SERVICES	RESTORATION	1	350,772.
				FIELD PROJI		
SOUTH AMERICA	0	2	PROGRAM SERVICES	RESTORATION	1	677,571.
				FIELD PROJH	ст.	
NORTH AMERICA	0	0	PROGRAM SERVICES	RESTORATION		122,933.
					•	111,555.
MIDDLE EAST AND				FIELD PROJE	SCT	
NORTH AFRICA	0	1	PROGRAM SERVICES	RESTORATION	1	2,371,444.
				FIELD PROJE	SCT	
EUROPE	0	1	PROGRAM SERVICES	RESTORATION	1	2,816,420.
EAST ASIA AND THE				FIELD PROJE		
PACIFIC	0	1	PROGRAM SERVICES	RESTORATION	1	1,148,467.
CENTRAL AMERICA AND				FIELD PROJH	۲C-T	
CARIBBEAN	0	0	PROGRAM SERVICES	RESTORATION		1,837.
3 a Subtotal	0	6			•	8,008,205.
b Total from continuation						
sheets to Part I	0	0				110,848.
c Totals (add lines 3a						

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

0

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Schedule F (Form 990) 2021

8,119,053.

OMB No. 1545-0047

Open to Public

Inspection

132071 12-20-21

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule F (Form 990)	WORLD MONUME	NTS FUND, IN	ic.	13-2571900	Page 1
Part I Continuatio	(b) Number of offices in the region	(c) Number of employees or agents in region	 (Schedule F (Form 990), Part I, line 3 (d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
RUSSIA AND INDEPENDENT STATES	0	0	PROGRAM SERVICES	FIELD PROJECT RESTORATION	110,848.
					110 840
Totals					110,848.

132181 04-01-21 Schedule F (Form 990) 2021

WORLD MONUMENTS FUND, INC.

13-2571900

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

1 (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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			l recognized as charities by the t			1		I	
			or counsel has provided a sect						
3 Enter total number of	Enter total number of other organizations or entities								

Schedule F (Form 990) 2021 WORLD MONUMENTS FUND, INC.

Part III Grants and Other Assistance Part III can be duplicated if ac			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.		
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2021

13-2571900

Page 3

1

2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>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)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

13-2571900

Part V Supplemental Information

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.

PART I, LINE 2:

TOTAL EXPENDITURES FOR ACTIVITIES CONDUCTED IN EACH REGION. EXPENDITURES

INCLUDE SALARIES, WAGES, AND OTHER EMPLOYMENT-RELATED COSTS PAID TO OR

FOR THE BENEFITS OF EMPLOYEES LOCATED IN THE REGION (NOT EMPLOYEES

LOCATED IN US WORKING IN REGIONS OUTSIDE THE US).

Schedule F (Form 990) 2021

132075 12-20-21

SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Activities				OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$15				or 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization		MENTS FUND, INC.					Employer id 13-25719	entification number 00
Part I Fundraisi	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
		 ed funds through any of the followin	g activ	ities. (Check all that apply.			
a 📃 Mail solicitati	ions	e 📃 Solicitat	tion of	non-g	overnment grants			
b Internet and	email solicitations	f Solicitat	tion of	gover	nment grants			
c 📃 Phone solicit	ations	g 📃 Special	fundra	ising	events			
d 📃 In-person sol	icitations							
2 a Did the organization	n have a written o	r oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees,	or	
key employees liste	ed in Form 990, Pa	art VII) or entity in connection with p	ofessi	onal fu	undraising services?		Ye	s 🗌 No
·	•	riduals or entities (fundraisers) pursu	ant to	agreer	ments under which th	he fu	ndraiser is to b	be
compensated at lea	ast \$5,000 by the	organization.	<u> </u>		Γ	1		1
(i) Name and address	s of individual		(iii) fundr	Did aiser	(iv) Gross receipts		Amount paid or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		from activity		fundraiser sted in col. (i)	to (or retained by) organization
			Yes	No				
Tatal				•				
	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	I or has been notified	it is	exempt from r	egistration
or licensing.								
_HA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedu	le G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events		
			HADRIAN AWARD	SPRING EVENT		(add col. (a) through		
Ð			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	815,485.	116,526.		932,011.		
	2	Less: Contributions	806,185.	113,476.		919,661.		
	3	Gross income (line 1 minus line 2)	9,300.	3,050.		12,350.		
	4	Cash prizes						
s	5	Noncash prizes						
pense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Ō	8	Entertainment						
	9	Other direct expenses	152,167.	52,068.		204,235.		
	10 Direct expense summary. Add lines 4 through 9 in column (d)							
	11 Net income summary. Subtract line 10 from line 3, column (d)							
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	1		
				(h) Pull tabs/instant		bbe) paimen letoT (b)		

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) I otal gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ı Is t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
1320	32 10	-21-21			Sche	dule G (Form 990) 2021

Sch	iedule G (Form 990) 2021	WORLD MONUMENTS FUND, INC.	13-2571900	Page 3
11	Does the organization conduct g	aming activities with nonmembers?	Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
			Yes	No
	Indicate the percentage of gamin			
				%
				%
14	Enter the name and address of the	ne person who prepares the organization's gaming/special events books and reco	ords:	
	Name			
	Address 🕨			
15a	a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?	Yes	No No
ł	If "Yes," enter the amount of gan	ing revenue received by the organization \blacktriangleright \$ and the ar	mount	
	of gaming revenue retained by th	e third party ▶\$		
C	If "Yes," enter name and address	of the third party:		
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager mormation.			
	Name 🕨			
	Gaming manager compensation	► \$		
	Description of services provided			
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
á	a Is the organization required unde	r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No No
ł	Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spen	nt in the	
	organization's own exempt activi	ties during the tax year > \$		
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and ((v); and Part III, lines 9,	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide any additional information. See instructions.		
_				
1320	83 10-21-21		Schedule G (Form	n 990) 2021
		63		

Part IV Supplemental Information (continued)	inued)	
		Schedule G (Form 990)
132084 11-18-21	61	

13441031 152490 8BC05V

SCH	IEDULE J	Comper	nsation Information	1	OMB No. 1	545-004	47		
(For	rm 990)	For certain Officers, Direc	ctors, Trustees, Key Employees, and Highest		20	91			
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.		20		-		
	ment of the Treasury	· · · · · · · · · · · · · · · · · · ·	Attach to Form 990.	Open to Public Inspection					
	al Revenue Service e of the organizatior	i i i i i i i i i i i i i i i i i i i	990 for instructions and the latest information.	Employer ide			mbor		
Indill	e or the organization	WORLD MONUMENTS FUND, IN		13-25		minui	nber		
Pa	rt I Question	s Regarding Compensation	~•	15 25	/1900				
						Yes	No		
1a	Check the appropri	ate box(es) if the organization provided ar	ny of the following to or for a person listed on Form	990		165	NU		
			elevant information regarding these items.	000,					
	First-class or c		Housing allowance or residence for perso	nal use					
	 Travel for com		Payments for business use of personal re						
	Tax indemnification and gross-up payments								
	Discretionary s	spending account	Personal services (such as maid, chauffer	ır, chef)					
	•	·	on follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described	above? If "No," complete Part III to explain		. 1b				
	-		ng or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director,	regarding the items checked on line 1a?		. 2				
_									
3			to establish the compensation of the organization's						
			any boxes for methods used by a related organization	on to					
	·	ation of the CEO/Executive Director, but e							
	X Compensation		X Written employment contract						
		ompensation consultant	X Compensation survey or study						
	X Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee					
4	During the year did	any person listed on Form 990. Part VII	Section A, line 1a, with respect to the filing						
	organization or a re	• • • • •							
		e payment or change-of-control payment?	?		4a		x		
		eive payment from a supplemental nonqu					x		
		eive payment from an equity-based comp			4c		x		
	-		applicable amounts for each item in Part III.						
	,								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons must complete lines 5-9.						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensatio	'n					
	contingent on the re	evenues of:							
а	The organization?				5a		X		
b	Any related organiz	ation?			5b		x		
	If "Yes" on line 5a c	r 5b, describe in Part III.							
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, c	did the organization pay or accrue any compensatio	n					
	contingent on the n	-							
а	The organization?				<u>6a</u>		X		
					6b		X		
		r 6b, describe in Part III.							
			did the organization provide any nonfixed payments		_		v		
					7		X		
			corrued pursuant to a contract that was subject to th		-		v		
					. 8		X		
		d the organization also follow the rebutta							
					9				
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	15 IUI FORM 990.	Schedul	le J (Forn	n 990)	2021		

132111 11-02-21

13-2571900

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BENEDICTE DE MONTLAUR	(i)	420,500.	0.	0.	31,500.	15,383.	467,383.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRISTOPHER JEANNOPOULOS	(i)	236,515.	0.	0.	20,938.	260.	257,713.	0.
CFAO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN BELL	(i)	191,965.	0.	0.	16,900.	22,315.	231,180.	0.
V.P. OF PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KARAUGH BROWN	(i)	186,925.	0.	0.	16,443.	24,125.	227,493.	0.
V.P. OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DARLENE MCCLOUD	(i)	181,165.	0.	0.	13,770.	15,449.	210,384.	0.
EXECUTIVE V.P.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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.

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

/[] / Open to Public Inspection

Employer identification number

Name of the organization

WORLD	MONUMENTS	FUND	INC.
MOKTD	MONOMENIS	FUND,	TINC.

	WORLD MONUMENTS FU	JND, INC.				13-25	7190	0	
Pa	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	(d) Method of det oncash contribut		•	5
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	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	6	450,530.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ()								
26	Other ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	, g the tax year for c	ontributions					
	for which the organization completed Form 82								
	G 1		0					Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	orted in Part I, lines 1 throug	h 28, †	that it			
	must hold for at least three years from the date	-							
	exempt purposes for the entire holding period						30a		х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?		31	х	
	Does the organization hire or use third parties	. ,	•						
	contributions?		-				32a		х
b	If "Yes," describe in Part II.						2		

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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Part II Supplemental Information. 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 M (Form 990) 2021 132142 11-17-21 69

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-2571900

WORLD MONUMENTS FUND, INC.

PART III - LINE 4A

Name of the organization

FIELD RESTORATION PROJECTS AND PROGRAMS

WMF FIELD WORK ENCOMPASSES FIVE CORE PROGRAM AREAS THAT SERVE THE BROAD

INTERESTS OF PRESERVATION INCLUDING (1) PRESERVATION OF ARCHITECTURAL

AND CULTURAL HERITAGE, (2) CAPACITY BUILDING AND CULTURAL TOURISM

MANAGEMENT IN LOCAL COMMUNITIES, (3) ADVOCACY FOR THE PRESERVATION

MOVEMENT, (4) EDUCATION AND TRAINING, AND (5) DISASTER RECOVERY.

RESTORATION PROJECTS AND PRESERVATION PROGRAMS INCLUDED OVER 100 SITES

IN OVER 52 COUNTRIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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, (H)

SELECTION AND PREPARATION FOR THE LAUNCH OF THE 2016 WATCH LIST OF

ENDANGERED SITES

PART III - LINE 4B

EDUCATION & OUTREACH PROGRAMS

EDUCATION AND OUTREACH PROGRAM ACTIVITIES 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

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

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization	Employer identification number
WORLD MONUMENTS FUND, INC.	13-2571900
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, (H)	
SELECTION AND PREPARATION FOR THE LAUNCH OF THE 2016 WATCH LIST OF	
ENDANGERED SITES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE WORLD MONUMENTS FUND, INC. (WMF) PROVIDES A COPY OF FORM 990 TO THE	
FINANCE AND AUDIT COMMITTEE TO REVIEW AND APPROVAL BEFORE FILING. THE 990	
IS AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATIONS WEBSITE WMF.ORG.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE 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	
132212 11-11-21 71	Schedule O (Form 990) 202

13441031 152490 8BC05V

Schedule O (Form 990) 2021 Name of the organization	Page 2
WORLD MONUMENTS FUND, INC.	13-2571900
TAKE LEGAL, DISCIPLINARY OR OTHER ACTION), INDIVIDUALS WITH RELATIONSHIPS	
AND POTENTIAL CONFLICTS WILL RECUSE 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.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE WORLD MONUMENTS FUND, INC. FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE	
FOR REVIEWING AND APPROVING THE COMPENSATION FOR THE KEY 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 990'S 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 TO THE CFO CONFIRMING THE PROPOSED	
COMPENSATION FOR THE COMING YEAR.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NM, NY, NC, OH, PA	
RI,SC,TN,WA,WI	

FORM 990, PART VI, SECTION C, LINE 19:

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization WORLD MONUMENTS FUND, INC.		Employer identification numbe
MF GOVERNING DOCUMENTS ARE AVALIABLE FOR REVIEW. THE FORM 9		15 25/1500
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVALIABLE TO S		
THROUGH THE ORGANIZATIONS WEBSITE WWW.WMF.ORG		
IRROUGH THE ORGANIZATIONS WEBSITE WWW.WMF.ORG		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
ROFESSIONAL FEES, ORGANIZATIONS, AND CONSULTANTS:		
ROGRAM SERVICE EXPENSES	7,664,251.	
IANAGEMENT AND GENERAL EXPENSES		
UNDRAISING EXPENSES	4,000.	
TOTAL EXPENSES	7,700,698.	
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,700,698.	
32212 11-11-21		Schedule O (Form 990) 20
73 1031 152490 8BC05V 2021.0	5000 WORLD MONU	JMENTS FUND, INC 8BC

SCH	EDULE R
/	

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-2571900

Department of the Treasury Internal Revenue Service

WORLD MONUMENTS FUND, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
WORLD MONUMENTS FUND BRITAIN	4						
70 COWCROSS STREET							
LONDON, UNITED KINGDOM EC1M 6EJ	CHARITABLE	UNITED KINGDOM	N/A	N/A	WMF		Х
	-						

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

Schedule R (Form 990) 2021

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
]										
]										
	1										
	1										
	1										
	4										
			l	l							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(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) Percentage ownership	(i) ction (b)(13) trolled tity?
		country)		or trusty		233613		No

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es l
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Pa	arts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		x	
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>		
 Sharing of paid employees with related organization(s) 		_	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		-	_
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved							
(1) WORLD MONUMENTS FUND BRITAIN	Р	177,254.	FMV							
(2) WORLD MONUMENTS FUND BRITAIN	с	4,883.	FMV							
(3)										
(4)										
(5)										
<u>(6)</u>			Cohodula D (Form 000) 0004							
132163 11-17-21			Schedule R (Form 990) 2021							

Schedule R (Form 990) 2021 WORLD MONUMENTS FUND, INC.

Part VI 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		centage
of entity	, ,	(state or foreign	(related, unrelated,	501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	amount in box 20	manag partne	r? OWI	nership
		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	10	
											\square		
											\square		
											\square		
											\square		

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

Schedule R (Form 990) 2021

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