EXTENDED TO AUGUST 17, 2015

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning

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

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

and ending

Inspection

В	Check if applicable:	C Name of organization	D Employer identifi	cation number				
Г	Address	INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM						
F	change Name change	Doing business as	- 31-0	889469				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su						
	Final return/	1501 N. MARGINAL ROAD 165		623-1111				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	246,004.				
	Amende return	CLEVELAND, OH 44114	H(a) Is this a group re	eturn				
	Applica-	F Name and address of principal officer: CAROLINE N. LUHTA	for subordinates? Yes X No					
	pending	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No				
		· · · · · · · · · · · · · · · · · · ·	If "No," attach a	list. (see instructions)				
		▶ WWW.IWASM.ORG	H(c) Group exemptio					
			ear of formation: 1986 N	N State of legal domicile: OH				
P		Summary	MIGHIN HOD MI	E CENEDAT				
Governance	1 B	riefly describe the organization's mission or most significant activities: OPERATE IUBLIC THAT IS DEDICATED TO THE PRESERVATION	OF THE HISTO	RY OF WOMEN				
ern	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of m	1					
ું	3 N	umber of voting members of the governing body (Part VI, line 1a)		18				
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		18				
ties		otal number of individuals employed in calendar year 2014 (Part V, line 2a)		$\frac{4}{24}$				
Activities &		otal number of volunteers (estimate if necessary)		0.				
Ac		otal unrelated business revenue from Part VIII, column (C), line 12		0.				
_	l a	et unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year				
•	8 C	ontributions and grants (Part VIII, line 1h)	33,180.	26,574.				
nue	9 P	rogram service revenue (Part VIII, line 2g)	25,439.	29,986.				
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	37,899.	36,241.				
ď	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,964.	5,962.				
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	104,482.	98,763.				
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
S		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	101,764.	87,818.				
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
ž	b To	otal fundraising expenses (Part IX, column (D), line 25)						
Ш	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,972.					
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	175,736.	166,129.				
. (/	19 R	evenue less expenses. Subtract line 18 from line 12	-71,254.	-67,366.				
IS OF			Beginning of Current Year	End of Year				
SSE	20 T	otal assets (Part X, line 16)	517,910. 553.	450,471. 480.				
Net Assets or Find Balances	21 T	otal liabilities (Part X, line 26)	517,357.	449,991.				
	<u>2 22 N</u> art II	et assets or fund balances. Subtract line 21 from line 20	311,331.	449,991.				
		es of perjury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to the best of m	v knowledge and belief, it is				
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer		, memeage and sener, it is				
	<u> </u>							
Sig	յո	Signature of officer	Date					
Не	re	CAROLINE N. LUHTA, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check If	PTIN				
Pai	-	ANIEL B HOLBEN, CPA	self-employ					
		irm's name WALTHALL, LLP	Firm's EIN ▶	34-0644631				
Use Only Firm's address 6300 ROCKSIDE ROAD, SUITE 100 CLEVELAND, OH 44131-2221 Phone no. 216.573.233								
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MISSION IS TO OPERATE THE MUSEUM FOR THE GENERAL PUBLIC THAT IS DEDICATED TO THE PRESERVATION OF THE HISTORY OF WOMEN IN AVIATION AND
	SPACE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 108,321 · including grants of \$) (Revenue \$ 31,724 ·)
4a	(Code:) (Expenses \$ 108,321. including grants of \$) (Revenue \$ 31,724.) OPERATE MUSEUM FOR THE GENERAL PUBLIC THAT IS DEDICATED TO THE
	PRESERVATION OF THE HISTORY OF WOMEN IN AVIATION.
	20 005
4b	(Code:) (Expenses \$ 28,885. including grants of \$) (Revenue \$ 3,029.) PROMOTE CAREERS IN AVIATION AND SPACE TO STUDENTS THROUGH EDUCATIONAL
	PROGRAMMING.
4c	(Code:) (Expenses \$
	RESEARCH SERVICES FOR EDUCATORS, HISTORIANS AND THE GENERAL PUBLIC.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 144,427.
	- 000 co. u

Form 990 (2014) INTERNATIONA Part IV Checklist of Required Schedules

			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?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplate schedule D, Part X, line 353 If "Yes," complete Schedule D, Part X	11d 11e	Х	- 22
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	1 Ie	21	
'	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	izu		
~	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		Х
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	امرا		v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) INTERNATIONAL WOME Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
	Schedule J	23		Х
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			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a		35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Senior the number oported in Box 3 of Form 1006. Enter 0- If not applicable In In In In In In In I		Check if Schedule O contains a response or note to any line in this Part V							
18 Enter the number reported in Box 3 of Form 1096. Enter -0* in not applicable 1				Yes	No				
b Enter the number of Forms W-26 included in line 1a. Enter -0. If not applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
but the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winnings. The second winnings to prize winnin									
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led for the calendar year ending with or within the year covered by this return **Note.** If the sum of lines 1 and 2 a greater than 250, you may be required to e-fine (see instructions) **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? **3b** If **Yes**, I are it field a form 990-Tr for this year? If **No, 1 for ine 3, your provide an explanation in Schedule O **3b** If **Yes**, Part it field a form 990-Tr for this year? If **No, 1 for ine 3, your provide an explanation in Schedule O **3b** If **Yes**, orner the name of the foreign country.** ▶ **1a** If **Yes**, orner the name of the foreign country.** ▶ **1b** If **Yes**, orner the name of the foreign country.** ▶ **2b** Was the organization and year of the organization have an intense in, or a signature or other authority over, a financial account is a foreign outnry (such as a bank account, securities account, or other financial accounts (FBAF). **5b** Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? **5c** Solid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5c** Solid any taxable party notify the organization the foreign 888-7. **5c** If **Yes**, 'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen not tax deductibles contributions or a party to a prohibited tax shelter transaction? **5c** To **Organization stath may receive deductible contributions under section 170(c). **8d** If **Yes**, 'did the organization incity the donor of the value of the goods or services provided to the paper? **7c** To **Yes**, 'did the organization incity the donor of the value of the goods or services provided? **1b** If **Yes**, 'did the organization message? Interest of the value of the goods or se									
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, fleed for the candinar year anding with or within the year covered by this return. 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Us the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," has if filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Note the authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Carry time the name of the foreign country. 5b If "Yes," a first the anamed the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction organization and the organization shell any contributions that the was or is a party to a prohibited tax shelter transaction? 5c Was the organization and party to a prohibited tax shelter transaction? 5c Was the organization shell exclusible as charitable contributions? 5c Was the decident were not tax deductible as charitable contributions? 6c Was the organization shell exclusible or this was or is a party to a prohibited tax shelter transaction? 6c Portugation (Was organization and the organization and party for goods and services provided to the payor? 7c Organization shell, exchange, or otherwise dispose of tangible personal property for which it was required 7c Vas If "Yes," did the orga			1c						
tilled for the calendary year ending with or within the year covered by this return 1	2a	l I							
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Az any time during the calendard year, did the organization have uniforest (in a segment of the third organization and part) if "No." to line 3b, provide an explanation in Schedule O 3b Az any time during the calendard year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Az any time the financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," the the foreign country the financial account, or other financial account)? 5c If "Yes," to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization line Form 888617 6c If "Yes," did the organization hat were not tax deductible as charitable contributions? 6d If "Yes," did the organization incide with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notity the donor of the value of the goods or services provided? 7c Did the organization receive a payment in excess of \$75 made party as a contribution of quantization receive a payment in excess of \$75 made party as a contribution of quantization receive a payment in excess of \$75 made party as a contribution of quantization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intelle		·							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2b	Х					
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b 1f *Yes, "has it filed a Form 990*T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 1f *Yes, "has it filed a Form 990*T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 1f *Yes, "the tribe of the form of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b 1f *Yes, "the tribe the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Securities									
b If "Yes," has it flied a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5b If "Yes," enter the name of the foreign country: ► 5c Nese instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shetter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shetter transaction? 5c If Yes," to line 5a or 5b, did the organization to or 1 tax deductible contributions? 6a X 5b If "Yes," to line 5a or 5b, did the organization that are normally greater than \$100,000, and did the organization solicit any contributions? 6b X 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes," did the organization notift the donor of the value of the goods or services provided? 7c Did the organization solicit the number of Forms 8292 filed during the year 6b If Yes," indicate the number of Forms 8292 filed during the year 6b If Yes," indicate the number of Forms 8292 filed during the year 7c If Did the organization received a contribution of qualified intellectual property. did the organization file form 8292 as required? 7c	За		За		Х				
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b (fi "Yes," enter the name of the foreign country: " see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b D X c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that tween or tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor? 7 b If "Yes," fild the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 9 if If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included	b		3b						
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 2 India		```							
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13c 14a X	122		122						
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X			iza						
a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X									
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 14a X			13a						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	u		.54						
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	h	·							
c Enter the amount of reserves on hand	~								
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c								
The state of the s		Pid the second of the second o	14a		X				

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		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		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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 ►OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CAROLINE N. LUHTA - 216-623-1111			
	1501 N. MARGINAL RD., CLEVELAND, OH 44114			

Form 990 (2014)

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

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

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

(A)	(B)	Ĭ		(C	C)			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	эшре		(** = *********************************		and related
	below	vidual	itution	er	Key employee	nest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) MARCY M. FRUMKER	3.00	١							•	•
SECRETARY	0.50	Х		Х				0.	0.	0.
(2) BARBARA GANSON	0.50								•	0
TRUSTEE	0.50	Х						0.	0.	0.
(3) MARCIA K. GITELMAN	0.50	١							•	•
TRUSTEE	0.50	Х						0.	0.	0.
(4) DAVID GITELMAN	0.50	١							•	•
TRUSTEE	0.00	Х						0.	0.	0.
(5) JAIME ZIELINSKI	2.00								•	0
TREASURER		Х		Х				0.	0.	0.
(6) CAROLINE LUHTA	6.00								•	•
PRESIDENT	0.50	Х		Х				0.	0.	0.
(7) WILLIAM MARTIN	0.50	١							•	
TRUSTEE	0.50	Х						0.	0.	0.
(8) DORIS MILLER	0.50	١							•	
TRUSTEE	0.50	Х						0.	0.	0.
(9) DEBRA PERELMAN	0.50	١							•	
VICE PRESIDENT		Х		Х				0.	0.	0.
(10) GRETCHEN REED	2.00								•	•
TRUSTEE		Х						0.	0.	0.
(11) HELEN SAMMON	2.00								•	•
TRUSTEE	0.00	Х						0.	0.	0.
(12) SUSAN SCHULHOFF LAU	2.00	,,		,,					0	0
ASSISTANT TREASURER	0.50	Х		Х				0.	0.	0.
(13) ANNE SHIELDS	0.50								•	•
TRUSTEE	0.50	Х						0.	0.	0.
(14) ELIZABETH M. TOEDT	0.50								•	0
TRUSTEE	0.50	Х						0.	0.	0.
(15) PATRICIA COLLIER	0.50	٠,,							_	_
TRUSTEE		Х						0.	0.	0.
(16) AMY HOCEVAR	0.50	٠,,							_	_
TRUSTEE	0.50	Х						0.	0.	0.
(17) TONI MULLEE	0.50	Ι,,						_	^	_
TRUSTEE 432007 11-07-14		X			<u> </u>			0.	0.	0 . Form 990 (2014)

Page 7

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B) (C)				(D)	(E)			(F)				
Name and title Average hours pe		I (do not check more than one				than		Reportable	Reportable			imate	
	week					or/trus		compensation from	compensation from related	1		ount c other	1
	(list any	ctor						the	organizations			ensat	ion
	hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fro	m the	
	related	stee o	rustee			seu sa		(W-2/1099-MISC)			_	ınizatio	
	organizations below	nal tru	onal t		oloyee	com ee						relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	nizatio	IIS
(18) BARBARA WILLIAMS	40.00	드	드	0	포	Ξ ä	Œ						
EXECUTIVE DIRECTOR				x				32,000.		0.			0.
								,					
-													
1b Sub-total								32,000.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								32,000.		0.			0.
2 Total number of individuals (including but n	ot limited to tr	ose	IISTE	ed a	bove	e) wi	no r	eceived more than \$100	,000 of reportable	9			0
compensation from the organization											1	Yes	No
3 Did the organization list any former officer,	director or tru	iste	e ke	v er	nnlc	wee	or	highest compensated e	mnlovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	•							•	•		4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J t	for st	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										pens	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir T		year.		(0)		
(A) (B) Name and business address NONE Description of services								ervices	С	(C) ompen			
							_	'			•		
							_						
							_						
2 Total number of independent contractors (i	ncluding but n	ot II	mito	d to	tho	ا می	etec	d ahove) who received a	ore than				
\$100,000 of compensation from the organi		OL II	ıııııe	u 10		0	٥ι ٥ (a above, who received it	iore triair				
\$ 100,000 of compensation from the organi											Farm 0	000 (0	04.4\

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded (B) (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 11,650. **b** Membership dues 1b c Fundraising events d Related organizations 1d 2,500. e Government grants (contributions) f All other contributions, gifts, grants, and 12,424. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 26,574. h Total. Add lines 1a-1f Business Code 900099 28,791. 28,791. 2 a SPECIAL EVENTS Program Service Revenue b RESEARCH 1,195. 713200 1,195. С f All other program service revenue 29,986. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 18,221. 18,221. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 159,575. assets other than inventory b Less: cost or other basis 141,555. and sales expenses 18,020. c Gain or (loss) 18,020. 18,020. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 11,648. and allowances _____a 5,686. **b** Less: cost of goods sold 5,962. 5,962. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 35,948. 98,763. 36,241 **Total revenue.** See instructions.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
	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			3 s.qs.1000	2,50000				
•	and domestic governments. See Part IV, line 21								
2	Grants and other assistance to domestic								
_									
3	Grants and other assistance to foreign								
3	organizations, foreign governments, and foreign								
4	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	32,000.	28,160.	3,840.					
	trustees, and key employees	32,000.	20,100.	3,040.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	40 100	40 407	F 702					
7	Other salaries and wages	48,190.	42,407.	5,783.					
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	7 (00	C 712	015					
10	Payroll taxes	7,628.	6,713.	915.					
11	Fees for services (non-employees):								
а	Management								
b	Legal	11 005	2 266	4 252					
С	Accounting	11,325.	9,966.	1,359.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17	, , , , ,							
f	Investment management fees	4,683.	4,121.	562.					
g	` '	225		4.00					
	column (A) amount, list line 11g expenses on Sch O.)	895.	788.	107.					
12	Advertising and promotion	4 2-2							
13	Office expenses	1,950.	1,716.	234.					
14	Information technology								
15	Royalties								
16	Occupancy	18,611.	16,378.	2,233.					
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	253.	223.	30.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	4,128.	3,633.	495.					
23	Insurance	4,978.	4,381.	597.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	SPECIAL EVENTS	10,101.	8,889.	1,212.					
b	EDUCATION PROGRAMS	3,821.	3,362.	459.					
c	SUBCONTRACT	3,810.	3,353.	457.					
d	TELEPHONE AND UTILITIES	3,184.	2,802.	382.					
e	All other expenses	10,572.	7,535.	1,027.	2,010.				
25	Total functional expenses. Add lines 1 through 24e	166,129.	144,427.	19,692.	2,010.				
26	Joint costs. Complete this line only if the organization	,	==, == : •		_, -,				
20	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here if following SOP 98-2 (ASC 958-720)								
42201	0. 11-07-14	L	L		Form 990 (2014)				

Form 990 (2014) Part X Balance Sheet

	ILA	Check if Schedule O contains a response or note to any line in this Part X			
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	29,208.	1	20,864.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined ur			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
δ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	7,413.
	9	Prepaid expenses and deferred charges		9	-
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 290, 2	89.		
	b	Less: accumulated depreciation 10b 279,0	86. 13,161.	10c	11,203.
	11	Investments - publicly traded securities	1 4 4 4 4 4 4 4		410,821.
	12	Investments - other securities. See Part IV, line 11		12	•
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	170.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	450,471.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21			21	
Ś	22	Loans and other payables to current and former officers, directors, trustee			
Liabilities		key employees, highest compensated employees, and disqualified persons			
api		Complete Part II of Schedule L		22	
Ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X o	f		
		Schedule D		25	480.
	26	Total liabilities. Add lines 17 through 25	553.	26	480.
		Organizations that follow SFAS 117 (ASC 958), check here	nd		
S		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	517,357.	27	449,991.
Fund Balances	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
<u>.</u> 5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	517,357.	33	449,991.
	34	Total liabilities and net assets/fund balances		34	450,471.

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form **990** (2014)

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM

Employer identification number 31-0889469

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.					
The (organi	zation is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:	'	, ,			(,				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	一	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•		section 170(b)(1)(A)(vi). (C	•	iniai part of its support	nom a gov	ommonia	ant of from the general	public described in				
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \							
	X	An organization that norma				contribution	one momborehin fooe a	and gross receipts from				
5		activities related to its exen										
		income and unrelated busin	•	•			· · · · · · · · · · · · · · · · · · ·	•				
		See section 509(a)(2). (Con		(less section of reak) if	OIII DUSIIIE	sses acqu	ired by the organization	arter June 30, 1973.				
10		An organization organized		ively to test for public so	ofaty Saa	saction 50	10(2)(4)					
11	H	An organization organized a	·		•			nurnoses of one or				
••		-	·	•	-		· · · · · · · · · · · · · · · · · · ·					
		more publicly supported or	~					DIRECK THE DOX III				
_		lines 11a through 11d that	* *			•		, giving				
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	· ·	•							
		the supported organization		• • • •	a majomy	or the direc	ciors or trustees or the s	supporting				
		organization. You must o	- ·				- d					
b		Type II. A supporting org	-					-				
		control or management o			same perso	ons that co	ontroi or manage the sup	pported				
_		organization(s). You mus			:			ملاند، الم				
С		Type III functionally inte	- :				· ·	ea with,				
		its supported organizatio		•				!+!(-)				
d		Type III non-functionally						• •				
		that is not functionally int	-		•			iveness				
		requirement (see instruct	•	-								
е		Check this box if the orga					Type i, Type ii, Type iii					
		functionally integrated, or	* *									
T		r the number of supported of										
g		ide the following information Name of supported	ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of				
	,	organization	(,	(described on lines 1-9	listed i	n your	support (see	other support (see				
		-		above or IRC section	governing of Yes	No No	Instructions)	Instructions)				
				(see instructions))	163	NO						
Гotа												

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

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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										
2	The value of services or facilities										
3	furnished by a governmental unit to										
	, ,										
	the organization without charge										
	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)										
	Public support. Subtract line 5 from line 4.										
Sec	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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										
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10										
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12					
	First five years. If the Form 990 is for	•	,			n 501(c)(3)					
	organization, check this box and stop	here		, , , ,	,						
Sec	tion C. Computation of Publi	c Support Pe	rcentage								
14	Public support percentage for 2014 (li	ne 6, column (f) d	ivided by line 11,	column (f))		14	%				
	Public support percentage from 2013					15	%				
	33 1/3% support test - 2014. If the o					nore, check this bo	x and				
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
	and stop here. The organization quali						ightharpoons				
17a	10% -facts-and-circumstances test						or more.				
	and if the organization meets the "fact										
	meets the "facts-and-circumstances"		•	-		•					
h	10% -facts-and-circumstances test										
b		-									
	more, and if the organization meets the										
40	organization meets the "facts-and-circ		-				\				
ΙQ	Private foundation. If the organization	i did not check a	box on line 13, 16	a, 100, 1/a, or 1/	D, CHECK THIS DOX 8	ind see instruction	s				

Schedule A (Form 990 or 990-EZ) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM31-0889469 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

_	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	69,116.	67,523.	161,726.	33,180.	26,574.	358,119.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,099.	39,019.	51,277.	38,776.	41,634.	204,805.
3	Gross receipts from activities that	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7027				
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	103,215.	106,542.	213,003.	71,956.	68,208.	562,924.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
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.
С	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						562,924.
	etion B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	103,215.	106,542.	213,003.	71,956.	68,208.	562,924.
	Gross income from interest,			,	1 = 7 5 5 5	7 - 7 - 7 - 7	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,936.	18,774.	20,098.	18,593.	18,221.	90,622.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	14,936.	18,774.	20,098.	18,593.	18,221.	90,622.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	c =					
	assets (Explain in Part VI.)	65.	105 011	000 101	00 510	0.6 (0.0	65.
	Total support. (Add lines 9, 10c, 11, and 12.)	118,216.	125,316.	-		86,429.	653,611.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_							_
	ction C. Computation of Publ						06.10
	Public support percentage for 2014 (15	86.13 %
	Public support percentage from 2013					16	88.17 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	114 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	13.86 %
18	Investment income percentage from	2013 Schedule A,	Part III, line 17			18	11.80 %
19a	33 1/3% support tests - 2014. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						77
b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
00	·			•		· ·	
<u></u>	Private foundation. If the organization	ni did flot check a	box on line 14, 19	a, or 190, check th		structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <code>part VI</code>, 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4-		
	4c		
	5a		
	5b 5c		
	oc o		
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	9b		
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n O	10b 90 or 99	0-E7\	2014
		/	

	edule A (Form 990 or 990-EZ) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM 31-08	8946	9 _{Pa}	age 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	1		
Sec	the supported organization(s). tion D. Type III Supporting Organizations	'		
000	tion 5. Type in cupporting 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, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution)	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	those supported organizations and explain now tnese activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	La		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in <i>Part VI</i> .	За		
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 $P_{art\ VI}$ the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM31-0889469 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2

6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		ı
7	Check here if the current year is the organization's first as a non-functionally-	integr	ated Type III supporting orga	nization (see
	instructions).			

3 4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

3

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM31-0889469 Page 7

Par	Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F16-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a	Excess distributions sarry ever, if any, to 2011.			
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
<u> </u>				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI	Form 990 or 990-EZ) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM31-0889469 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM

Employer identification number 31-0889469

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certification	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about a set to a 470/(s) (4) (D) (1) 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's imancial statements that describes t	ne organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Ot	her Similar Assets
. u	Complete if the organization answered "Yes" to Form		and difficult / 1000tol
	If the organization elected, as permitted under SFAS 116 (AS		ent and halance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	· ·	ice of public convices, provides, in trait vall,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	одошног, от госоштог иг гагигога тос от раз	
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under SFAS 1		~
а	Revenue included in Form 990, Part VIII, line 1		> \$
- h	Assats included in Form 900, Part Y		

8,796.

281,493.

Schedule D (Form 990) 2014

2.480

11,203.

6,316.

272,770.

e Other

c Leasehold improvements

d Equipment

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

Schedule D (Form 990) 2014 INTERNATIONA	L WOMEN'S	AIR & SPACE M	USEUM	31-0889469	Page \$
Part VII Investments - Other Securities.					·g -
Complete if the organization answered "Yes" to	o Form 990. Part IV. lir	ne 11b. See Form 990. P	art X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value			or end-of-year market v	alue
(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" to					
(a) Description of investment	(b) Book value	(c) Method of va	uation: Cost o	or end-of-year market v	alue
(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" to		ne 11d. See Form 990, P	art X, line 15.		
(a) D	escription			(b) Book val	ue
(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" to	o Form 990, Part IV, lir	ne 11e or 11f. See Form 9	990, Part X, lir	ne 25.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) ACCRUED PAYROLL TAX		176.			
(3) SALES TAX PAYABLE		299.			
(4) STATE WITHHOLDING		5.			
(5)					
(6)					
(7)					
(2)					

480.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	edule D (Form 990) 2014 INTERNATIONAL WOMEN S A				003403 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat		Revenue per H	teturn.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line			1	104,449.
1	Total revenue, gains, and other support per audited financial statements			1	104,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a			
a b				-	
C				-	
	Recoveries of prior year grants Other (Describe in Part XIII.)		5,686.	-	
e				2e	5,686.
3	Subtract line 2e from line 1			3	98,763.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				307,000
a		4a			
b				1	
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5	98,763.
	rt XII Reconciliation of Expenses per Audited Financial Sta			_	
	Complete if the organization answered "Yes" to Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	171,815.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a		2a			
b				1	
C	0.1			1	
	Other (Describe in Part XIII.)		5,686.	-	
	Add lines 2a through 2d		-	2e	5,686.
3				3	166,129.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				100/1250
a		4a			
b				-	
		· · · · · · · · · · · · · · · · · · ·		4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.			5	166,129.
	rt XIII Supplemental Information.	.,		<u> </u>	
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	· Dart IV lines 1h a	nd 2h: Part V. line	1. Part Y	line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			- , ι αι ι λ,	iiic 2, i ait Ai,
111103	2d and 4b, and 1 art All, lines 2d and 4b. Also complete this part to provide an	y additional illionii	ation.		
PAI	RT III, LINE 1A:				
	111, 1111				
TH	E ORGANIZATION'S FINANCIAL STATEMENTS AF	RE PREPARE	D USING T	HE MO	ODIFIED
CA	SH BASIS OF ACCOUNTING. PURCHASED EXHIR	BITS ARE C	APITALIZE	D.	
PAI	RT III, LINE 4:				
CO	LLECTIONS CONSIST OF ITEMS ASSOCIATED WI	TH WOMEN	INVOLVED	IN A	IR AND
SP	ACE FLIGHT.				
PA	RT X, LINE 2:				
OR	GANIZATION MANAGEMENT HAS EVALUATED AND	CONCLUDED	THAT THE	RE A	RE NO
UN	CERTAIN TAX POSITIONS REQUIRING RECOGNIT	TION IN TH	E FINANCI	AL S	FATEMENTS.

Schedule D (Form 990) 2014 INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM31-0889469 Page 5
Part XIII Supplemental Information (continued)
PART XI, LINE 2D - OTHER ADJUSTMENTS:
ON FORM 990 TOTAL REVENUE IS REDUCED FOR COST OF GIFT SHOP
REVENUES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FORM 990 INCLUDES COST OF GIFT SHOP SALES AS A REDUCTION IN
REVENUE

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

INTERNATIONAL WOMEN'S AIR & SPACE MUSEUM

Employer identification number 31-0889469

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN AVIATION AND SPACE.
FORM 990, PART VI, SECTION A, LINE 6:
ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD HAS A NOMINATING COMMITTEE THAT RECOMMENDS NAMES FOR
CONSIDERATION FOR THE BOARD. THE BOARD VOTES BASED ON THOSE
RECOMMENDATIONS.
FORM 990, PART VI, SECTION A, LINE 7B:
DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:
A DRAFT OF THE 990 WAS MADE AVAILABLE TO THE EXECUTIVE BOARD MEMBERS FOR
REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE AVAILABLE BY REQUEST OF THE EXECUTIVE DIRECTOR.
FORM 990, PART XII, LINE 1:
MODIFIED CASH BASIS
FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE