Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No. 1545-0047

<u>A I</u>	For the	e 2011 calendar year, or tax year beginning 000 1, 2011 and	enaing U	<u>UN 30, 2012</u>					
В	Check if applicabl	C Name of organization		D Employer identifi	cation number				
	Addre	ARCHAEOLOGICAL INSTITUTE OF AMERICA							
	Name chang	e Doing Business As		13-5669180					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Termir ated	656 BEACON STREET		617-	353-9361				
	Amen- return	Gity or town, state or country, and ZIP + 4		G Gross receipts \$	6,813,179.				
	Application	BOSTON, MA 02215-2006		H(a) Is this a group r	eturn				
	pendi	F Name and address of principal officer:		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No				
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.ARCHAEOLOGICAL.ORG		H(c) Group exemption	n number				
K	Form of	organization: X Corporation Trust Association Other	∟ Year	of formation: 1906	M State of legal domicile: MA				
Pa	art I	Summary							
ģ	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	JLE O					
Governance									
j.	2	Check this box if the organization discontinued its operations or disposit	sed of more	e than 25% of its net a					
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	37				
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			36				
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			37				
ΞΞ	6	Total number of volunteers (estimate if necessary)			300				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	695,671.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	<14,601.>				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,358,718.	1,264,286.				
enc	9	Program service revenue (Part VIII, line 2g)		4,945,269.	4,844,280.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		220,803.	233,519.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,330.	108,348.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,614,120.	6,450,433.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		395,888.	271,224.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,415,036.	2,456,697.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 833,9		0.	0.				
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>79. </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,080,573.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,891,497.					
	19	Revenue less expenses. Subtract line 18 from line 12		<277,377.	<67,150.				
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		10,892,591.	10,347,787.				
at As	21	Total liabilities (Part X, line 26)		4,051,605.	3,979,598.				
		Net assets or fund balances. Subtract line 21 from line 20		6,840,986.	6,368,189.				
	art II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedule		•	y knowledge and belief, it is				
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of when the complete is the complete.	hich preparei	has any knowledge.					
		Signature of officer		I Date					
Sig		,	ъ	Duto					
Hei	re	KEVIN QUINLAN, CHIEF OPERATING OFFICE: Type or print name and title	K						
_		,		Date Check	II PTIN				
Dai	d	Print/Type preparer's name Preparer's signature		12 /26 /12 if					
Pai		MICHAEL WALLACE		P00881958 13-1655065					
	parer	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN	T3-T033003					
USE	Only	Firm's address 300 EAST 42ND STREET NEW YORK, NY 10017		Dh 2	12-697-2299				
	41			Prione no. 2					
Ma'	y tne II	RS discuss this return with the preparer shown above? (see instructions)			🔼 Yes 📖 No				

132002 02-09-12

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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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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		х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		v	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Δ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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 25	24a		X
	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee? If Yes, complete schedule 2, Fair W	200		- 21
C	11 July 1 July 1 July 1 July 2	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?			
٠.	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, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		Х
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 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

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		• •			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	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 the					х
	any contributions that were not tax deductible?			6a		
р	If "Yes," did the organization include with every solicitation an express statement that such contribut			CI.		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vicae r	vrovided to the navor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.0	- 21	
C	to file Form 8282?			7c		х
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	-	rt?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ı	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
α	Enter the amount of reserves the organization is required to maintain by the states in which the	125				
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		
					aan /	(2011)

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. X Check if Schedule O contains a response to any question in this Part VI

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	37	7		
	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	36	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip 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 t	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	=			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenu	e Code.)			
40-	Did the average the base based should be a true because the same of the base of			40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	Λ.	
D	If "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b	х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	- 25	X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	dy beit	ore ming the form:	IIa		
12a	Division of the state of the st			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in 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 approv	val by i	ndependent			
	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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	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 evalu		· · · · · · · · · · · · · · · · · · ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of			401		
500	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ►NY, MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	-T (Sec	tion 501(c)(3)s only)	availak	nle	
10	for public inspection. Indicate how you made these available. Check all that apply.	1 (366	don ou ragajs unly)	avallak	71 C	
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books LORRELLE HRUL - 617-358-4403 656 BEACON STREET BOSTON MA 02215-2006	and red	cords of the organiza	ation:	_	

13-5669180

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

Check if Schedule O contains a response to any question in this Part VII

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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	-	Lei aii	uau	recto	ii/ii uS	lee)	from	from related	other
	(describe	trustee or director						the	organizations	compensation
	hours for related	e or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	trus		ee	npen		(***2/1099*****130)		and related
	in Schedule		Institutional trustee	L	Key employee	st co	in 1			organizations
	O)	Individual	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ELIZABETH BARTMAN										
PRESIDENT	10.00	Х		Х				0.	0.	0.
(2) ANDREW MOORE										
FIRST VICE PRESIDENT	5.00	Х		Х				0.	0.	0.
(3) THOMAS MORTON										
VP SOCIETIES	5.00	Х		Х				0.	0.	0.
(4) LAETITIA LA FOLLETTE										
VP PROF. RESPONSIBILITIES	5.00	Х		Х				0.	0.	0.
(5) JOHN YOUNGER										
VP FOR PUBLICATIONS	5.00	Х		Х				0.	0.	0.
(6) PAMELA RUSSELL										
VP FOR EDUCATION AND OUTREACH	5.00	Х		Х				0.	0.	0.
(7) BRIAN HEIDTKE										
TREASURER	5.00	Х		Х				0.	0.	0.
(8) PETER HERDRICH										
CEO/EXECUTIVE DIRECTOR	40.00	Х		Х				168,857.	0.	30,846.
(9) BARBARA BARLETTA										
ACADEMIC TRUSTEE	1.00	Х						0.	0.	0.
(10) CARLA ANTONACCIO										
ACADEMIC TRUSTEE	1.00	Х						0.	0.	0.
(11) CATHLEEN ASCH										
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(12) CHARLES S. LA FOLLETTE										
TRUSTEE EMERITUS	1.00	Х						0.	0.	0.
(13) CHARLIE STEINMETZ										
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(14) CHEN SHEN										
ACADEMIC TRUSTEE	1.00	Х						0.	0.	0.
(15) DAVID R. BOOCHEVER										
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(16) DAVID SEIGLE										
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
(17) DEBORAH LEHR										_
GENERAL TRUSTEE	1.00	Х						0.	0.	0.
122007 01 22 12										Form 990 (2011)

132007 01-23-12

Part VII Section A. Officers, Directors,	(B)	Г <u> </u>		((/ E\	
(A) Name and title	Average			Pos		1		(D) Reportable	(E)	_	(F) stimate	٥d
name and title	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)					h an	compensation	Reportable compensation from related	1	mount other	of
	(describe hours for related organizations in Schedule O)	-	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	npensa from th ganizat nd relat janizati	ie tion ted
(18) DOUGLAS A. TILDEN								_	_			_
GENERAL TRUSTEE	1.00	Х						0.	0.			0
(19) ELEANOR POWERS								_	_			_
GENERAL TRUSTEE	1.00	Х						0.	0.			0
(20) ELIZABETH MACAULAY-LEWIS												_
GENERAL TRUSTEE	1.00	Х						0.	0.			0
(21) FRED A. WHITE	1 00	l										_
GENERAL TRUSTEE	1.00	Х						0.	0.			0
(22) GLEN M. SCHWARTZ	1 00	l							_			^
ACADEMIC TRUSTEE	1.00	Х						0.	0.			0
(23) GREG GOGGIN	1 00	٦,							_			^
GENERAL TRUSTEE	1.00	Х						0.	0.			0
(24) HEATHER MCKILLOP	1.00	Х						0.	0.			0
ACADEMIC TRUSTEE (25) JEFFREY LAMIA	1.00	_						0.	0.			
GENERAL TRUSTEE	1.00	х						0.	0.			0
(26) JOHN J. YARMICK	1.00	^						0.	0.			
GENERAL TRUSTEE	1.00	х						0.	0.			0
1b Sub-total						▶		168,857.	0.		80,8	
c Total from continuation sheets to Part						\blacktriangleright		369,245.	0.		0,4	
d Total (add lines 1b and 1c)						\blacktriangleright		538,102.	0.	8	31,2	72
 Total number of individuals (including but compensation from the organization 	it not limited to th					e) wh	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization	-										Yes	No
3 Did the organization list any former office	, ,		e, ke	y en	nplo	yee	, or l	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the	sum of roportab	ام در	nmn	oner	tion		ا+۵ ا	har aamaanaatian fram	the ergonization			

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BROWN PRINTING CO., 1500 BROADWAY, SUITE		
505, NEW YORK, NY 10036	MAGAZINE PRINTING	621,120.
PALM COAST DATA, 11 COMMERCE BOULEVARD	SUBSCRIPTION	
PALM COAST, PALM COAST, FL 32164-4500	FULLFILLMENT SERVICE	493,133.
FIDELIS, 223 GATES ROAD, UNIT A, LITTLE		
FERRY, NJ 07643	DIRECT MAIL PRINTING	261,721.
COM-PAK SERVICES INC.		
365 NEW ALBANY ROAD, MOORESTOWN, NJ 08057	DIRECT MAIL POSTAGE	209,644.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

									9180
ustees, Key E	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(B)							(D)	(E)	(F)
Average							•	Reportable	Estimated
1	(cl	heck	all	that apply)				·	amount of
					gg.				other compensation
Week	tor				ploye		I		from the
	direc				ed em		_	(2	organization
	stee oi	ustee			ensat				and related
	al frus	nal tr		loyee	dwoo				organizations
	udividu	stitutic	fficer	ey emp	ighest	ormer			
	=	=	0	~	Ξ.	Œ			
1.00	x						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
1.00	X						0.	0.	0.
40.00					Х		111,083.	0.	12,255.
40.00					Х		117,596.	0.	11,587.
40.00			Х				140,566.	0.	26,584.
1	\vdash	_	\vdash	\vdash	\vdash	\vdash			
	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	Residence Resi	No No No No No No No No	R	RB	Co	Co	(B) Average hours per week	Compensated Employees (continued) Compensated Employees (continued) Compensation Check all that apply) Reportable compensation from related organizations (W-2/1099-MISC) Compensa

			,		L INSTIT	UTE OF AME	RICA	13-5669	180 Page 9
Pa	rt '	VIII	Statement of Rever	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	la	Federated campaigns	1a					
3ra Ioui		b	Membership dues	1b	296,148.				
ts, (Am		С	Fundraising events	1c	272,565.				
Gif ilar		d	Related organizations	1d					
ns, Sim			Government grants (contribut						
utio er S		f	All other contributions, gifts, gran		605 550				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included abo		695,573.				
ont nd (Noncash contributions included in lines		86,918.	1 264 206			
O B		h	Total. Add lines 1a-1f			1,264,286.			
•			SUBSCRIPTIONS &		Business Code 511120] 3,497,984.	3 107 091		
Program Service Revenue	2		ADVERTISING REV		541800	695,671.	5,457,504.	695,671.	
Serv			NEWSSTAND REVEN		511120	229,851.	229,851.	093,071.	
ım (ANNUAL MEETING		900099	196,929.	196,929.		
gra		a	ARCHAEOLOGICAL		561520	106,260.			
Pro		f	All other program service reve		900099	117,585.			24,790.
			Total. Add lines 2a-2f			4,844,280.	3277330		217.500
	3		Investment income (including			, , , , , , , , , , , , , , , , , , , ,			
			other similar amounts)			227,545.			227,545.
	4	Ļ	Income from investment of tax						
	5	5	Royalties						
				(i) Real	(ii) Personal				
	6	a	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		<u>,</u>				
	7	a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	312,032.					
		b	Less: cost or other basis	225 252					
				306,058.					
			Gain or (loss)	5,974.		F 0.74			E 054
			Net gain or (loss)		····· •	5,974.			5,974.
ne	8	3 a	Gross income from fundraising						
ven			including \$ 272,5						
Re			contributions reported on line		56 699				
Other Revenue			Part IV, line 18	a	56,688.				
ō			Less: direct expenses Net income or (loss) from fund			0.			
			Gross income from gaming ac		>				
	٠	, a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances						
		b	Less: cost of goods sold						
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu		Business Code				
	11	la	LIST RENTAL		900099	108,348.			108,348.
		b							
		С							
		d	All other revenue		<u> </u>	100 240			
			Total. Add lines 11a-11d			108,348.		60F 671	266 657
	12	<u>.</u>	Total revenue . See instructions.			0,400,400.	4,123,819.	UJU,0/1.	300,03/.

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon			(2)	
	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 governments and	61 140	61 140		
	organizations in the United States. See Part IV, line 21	61,142.	61,142.		
2	Grants and other assistance to individuals in	450 433	450 400		
	the United States. See Part IV, line 22	158,133.	158,133.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	F1 040	F4 040		
	United States. See Part IV, lines 15 and 16	51,949.	51,949.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	264 552	100 056	100 040	125 460
	trustees, and key employees	364,573.	120,856.	108,248.	135,469
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 727 200	1 210 000	102 004	044 104
7	Other salaries and wages	1,737,382.	1,310,029.	183,224.	244,129
8	Pension plan accruals and contributions (include	55 OF 6	64 540	1 255	11 000
	section 401(k) and section 403(b) employer contributions)	77,876.	64,540.	1,357.	11,979
9	Other employee benefits	101,211.	85,848.	210.	15,153
10	Payroll taxes	175,655.	130,615.	11,354.	33,686
11	Fees for services (non-employees):				
а					
b		F.C. 4.C.C	0 747	46 710	
С		56,466.	9,747.	46,719.	
d	, 9 –				
е	· · · · · · · · · · · · · · · · · · ·				
f	Investment management fees	455 600	405 040	11 (10	10 000
g		455,689.	425,248.	11,619.	18,822
12	Advertising and promotion	934,986.	915,869.	178.	18,939
13	Office expenses	98,113.	38,796.	40,628.	18,689
14	Information technology	83,528.	51,896.	11,175.	20,457
15	Royalties	05 004	05 004		
16	Occupancy	95,024.	95,024.	67 201	4.4.400
17	Travel	294,315.	182,686.	67,201.	44,428
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	140 020	25 025	6 010	00 00
19	Conferences, conventions, and meetings	140,939.	35,835.	6,018.	99,086
20	Interest				
21	Payments to affiliates	12 022	6 250	7 574	
22	Depreciation, depletion, and amortization	13,933.	6,359.	7,574.	E 44.4
23	Insurance	43,471.	30,047.	8,310.	5,114
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	MAGAZINE PRINTING/PROD	1,235,325.	1,127,256.	5,760.	102,309
b	OTHER EXPENSES	337,873.	212,808.	59,346.	65,719
c			-	-	· · · · · · · · · · · · · · · · · · ·
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,517,583.	5,114,683.	568,921.	833,979
<u></u> 26	Joint costs. Complete this line only if the organization			,	, <u> </u>
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			282,097.	1	314,817.
	2	Savings and temporary cash investments			376,670.	2	41,138.
	3	Pledges and grants receivable, net			394,424.	3	247,542.
	4	Accounts receivable, net			293,550.	4	380,281.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe	es. Complete Pa	art II			
		of Schedule L	•			5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), and con	tributing			
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
`	9	Duran sid some sees and defermed also made			798,749.	9	1,032,726.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	215,463.			
	Ь	Less: accumulated depreciation	10b	191,654.	14,734.	10c	23,809.
	11	Investments - publicly traded securities		•	14,734. 8,732,367.	11	23,809. 8,307,474.
	12	Investments - other securities. See Part IV, line		· ·	12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			10,892,591.	16	10,347,787.
	17	Accounts payable and accrued expenses			446,934.	17	507,815.
	18	Grants payable			•	18	
	19	Deferred revenue	3,604,671.	19	3,471,783.		
	20	Tax-exempt bond liabilities				20	
ç	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi					
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			4,051,605.	26	3,979,598.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 a	nd complete			
S		lines 27 through 29, and lines 33 and 34.					
ü	27	Unrestricted net assets			<1,154,116.	>27	<1,281,739.
ala	28	Temporarily restricted net assets			4,408,912.	28	4,041,803.
D B	29				3,586,190.	29	3,608,125.
Fun		Organizations that do not follow SFAS 117, c					
ō		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			6,840,986.	33	6,368,189.
	34	Total liabilities and net assets/fund balances		I .	10,892,591.	34	10,347,787.

	1000 (2011)				, u	<u> 10 - </u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				33.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6			83.
3	Revenue less expenses. Subtract line 2 from line 1	3				50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				86.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<40	5,6	<u>47.</u> >
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6	,36	8,1	<u>89.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					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 in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b				2b	X	
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 in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	lit			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARCHAEOLOGICAL INSTITUTE OF AMERICA

Employer identification number 13-5669180

<u> </u>	art i	Neason	ioi Fublic Oliai	ity Status (All organiz	ations ma	at complet	ic triis pari) 000 11131	iractionic.						
Γhe	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)							
1		A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 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 hospital service organization described in section 170(b)(1)(A)(iii).													
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's nam	ie,		
		city, and state	e:												
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in				
_			(b)(1)(A)(iv). (Comple		,		,	Ü							
6					t describe	d in sectio	n 170(b)(1)(A)(v)							
7	一	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
•			b)(1)(A)(vi). (Comple		or ito oupp	ort nom a	govornine	intal arm c	, 110111 1110	goriorai		i ibca i			
8				ection 170(b)(1)(A)(vi).	Complete	Part II \									
	X			eives: (1) more than 33 1			rom contri	hutione m	namharchii	n fees a	nd arnee rea	cainte	from		
9		•	•	nctions - subject to certa						•	•				
			•	axable income (less sect	•	•	•			• •	•				
			509(a)(2). (Complete	•	iononia	ix) iroiri bu	311103503	icquired b	y ine orga	HZALIOH	aitei Julie J	0, 197	J.		
10				perated exclusively to te	ot for publi	io cofoty (Soo coctic	n 500(a)(/	11						
11	H			perated exclusively for the						, out the	nurnanan a	f one	or		
''		•		ations described in section									Oi		
						•		.). See se t		a)(3). One	eck the box	uiai			
				organization and compled Type II		e III - Func		agratad		d 🗀	Type III - C)+hor			
		* -		it the organization is not	• •		•	-	r mara dia				n		
e	• —	, .		han one or more publicly		•		•		•			.11		
										(a)(1) 01	Section 508	(a)(∠).			
1		•		ten determination from t		•			# III						
			ganization, check th										. Ш		
ć	ı	-		organization accepted ar			-					Yes	No		
				irectly controls, either al								res	INO		
				upported organization?											
				n described in (i) above?									_		
				person described in (i) o							11g(iii)				
r	ı	Provide trie it	Silowing information	about the supported org	gariizatiorii	(8).									
			40 FIN	(iii) Type of	(iv) le the e	organization	(v) Did you	notify the	(vi) ls	the					
(1		of supported inization	(ii) EIN	organization		sted in your	organizat		organizatio	n in col.	(vii) Am		Ī		
	urya	inzation		(described on lines 1-9 above or IRC section		document?			(i) organizi U.S.	?	sup	ρυιι			
				(see instructions))	Yes	No	Yes	No	Yes	No					
				(1.00	- 110	1.00	- 110	1.00	-110					

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
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)						
	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				1	1	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	to (soo instructi	one)			12	
	First five years. If the Form 990 is for t	•	,	rd fourth or fifth t			
10	organization, check this box and stop i	-			•		ightharpoonup
Sec	etion C. Computation of Public	Support Pe	rcentage				
	Public support percentage for 2011 (lin			column (f))		14	%
	Public support percentage from 2010 S					15	%
	33 1/3% support test - 2011. If the org					more, check this be	ox and
	stop here. The organization qualifies as	s a publicly supp	orted organization	າ			▶□
	33 1/3% support test - 2010. If the org						
	and stop here. The organization qualification	es as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	- 2011. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "facts	-and-circumstan	ices" test, check t	his box and stop I	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances" to	est. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	- 2010. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	"facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circu	mstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instruction	

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.)

Se	ction A. Public Support	ciow, piedoc comp	note i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	, ,	ì	, ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1465457.	1837748.	1374177.	1358718.	1264286.	7300386.
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	3864225.	3990749.	4121041.	4294586.	4148609.	20419210.
3	Gross receipts from activities that						
3	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						
	furnished by a governmental unit to						
	the organization without charge	E200600	5000405	5405040	F.C.F.2.2.4	E 44 000 E	00000
	Total. Add lines 1 through 5	5329682.	5828497.	5495218.	5653304.	5412895.	27719596.
78	Amounts included on lines 1, 2, and	244 050	454 005	440 040	400 555	200 406	1060084
	3 received from disqualified persons	344,068.	451,835.	440,310.	423,575.	300,486.	1960274.
k	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	12,600.	229,436.			93,512.	393,832.
(Add lines 7a and 7b	356,668.	681,271.	498,594.	423,575.		2354106.
8	Public support (Subtract line 7c from line 6.)						25365490.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	5329682.	5828497.	5495218.	5653304.	5412895.	27719596.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	246,670.	175,157.	197,314.	220,803.	227,545.	1067489.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	246,670.	175,157.	197,314.	220,803.	227,545.	1067489.
	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	190,738.	92,709.	91,245.	89.330.	108.348.	572,370.
12	assets (Explain in Part IV.)	5767090.	6096363.	5783777.	5963437.		29359455.
	First five years. If the Form 990 is for						
	check this box and stop here	-			•		
Se	ction C. Computation of Publi						
	Public support percentage for 2011 (I			olumn (fl)		15	86.40 %
	Public support percentage from 2010					16	85.19 %
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			e 13. column (f))		17	3.64 %
	Investment income percentage from 2					18	3.57 %
	33 1/3% support tests - 2011. If the	•		on line 14 and line			
100	more than 33 1/3%, check this box ar	-					
L	33 1/3% support tests - 2010. If the						
L		-					
20	line 18 is not more than 33 1/3%, che			·		•	
∠U	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 190, cneck th	iis dox and see ins	structions	₽□

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number ARCHAEOLOGICAL INSTITUTE OF AMERICA 13-5669180 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4 R	elationship of transferor to transferee

(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held

.			
		<u> </u>	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

	(e) Transfer o	aift	
	(e) Transier o	Aur	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transfe	eror to transferee

(a) No.

(a) No. `from Part I

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service To Organizations Exempt From medine rax onder section 50 I(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

 $If the organization \ answered \ "Yes" \ to \ Form \ 990, \ Part \ IV, \ line \ 3, \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then$

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization				loyer identification number
		LOGICAL INSTITU			13-5669180
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 o	organization.
2 3	Provide a description of the organize Political expenditures Volunteer hours			>	.
		ganization is exempt un			
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	> :	<u> </u>
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	55 ▶ 9	·
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	0 for this year?		Yes No
4a	Was a correction made?				Yes No
_	If "Yes," describe in Part IV.	 	1 1 504/		() (0)
		ganization is exempt un	•	•	
	Enter the amount directly expended		· ·	***************************************	<u> </u>
2	Enter the amount of the filing organ		J	_	
	exempt function activities				<u> </u>
3	Total exempt function expenditures				
4	line 17b Did the filing organization file Form				Yes No
		mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to	EIN) of all section 527 p aid from the filing organ o a separate political or	political organizations to whi nization's funds. Also enter t ganization, such as a separ	ch the filing organization he amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

(b)

(a)

Schedule C (Form 990 or 990-EZ) 2011 ARCHAEOLOGICAL INSTITUTE OF AMERICA 13-566918 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)	(b)	
of the lobbying activity.	Yes	No	Am	ount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:		x		
a Volunteers?b Paid staff or management (include compensation in expenses reported on lines 1c through 1)	i)2	X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?		Х		
f Grants to other organizations for lobbying purposes?		Х		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		Х		
${f h}$ Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X			615.
i Other activities?		X		
j Total. Add lines 1c through 1i				615.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 45	
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c	;)(5), or se	ection	
501(c)(6).			Yes	No
• When a destruction of the control			163	INO
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior yea 				-
Part III-B Complete if the organization is exempt under section 501(c)(4),		• • • • • • • • • • • • • • • • • • • •	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ	•			ne 3, is
answered "Yes."		` '	•	·
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of	dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	ng and political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 1; Part I-B, line 4; Part I-C, line 1; Part I	ne 5; Part II-A; and	d Part II-B, lii	ne 1. Also,	complete
this part for any additional information.				

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. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

ARCHAEOLOGICAL INSTITUTE OF AMERICA

Par	tΙ	Organizations Maintaining Donor Advised	l Funds or Other Similar Fund	s or A	ccounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed fun	ds
	are th	e organization's property, subject to the organization's e	exclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			
Par	t II	Conservation Easements. Complete if the orga			
1	Purpo	se(s) of conservation easements held by the organization	n (check all that apply).		
		Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an hi	storical	ly important land area
		Protection of natural habitat	Preservation of a cer	tified hi	storic structure
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a co	onservation 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	Numb	er of conservation easements on a certified historic struc	cture included in (a)		2c
d	Numb	er of conservation easements included in (c) acquired af	fter 8/17/06, and not on a historic struc	ture	
	listed	in the National Register			2d
3	Numb	er of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne orgar	nization during the tax
	year 🕽				
4	Numb	er of states where property subject to conservation ease	ement is located		
5		the organization have a written policy regarding the perio			
		ons, and enforcement of the conservation easements it h			
6		and volunteer hours devoted to monitoring, inspecting, a			
7		nt of expenses incurred in monitoring, inspecting, and er			
8		each conservation easement reported on line 2(d) above			
		ection 170(h)(4)(B)(ii)?			
9		t XIV, describe how the organization reports conservation			
		e, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the or	ganization's accounting for
Da		rvation easements.	Aut Historical Transcript	\	Similar Assats
Par	t III	Organizations Maintaining Collections of		otner :	Similar Assets.
	16.11	Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC	•		·
		cal treasures, or other similar assets held for public exhil	· · · · · · · · · · · · · · · · · · ·	ance of	public service, provide, in Part XIV,
		xt of the footnote to its financial statements that describe			
b		organization elected, as permitted under SFAS 116 (ASC			
		res, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pi	ublic se	rvice, provide the following amounts
		g to these items:			. .
		evenues included in Form 990, Part VIII, line 1			
_					
2		organization received or held works of art, historical treas		aı gaın,	provide
_		llowing amounts required to be reported under SFAS 110			• •
		nues included in Form 990, Part VIII, line 1			
D	Asset	s included in Form 990, Part X			. • •

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

Schedule D (Form 990) 2011

ARCHAEOLOGICAL	TNSTTTITE	OF	AMERTCA

		LOGICAL IN				-56691		Page 2
	t III Organizations Maintaining C							
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant use	of its collec	tion iter	ns
	(check all that apply):		. 🗀 .					
a	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations					. =		
4	Provide a description of the organization's co					in Part XIV.		
5	During the year, did the organization solicit or							¬
Do	to be sold to raise funds rather than to be mi							No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	to Form 990, Pa	art IV, line 9,	or	
1a	Is the organization an agent, trustee, custod							¬
	on Form 990, Part X?					L Yes	;	_ No
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table:					
	B					Amo	unt	
	Beginning balance							
	Additions during the year							
e	Distributions during the year							
1	Ending balance	aura 000 Dart V lina	010		1f	Yes		No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIV.		217			L Yes	; ∟	NO
Pai			swered "Ves" to Fo	rm 990 Part IV line	10			
	Zilaevillent i allaer complete i	(a) Current year	(b) Prior year	(c) Two years back		s hack (a) F	our year	s hack
12	Beginning of year balance	7,879,073.		• •	<u> </u>		our your	3 Duon
	Contributions	7,534.		, ,		,389.		
	Net investment earnings, gains, and losses	<174,891.	•	· · · · ·	+			
	Grants or scholarships	1272,3320	_,,,	,	12,525	,		
	Other expenditures for facilities							
C	and programs							
f	Administrative expenses	315,392.	430,814.	523,137	374	,819.		
	End of year balance	7,396,324.		· · · · ·		,		
2	Provide the estimated percentage of the cur				-1	, = = = •		
	Board designated or quasi-endowment	3.17	%	2)) 1101d do.				
	Permanent endowment 48.78	%						
	Temporarily restricted endowment ▶ 4							
_	The percentages in lines 2a, 2b, and 2c shou	•						
За	Are there endowment funds not in the posse	· ·	ation that are held a	nd administered for	r the organization	on		
-	by:				and organization		Yes	No
	(i) unrelated organizations					3a		X
	(ii) related organizations					3a	`_	X
b	If "Yes" to 3a(ii), are the related organizations							+-
4	Describe in Part XIV the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or o	<u> </u>	or other (c)	Accumulated	(d) B	ook val	ue
	,	basis (investr	1 , ,		epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other		21	5,463.	191,654		23,8	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c).)	.		23,8	309.

Schedule D (Form 990) 2011

Schedule D		GICAL INSTITUT		13-5669180 Page 3
	Investments - Other Securities.	See Form 990, Part X, line 1		
	a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
	ial derivatives			
	-held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	I Investments - Program Related	See Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	b) must equal Form 990, Part X, col (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X,			1 2.2
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1) 15 000 B 1 1 1 (B)			
Part X	umn (b) must equal Form 990, Part X, col (B)			>
	Other Liabilities. See Form 990, Part (a) Description of liability	t X, line 25.	(b) Book value	
1.			(b) Dook value	
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(1)				

(8) (9) (10)

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

Find 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 132053
11-23-12 Schedule D (Form 990) 2011

X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE INSTITUTE'S ENDOWMENT FUNDS ARE INTENDED TO

SUPPORT THE INSTITUTE'S PROGRAMS AND ADMINISTRATIVE OPERATING COSTS, AS FULLY DESCRIBED IN THE DOCUMENTS ASSOCIATED WITH EACH ENDOWMENT GIFT. EXAMPLES ARE LECTURES, FELLOWSHIPS AND PUBLICATIONS. IN BROAD TERMS THE INTENDED USE OF THE ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE ARCHAEOLOGICAL INSTITUTE OF AMERICA.

PART X, LINE 2: THE INSTITUTE IS SUBJECT TO FEDERAL AND STATE INCOME

Schedule D (Form 990) 2011

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 **2011**Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Inspection

Name of the organization					Employer identification number			
ARCHAEOLOGICAL	INSTITUT	E OF AME	ERICA		13-56691	.80		
			tside the United States. Comp	lete if the orga				
to Form 990, Par	rt IV, line 14b.							
			ds to substantiate the amount of its gr					
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?LX	∐ Yes No		
O. Fan amantmakana Daga	ouile e ire Deut V the				.	.4		
2 For grantmakers. Described States.	cribe in Part v the	e organization s	procedures for monitoring the use of it	is grants and o	ither assistance of	itside the		
	he following Part	t I. line 3 table c	an be duplicated if additional space is	needed.)				
(a) Region	(b) Number of	(c) Number of	1		vity listed in (d)	(f) Total		
	offices	employees, agents, and	(by type) (e.g., fundraising, program		gram service,	expenditures for and		
	in the region	independent contractors	services, investments, grants to		e specific type	investments		
		in region	recipients located in the region)	of servi	ce(s) in region	in region		
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN					
PACIFIC PACIFIC		0	REGION			760.		
		-				122.		
			GRANTS TO RECIPIENTS IN					
EUROPE	0	0	REGION			800.		
EUROPE	0	0	PROGRAM SERVICES	STIPEND		37,534.		
						-		
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN					
NORTH AFRICA	0	0	REGION			1,000.		
NORTH AMERICA	0	0	PROGRAM SERVICES	FELLOWSHIP	EXPENSE	3,500.		
NORTH AMERICA	0	0	PROGRAM SERVICES	AWARDS EXPI	PNCE	4,800.		
NORTH AMERICA	1	U	PROGRAM SERVICES	AWARDS EAFI	FNSE	4,800.		
			GRANTS TO RECIPIENTS					
SUB-SAHARAN AFRICA	0	0	LOCATED IN THE REGION			3,555.		
3 a Sub-total	0	0				51,949.		

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

0

0

Schedule F (Form 990) 2011

0.

51,949.

b Total from continuation

and 3b)

sheets to Part I
c Totals (add lines 3a

Part II Grants and Oth	ner Assistance to Or	ganizations or Entities	Outside the United States.	Complete if the o	rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	or any
•			o one recipient received more	than \$5,000				▶ X
Part II can be d	uplicated if additional	space is needed.	·		1			
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
the IRS, or for which	the grantee or couns	el has provided a section	recognized as charities by the n 501(c)(3) equivalency letter			. • _		
							Sched	dule F (Form 990) 2011

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

Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (h) Method of (b) Region valuation (book, FMV, appraisal, other) (a) Type of grant or assistance recipients cash grant cash disbursement non-cash non-cash assistance assistance STIPENDS EUROPE 2 36,995.WIRE TRANSFER 0 AWARDS EUROPE 1 539. WIRE TRANSFER 0 NORTH AMERICA -CANADA AND FELLOWSHIP MEXICO, BUT 2 3,500.CHECK 0 NORTH AMERICA -CANADA AND AWARDS MEXICO, BUT 2 600.CHECK 0

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2011

Part V | Supplemental Information

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

SCHEDULE F, PART I, LINE 2: THE INSTITUTE REQUIRES AN APPLICATION FOR

SITE PRESERVATION GRANTS WHICH ARE AWARDED IN PHASES. A REPORT ON HOW

THE FUNDS WERE UTILIZED FOR THE PREVIOUS PHASE MUST BE SUBMITTED TO THE

SITE PRESERVATION COMMITTEE AND APPROVED FOR FURTHER DISBURSEMENT OF ANY

REMAINING PHASES. THE SITE PRESERVATION COMMITTEE IS MADE UP OF

ARCHAEOLOGISTS, PRESERVATIONIST AND ECONOMIC DEVELOPMENT PROFESSIONALS.

THE COMMITTEE MEETS ON A REGULAR BASIS TO REVIEW APPLICATIONS AND DISCUSS

THE STATUS OF CURRENT PROJECTS. PERIODIC REPORTS ARE POSTED ON THE AIA

WEBSITE FOR PUBLIC REVIEW.

KRESS LECTURES:

EACH YEAR THE AIA OFFERS TWO STIPENDED LECTURESHIPS, FUNDED BY THE KRESS

FOUNDATION IN NEW YORK. THE KRESS LECTURES ARE CHOSEN BY THE AIA'S

LECTURE PROGRAM COMMITTEE, WHO MEET EVERY JANUARY TO DISCUSS THE VARIOUS

NOMINATIONS (MADE BY COMMITTEE MEMBERS, STAFF MEMBERS, AND AIA MEMBERS).

THE COMMITTEE MEMBERS THEN CAST BALLOTS, WHICH ARE TABULATED TO DECIDE

THE NEXT SEASON'S KRESS LECTURES. LECTURES ARE HOSTED AT LOCAL AIA

SOCIETIES. SOCIETY OFFICERS PREPARE REPORTS ON LECTURE QUALITY,

ATTENDANCE AND AUDIENCE FEEDBACK. THESE REPORTS ARE SENT TO THE

INSTITUTE FOR REVIEW BY THE LECTURE PROGRAM STAFF AND COMMITTEE.

FELLOWSHIPS AND GRANTS:

THE AIA OFFERS A NUMBER OF FELLOWSHIPS AND GRANTS WHICH ARE OPEN TO US

RESIDENTS AS WELL AS FOREIGN SCHOLARS. THESE ARE THE ARCHAEOLOGY OF

PORTUGAL FELLOWSHIP, THE DAI/AIA STUDY IN THE U.S. FELLOWSHIP, THE

PUBLICATION PREPARATION GRANT, AND THE PUBLICATION SUBVENTION GRANT. ALL

BUT THE PUBLICATION SUBVENTION GRANT ARE AWARDED BY THE AIA'S FELLOWSHIP

Schedule F (Form 990) 2011

Part V | Supplemental Information

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

COMMITTEE, WHICH MEETS EVERY JANUARY TO CONSIDER THE APPLICATIONS AND
DECIDE ON RECIPIENTS. THE PUBLICATION SUBVENTION GRANT IS AWARDED BY THE
PUBLICATION SUBVENTION COMMITTEE. MONITORING IS DONE BY WRITTEN REPORTS
THAT ARE REQUIRED TO BE TURNED IN BY ALL FELLOWSHIP AND SCHOLARSHIP
AWARDEES AT THE CONCLUSION OF THEIR PROJECTS. THESE REPORTS DETAIL THE
SUCCESS OF THE PROJECT AND THE USE THE PROJECT FUNDS. THE REPORTS ARE
REVIEWED BY THE APPROPRIATE COMMITTEES AND ARE THEN PUBLISHED ON THE
INSTITUTE'S WEBSITE.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization	NI OCICAI TNOMIME	ΟĒ	7 M T	ID T C A		Employer ide 13-5669	ntification number
Francisco Activitica	LOGICAL INSTITUTE Complete if the organization answer				line 1		
required to complete this par	t.			51 01111 330, 1 art 1v,		7.1 01111 330 L2	- mers are not
 Indicate whether the organization raise Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, F If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitar f Solicitar g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) purs	tion of tion of fundra (incluence)	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notifie	d it is	exempt from re	egistration
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.			Schedule G (Fori	m 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 ARCHAEOLOGICAL INSTITUTE OF AMERICA 13-5669180 Page 2 Fundraising Events. Complete if the organization answered "Yes" to 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 (d) Total events NONE (add col. (a) through BENEFIT GALA col. (c)) (total number) (event type) (event type) Revenue 329,253. 329,253. 1 Gross receipts 272,565. 2 Less: Charitable contributions 272,565. 56,688. 56,688. Gross income (line 1 minus line 2) Cash prizes Noncash prizes **Direct Expenses** 56,688. 56,688. Rent/facility costs Food and beverages Entertainment Other direct expenses 56,688, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes cpenses Noncash prizes

Diecr	4 Rent/facility costs								
	5 Other direct expenses								
	6 Volunteer labor	Yes % No	Yes % No	Yes % No					
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8 Net gaming income summary. Combine line 1,	column d, and line 7		>					
а	Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain:								
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

Schedule G (Form 990 or 990-EZ) 2011

132082 01-23-12

Sch		6691	<u> 180</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Y	'es	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	,└──¦Y	'es	└── No
	Indicate the percentage of gaming activity operated in:			2.4
	The organization's facility	13a		<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Y	'es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L Y	'es	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

➤ Attach to Form 990.

Complete if the organization answered "Yes" to Form 990, Part IV. line 21 or 22.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 13-5669180 ARCHAEOLOGICAL INSTITUTE OF AMERICA Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash assistance or assistance non-cash FMV, appraisal, assistance other) SUSTAINABLE PRESERVATION INITIATIVE - 40 WEST 22ND STREET. 0 SUITE 11 - NEW YORK, NY 10010 27-2704326 501(C)(3) 25,000 SITE PRESERVATION GRANT FRIENDS OF STAFFORD CIVIL WAR SITES - 65 MARLBOROUGH PT. RD. -501(C)(3) 0 STAFFORD, VA 22554 26-4411457 12,240 SITE PRESERVATION GRANT UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL - 212 MURPHEY HALL -CHAPEL HILL, NC 27599-3145 56-6001393 501(C)(3) 5.000 0 SITE PRESERVATION GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States, Complete if the organization answered "Yes" to Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed. (b) Number of (c) Amount of (e) Method of valuation (a) Type of grant or assistance (d) Amount of non-(f) Description of non-cash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance STIPEND 47,000 0 13 21 68,319 0 FELLOWSHIP SITE PRESERVATION GRANT 40,010 0 OUTREACH AWARDS 2,804 0 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: THE INSTITUTE REQUIRES AN APPLICATION FOR SITE PRESERVATION GRANTS WHICH ARE AWARDED IN PHASES. A REPORT ON HOW THE FUNDS WERE UTILIZED FOR THE PREVIOUS PHASE MUST BE SUBMITTED TO THE SITE PRESERVATION COMMITTEE AND APPROVED FOR FURTHER DISBURSEMENT OF ANY REMAINING PHASES. THE SITE PRESERVATION COMMITTEE IS MADE UP OF ARCHAEOLOGISTS, PRESERVATIONIST AND ECONOMIC DEVELOPMENT PROFESSIONALS. THE COMMITTEE MEETS ON A REGULAR BASIS TO REVIEW APPLICATIONS AND DISCUSS THE STATUS OF CURRENT PROJECTS. PERIODIC REPORTS ARE POSTED ON THE AIA WEBSITE FOR PUBLIC REVIEW.

KRESS LECTURES

EACH YEAR THE AIA OFFERS TWO STIPENDED LECTURESHIPS, FUNDED BY THE KRESS

FOUNDATION IN NEW YORK. THE KRESS LECTURES ARE CHOSEN BY THE AIA'S LECTURE

PROGRAM COMMITTEE, WHO MEET EVERY JANUARY TO DISCUSS THE VARIOUS

NOMINATIONS (MADE BY COMMITTEE MEMBERS, STAFF MEMBERS, AND AIA MEMBERS).

THE COMMITTEE MEMBERS THEN CAST BALLOTS, WHICH ARE TABULATED TO DECIDE THE

NEXT SEASON'S KRESS LECTURES. LECTURES ARE HOSTED AT LOCAL AIA SOCIETIES.

SOCIETY OFFICERS PREPARE REPORTS ON LECTURE QUALITY, ATTENDANCE AND

AUDIENCE FEEDBACK. THESE REPORTS ARE SENT TO THE INSTITUTE FOR REVIEW BY

THE LECTURE PROGRAM STAFF AND COMMITTEE.

FELLOWSHIPS AND GRANTS

THE AIA OFFERS A NUMBER OF FELLOWSHIPS AND GRANTS WHICH ARE OPEN TO US RESIDENTS AS WELL AS FOREIGN SCHOLARS. THESE ARE THE ARCHAEOLOGY OF PORTUGAL FELLOWSHIP, THE DAI/AIA STUDY IN THE U.S. FELLOWSHIP, THE PUBLICATION PREPARATION GRANT, AND THE PUBLICATION SUBVENTION GRANT. AT₁T₁ BUT THE PUBLICATION SUBVENTION GRANT ARE AWARDED BY THE AIA'S FELLOWSHIP COMMITTEE, WHICH MEETS EVERY JANUARY TO CONSIDER THE APPLICATIONS AND DECIDE ON RECIPIENTS. THE PUBLICATION SUBVENTION GRANT IS AWARDED BY THE PUBLICATION SUBVENTION COMMITTEE. MONITORING IS DONE BY WRITTEN REPORTS THAT ARE REQUIRED TO BE TURNED IN BY ALL FELLOWSHIP AND SCHOLARSHIP AWARDEES AT THE CONCLUSION OF THEIR PROJECTS. THESE REPORTS DETAIL THE SUCCESS OF THE PROJECT AND THE USE THE PROJECT FUNDS. THE REPORTS ARE REVIEWED BY THE APPROPRIATE COMMITTEES AND ARE THEN PUBLISHED ON THE INSTITUTE'S WEBSITE.

Schedule I (Form 990) 2011

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARCHAEOLOGICAL INSTITUTE OF AMERICA

Employer identification number 13-5669180

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Desired the control of the Control o			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
_		4a		х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	The totally of lines at s, let the persons and provide the applicable amounts for each term in a similar			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7				,
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			.,
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9	1	I

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

Schedule J (Form 990) 2011

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 in 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 are not listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E)	(F) Compensation reported as deferred in prior Form 990	
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)		
	(i)	158,857.	10,000.	0.	8,064.	22,782.	199,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	135,566.	5,000.	0.	6,802.	19,782.	167,150.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
16	(ii)							

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ARCHAEOLOGICAL INSTITUTE OF AMERICA

Employer identification number 13-5669180

Pai	rt I Types of Property								
		(a)	(b)	(c)	la calda ca	(d)			
		Check if applicable	Number of contributions or	Noncash contril amounts report		Method of de noncash contribu		•	
		арріісаріе		Form 990, Part VII		Horicasii contiibt	ulion a	mount	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	Х	2	62,9	918.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock			,					
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
13	· ·								
14	Historic structures Qualified conservation contribution - Other								
	Real estate - Residential								
15									
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	X	4	24 (000	FAIR MARKET	1 777	TITTO	
25	Other (DONATED DINNE)	Λ	4	24,0	000.	FAIR MARKET	VA	тое	
26	Other ()								
27	Other ()								
<u>28</u>	Other (
29	Number of Forms 8283 received by the organization		-						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gementL	29				
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial of	contribution	, and which is not	required to be used	d for exen	npt purposes for			77
	the entire holding period?						30a		Х
b	b If "Yes," describe the arrangement in Part II.								
31									
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?								
	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colum	ın (a) is ch	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2011)

132141 01-23-12

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ARCHAEOLOGICAL INSTITUTE OF AMERICA

Employer identification number 13-5669180

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE INSTITUTE IS DEDICATED TO THE GREATER UNDERSTANDING OF THE RECORD

OF THE HUMAN PAST, TO THE PROTECTION AND PRESERVATION OF THE WORLD'S

ARCHAEOLOGICAL RESOURCES AND THE INFORMATION THEY CONTAIN, AND TO THE

ENCOURAGEMENT AND SUPPORT OF ARCHAEOLOGICAL RESEARCH AND PUBLICATION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ARCHAEOLOGICAL INSTITUTE OF AMERICA (AIA) PROMOTES ARCHAEOLOGICAL

INQUIRY AND PUBLIC UNDERSTANDING OF THE MATERIAL RECORD OF THE HUMAN

PAST TO FOSTER AND APPRECIATION OF THE DIVERSE CULTURES AND OUR SHARED

HUMANITY. THE AIA SUPPORTS ARCHAEOLOGISTS, THEIR RESEARCH AND ITS

DISSEMINATION, AND THE ETHICAL PRACTICE OF ARCHAEOLOGY. THE AIA

EDUCATES PEOPLE OF ALL AGES ABOUT THE SIGNIFICANCE OR ARCHAEOLOGICAL

DISCOVERY AND ADVOCATES THE PRESERVATION OF THE WORLD'S ARCHAEOLOGICAL

HERITAGE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SITE PRESERVATION: THE INSTITUTE'S SITE PRESERVATION FUND AWARDS GRANTS

TO AIA MEMBER-SPONSORED APPLICANTS TO ASSIST WITH REPAIRS, DOCUMENT

ENDANGERED SITES, ENHANCE VISITORS' UNDERSTANDING, AND/OR HELP ENSURE

THE SAFETY AND SECURITY OF THE SITE. OUR PROGRAM FOCUSES ON GRANT

GIVING, RECOGNITION AND DISSEMINATION OF BEST PRACTICES, ADVOCACY, AND

PUBLIC OUTREACH.

ANNUAL MEETING: IN JANUARY, THOUSANDS OF ARCHAEOLOGISTS, PHILOLOGISTS,

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

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number 13-5669180

STUDENTS, ARCHAEOLOGY ENTHUSIASTS, AND ARCHAEOLOGY MAGAZINE SUBSCRIBERS

FROM THE US, CANADA, AND 35 OTHER COUNTRIES GATHER TO PARTICIPATE IN

THE AIA-APA JOINT ANNUAL MEETING. THE FOUR-DAY PROGRAM FEATURES

ACADEMIC SESSIONS THAT PRESENT THE LATEST RESEARCH FROM THE FIELD,

WORKSHOPS, INNOVATIVE SITE PRESERVATION STRATEGIES, AND THE LATEST

DISCOVERIES; AND PRESIDENTIAL PLENARY SESSIONS ORGANIZED BY AIA AND APA

LEADERSHIP. IN ADDITION TO THE ACADEMIC SESSIONS AND WORKSHOPS, THE

MEETING HOSTS PROFESSIONAL DEVELOPMENT SESSIONS.

FELLOWSHIPS & SCHOLARSHIPS: EACH YEAR, THE AIA GIVES OUT COMPETITIVE

FELLOWSHIPS TO SUPPORT THE RESEARCH AND STUDY OF SCHOLARS AND STUDENTS.

EXPENSES \$ 720,339. INCLUDING GRANTS OF \$ 168,372. REVENUE \$ 319,536.

FORM 990, PART VI, SECTION A, LINE 6: THE ARCHAEOLOGICAL INSTITUTE OF

AMERICA IS A MEMBERSHIP ORGANIZATION. PURSUANT TO ITS BY-LAWS, THE MEMBERS

OF THE INSTITUTE SHALL BE THOSE PERSONS WHO JOIN THE INSTITUTE IN ANY OF

ITS MEMBERSHIP CATEGORIES AND THOSE PERSONS WHO ARE NAMED HONORARY MEMBERS.

ALL OF THESE CATEGORIES COMBINED CONSTITUTE THE MEMBERSHIP OF THE

INSTITUTE.

FORM 990, PART VI, SECTION A, LINE 7A: THE AIA HAS TWO GOVERNING BODIES,
THE COUNCIL AND THE GOVERNING BOARD. THE COUNCIL IS MADE UP OF DELEGATES
APPOINTED BY THE SOCIETIES OF THE ORGANIZATION, GOVERNING BOARD MEMBERS AND
REPRESENTATIVES OF ANY AMERICAN SCHOOLS FOUNDED BY THE ORGANIZATION. THE
COUNCIL MEETS ONCE PER YEAR. IT ELECTS TRUSTEES TO THE GOVERNING BOARD AND
VOTES ON ANY PROPOSED CHANGES TO THE BYLAWS OF THE ORGANIZATION. BETWEEN
COUNCIL MEETINGS THE POWER TO GOVERN THE INSTITUTE, AND IN FACT, ALL OF THE
POWERS AND RESPONSIBILITIES OF THE COUNCIL, ARE DELEGATED TO THE GOVERNING

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BOARD, WHICH MEETS THREE TIMES DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 11: A REVIEW OF THE 990 IS CONDUCTED BY THE CONTROLLER, CHIEF OPERATING OFFICER, THE AUDIT COMMITTEE AND THE FINANCE COMMITTEE. IN ADDITION, THE PUBLIC INSPECTION VERSION OF FORM 990 IS DISTRIBUTED TO THE GOVERNING BOARD FOR THEIR REVIEW. RECOMMENDATIONS, IF ANY, ARE TAKEN INTO ACCOUNT AND THE 990 IS FILED ONCE THE FINAL DOCUMENT HAS BEEN REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: THE STAFF OF THE AIA AS WELL AS ITS TRUSTEES AND OFFICERS MONITOR TRANSACTIONS OF THE AIA AND ANY PERCEIVED CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE AUDIT COMMITTEE FOR INVESTIGATION AND RECOMMENDATIONS ARE PRESENTED TO THE GOVERNING BOARD FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 15A: THE CEO PREPARES A WRITTEN REVIEW OF HIS/HER PERFORMANCE DURING THE CALENDAR YEAR AND SUBMITS IT TO THE PERSONNEL COMMITTEE FOR REVIEW. THE COMMITTEE MEETS AT THE AIA ANNUAL MEETING IN JANUARY EACH YEAR AND REVIEWS THE PERFORMANCE AND COMPENSATION OF THE INSTITUTE'S CEO. AT THIS MEETING THE PERSONNEL COMMITTEE INDEPENDENTLY DETERMINES THE COMPENSATION FOR THE CEO FOR THE UPCOMING YEAR. THE COMMITTEE CONSIDERS COMPENSATION DATA FROM OTHER NON-PROFIT ORGANIZATIONS, OBTAINED USING 990 RETURNS AVAILABLE ON GUIDESTAR, THE PERFORMANCE OF THE CEO FROM THE PRIOR YEAR AND THE FINANCIAL CONDITION OF MINUTES OF THESE MEETINGS ARE TAKEN AND KEPT BY THE THE ORGANIZATION. COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: ANY REQUESTS FOR SUCH DOCUMENTS ARE

ARCHAEOLOGICAL INSTITUTE OF AMERICA	13-5669180				
MANAGED BY THE CEO AND COO, AND THESE DOCUMENTS ARE PROVI	DED UPON	REQUEST.			
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:					
NET UNREALIZED LOSSES ON INVESTMENTS:		-405,647.			

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	OTHER EXPENSES PROPERTY &											
1	EQUIPMENT - BOSTON	VARI	ESSL	7.00	16	138,585.			138,585.	121,900.		7,574.
2	PROPERTY & EQUIPMENT - NEW YOR	VARI	ESSL	7.00	16	76,878.			76,878.	55,821.		6,359.
	* 990 PAGE 10 TOTAL OTHER EXPENSES					215,463.		0.	215,463.	177,721.	0.	13,933.
	* GRAND TOTAL 990 PAGE 10 DEPR					215,463.		0.		177,721.	0.	13,933.
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