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SCANNED JUL 1

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.

OMB No_1545-0047 2008 Open to Public Inspection

<u>A</u>	For the 200	8 calendar year, or tax year beginning 7/01/08, and ending 6/30/0	19		
В	Check if applica			D Empl	oyer identification number
Ш	Address chang	use IRS Columbia Museum of Art			
$\bar{\sqcap}$	Name change	print or Doing Business As		57-	<u>-6007869</u>
H	Mairie Ghange	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telep	hone number
Ш	Initial return	See Hampton & Main Streets		803	3-799-2810
П	Termination	Specific Characteristic and 7/D 1.4		G Gross rec	4 504 545
二		0.11:-		G Gloss lec	elois _ 1/301/313
닏	Amended retur				
Ш	Application per	ding F Name and address of principal officer		H(a) is this	a group return for
		Karen Brosius		affiliat H(b) Are al	
		P.O. Box 2068		includ	ed? Yes No
	_	Columbia SC 29202		If "No	" attach a list (see instructions)
ī	Tax-exempt	status X 501(c) (3) ◄ (insert no) 4947(a)(1) or 527			
		www.columbiamuseum.org		H(c) Groun	exemption number
	Type of organi		Year of formation 1	930	M State of legal domicile SC
	art i	Summary	rear or ionniadon =		141 Claic of legal dofficie
		ly describe the organization's mission or most significant activities:	• _		
စ္ပ	0	peration & Maintenace of Art Museum for general publ	10		
ä					
Ę					
& Governance	2 Che	ck this box 🕨 🧻 if the organization discontinued its operations or disposed of more that	n 25% of its asse	ets	
Ŏ		ber of voting members of the governing body (Part VI, line 1a)		3	29
ο Ο		ther of independent voting members of the governing body (Part VI, line 1b)		4	29
Ę					82
Activities		I number of employees (Part V, line 2a)		5	
Ac	6 Tota	I number of volunteers (estimate if necessary)		6	112
	7a Tota	I gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
	b Net	unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye		Current Year
Ф	8 Con	tributions and grants (Part VIII, line 1h)		0,584	2,855,570
Ž	9 Prog	ram service revenue (Part VIII, line 2g)	84	3,011	1,278,240
Revenue	1	stment income (Part VIII, column (A), lines 3, 4, and 7d)	1	3,530	4,908
8		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,563	208,924
				1,688	4,347,642
	1	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,02	1,000	1,511,012
		nts and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			
တ္ဆ	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,77	2,003	1,966,855
xpenses	16a Prof	essional fundraising fees (Part IX, column (A) line [Te]			
8	b Tota	I fundraising expenses (Part IX, column (D) fine 25) (SD			: 🍇 : t
Ш	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) I expenses Add lines 13-17 (mustecual Rayt IX, column (A), line 25) enue less expenses Subtract line 18 from line 12	1,68	4,781	2,464,447
	18 Tota	Levnenses Add lines 13-17 (must equiph Rest 1% column (A) line 25)		6,784	4,431,302
	19 Rev	Topolises year miles to try (masses and may 12 Try) (miles 20)		4,904	-83,660
<u> </u>	19 Kev	ende less expenses Subtract infle 10 from line 12	Beginning		End of Year
Net Assets or Fund Balances	20 Tota	l assets (Part X, line 16)		8,134	1,032,798
888	20 Total			8,868	560,292
늏	21 1012	I liabilities (Part X, line 26)			472,506
		assets or fund balances Subtract line 21 from line 20		9,266	472,500
	art II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying schedul	es and statements,	and to the be	est of my knowledge
		and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all i	nformation of which	preparer nas	
Siç	an l	I KINGA PAVITANO		7	5-17-10
He	-	Signature of officer		Date	
		Charting Divectors			
		Time or part some and title			
		Type or print name and title			Preparer's identifying number
D-	الم!	Preparer's Date	Check self-	ıf	(see instructions)
Pa		signature John Jane 1	/O emplo	yed 🕨 上] `P00100665
	eparer's	Scott McElyeen, L.L.P.		EIN	▶ 57-1021392
Us	e Only	Tims halle (or yours)		Phone	·
		address, and ZIP+4 Columbia, SC 29202			803-256-6021
N-:	450 IDC =			no ▶	
_		scuss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2009)
DAA	FOLLLIN	acy Act and Paperwork Reduction Act Notice, see the separate instructions.		1 x	- NO Form 990 (2008)
				W	• 0

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,044,471 (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

Pa	art 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	ĺ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			ŀ
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	X	ļ
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 questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			l
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	1	1	I

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

Form 990 (2008) Columbia Museum of Art Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			[
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		_X_
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		X_
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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
			000	

Form **990** (2008)

Pe	int v Statements Regarding Other IKS Finnigs and Tax Compliance					
4-	States the number second in Day 2 of Form 1000. Applied Summary and Transmitted of				Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4.	46	*		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	40		, \$	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re		Δ			
Ç	gaming (gambling) winnings to prize winners?	pullaun	C	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		10		- 4
Aa	Statements, filed for the calendar year ending with or within the year covered by this return	2a	82	ļ	13	ľ.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin			2b	X	00-40-
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	113			1	
	instructions)			*	1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d bv				
	this return?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
	account)?			4a		X
b	If "Yes," enter the name of the foreign country			-	,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				,
	and Financial Accounts				st	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c	ļ	ļ
6a	Did the organization solicit any contributions that were not tax deductible?			6a	<u>. </u>	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
_	gifts were not tax deductible?			<u>6b</u>	-	
7	Organizations that may receive deductible contributions under section 170(c).	.t		, ,		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	tnan				
.	\$75?			7 <u>a</u> 7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			76		
·	required to file Form 8282?	.5		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<u> </u>	
8						
_	benefit contract?		•	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion				,
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon	soring				
	organization, have excess business holdings at any time during the year?			8	500	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				Ž. vi	^. .
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>	ļ	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	232 ₩ %	X
10	Section 501(c)(7) organizations. Enter					
a	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			\$ 7 2	
11	Section 501(c)(12) organizations. Enter	ایدا				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	44.				
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				
12a h	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 ?		148		×
	1. 100, onto the amount of tax-exempt interest received of accided duling the year	120				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
	For each Wart access to lines 2. 7h holes, and for a "Ala" accessor to lines 0 or 0h holes, describe	46-		Г-	_	Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe	tne .					1
4-	circumstances, processes, or changes in Schedule O See instructions	.	29				
1a	Enter the number of voting members of the governing body	1a	29				
b	Enter the number of voting members that are independent	1b	29				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	WILII					X
_	any other officer, director, trustee, or key employee?	d			2		
3	Did the organization delegate control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by or under the control over management duties customarily performed by the control over management duties customarily performed by the control over management duties cu				,		x
4	supervision of officers, directors or trustees, or key employees to a management company or other per		waa filad?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form		was med !	_	4 5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets'	r				x	
6 7-	Does the organization have members or stockholders?			<u> </u>	6	Λ.	
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem	ibers			.	x	
_	of the governing body?	2			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other perso			-	7b		3 .a.
8	Did the organization contemporaneously document the meetings held or written actions undertaken du	ring				` `	* T. Y
_	the year by the following			-		X	
a	The governing body?			<u> </u>	8a	X	
b	Each committee with authority to act on behalf of the governing body?			_	8b		x
9a	Does the organization have local chapters, branches, or affiliates?	4		L'	9a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such characteristics and procedures governing the activities of such characteristics.	apters	,				
40	affiliates, and branches to ensure their operations are consistent with those of the organization?			L'	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All orga	nizatio	ons		,	v	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		_4	 -	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be real	icnea	at				v
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		<u> </u>
<u> </u>	tion B. Policies					1	
40-	Done the accompation have a western conflict of interest policy? If "blo " as to line 42			<u> </u>	12-	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				2a	^	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give				х	
_	rise to conflicts?	11		尸	12b	^	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	25,			ا ۔ م	x	
40	describe in Schedule O how this is done			<u> </u>	12c	$\frac{\mathbf{\hat{x}}}{\mathbf{X}}$	
13	Does the organization have a written whistle'slower policy?			<u> </u>	13	X	
14	Does the organization have a written document retention and destruction policy?			-	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	uecis	ION			X	
a	The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?			_	5a	^	<u>x</u>
D	Other officers or key employees of the organization?			H	5b		
40-	Describe the process in Schedule O. (see instructions)	nt		 *		-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	511L			_		X
_	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalua	to		尸	6a		
b							
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	guaiu		-	- L		
500	the organization's exempt status with respect to such arrangements? tion C. Disclosure			11	6b		
17	List the states with which a copy of this Form 990 is required to be filed SC	:04/-	(2\n ==b.\				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5	0 I (C)	(၁)s only)				
	available for public inspection. Indicate how you make these available. Check all that apply						
40	Own website Another's website X Upon request	. 4 11 4	£				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, cor	ITHICT C	i interest				
20	policy, and financial statements available to the public		مام مؤيد				
20	State the name, physical address, and telephone number of the person who possesses the books and		us of the				
~	organization. ► Karen Brosius P.O. Box 2069 olumbia		9202	803-	70	a_2	Q 1 A
	21.000.74	<u>, </u>	7 L U L	<u> </u>	13	<u> </u>	<u>2 T Q</u>

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the c	organization did not compe	nsate	e an	y offi	icer,	direc	ctor,	trustee, or key employee		
(A) Name and Title	(B) Average			((C)	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ron Rogers										_
President	1	X		X				0	0	0
Scott McCle	lland	,,								•
Treasurer Claude Walke	<u></u>	X		X	_	-		0	0	0
Vice Pres.	Į.	x		x				o	o	0
Steve Anasta	sion	-		-		\vdash		ļ		<u> </u>
Trustee		x						o	0	0
Kay Butler B	achmann				-					
Trustee		x						o	0	0
Mary Belser						H				
Trustee		X						l o	0	0
Melissa Blar	chard									
Trustee		X						l ol	0	0
Paul Fant										
Trustee		X						0	0	0
Helen Hill										
Trustee		X				L		0	0	0
Warren Holla	nd					1				
Trustee		X			<u> </u>			0	0	0
Carlton Hugh	ies				Ī				_	_
Trustee	·	X				ļ		0	0	0
Bobby Lyles		ا ــ ا								•
Trustee		X						0	0	0
Sam McCuen	1							ام		0
Trustee Duncan Mclnt		X			 			0	0	0
Trustee	Josh	x						l	o	0
Jodie McLear		<u> </u>		<u> </u>	-	\vdash			<u> </u>	<u> </u>
Trustee	Ī	x						ol	o	0
Shirley Mill	ls				\vdash	\vdash		 	<u>_</u>	
Trustee	Ţ <u></u>	$ \mathbf{x} $			l			o	o	0
Greg Pearce	 	▎▔┤				\Box				
Trustee	L_	x						o	0	0
					`					5 990 (2008)

Part VII Section	on A. Officers, Directors, Tr	ustee	s, Ke	у Ег	nplo	yees	s, an	d Highest Compensated	Employees (continued)	
(A).	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	_		Officer				Reportable compensation from	Reportable compensation from related	Estimated amount of other
	WEEK	individual trustee or director	Institutional trustee	ær	Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Lyn Powers		+		-			-			<u> </u>
Trustee		X						0	0	0
Jack Smith	1								- " -	
Trustee		X						0	0	0
Joel Smith	1	x						o	o	0
Trustee Kathryn St	mart	^				-			<u> </u>	<u> </u>
Trustee		x						o	0	0
Susan Thor	pe									
Trustee		X						0	0	0
_Don_Tomlin	1]								
Trustee Brenda Whe		X						0	0	0
Trustee	erer	x						o	o	0
Suzan D. B	Boyd	+								
Commissione	r]	X						0	0	0
Arlen Cott										_
Commissione	·· · - - · ··· · · · · · · · · · · · · · · · ·	X						0	0	0
Katherine Commissione		x						o	0	0
Carroll He		+≏							0	
Commissione		x						o	o	0
Steve Morr	ison	1								
Commissione	· 	X						0	0	0
Karen Bros	T -							105 000		02.461
Exec Direct 1b Total	0 50	J			X		_	195,000 195,000	0	23,461 23,461
	individuals (including those ii	n 1a) v	who	recei	ved	more	e tha		compensation from the	25,401
organization >	_									Yes No
	tion list any former officer, di							yee, or highest compensat	ed	
	e 1a? If "Yes," complete Scho al listed on line 1a, is the sum							n and other compensation	from	3 X
the organization	and related organizations gre									
individual 5 Did any person I	isted on line 1a receive or ac	0010			***	fron		v uprolated emonytation fo		4 X
	ed to the organization? If "Yes								I	5 X
Section B. Independ	ent Contractors									
	ble for your five highest componential to the organization.	pensa	ted ı	ndep	end	ent c	ontr			
	(A) Name and business address							Descript	(B) lion of services	(C) Compensation
							<u> </u>			
									-	
2 Total number of	independent contractors (inc	luding	thos	se in	1) w	/ho r	ecer	ved more than \$100,000 in		
compensation from	om the organization >							·		0
DAA										Form 990 (2008)

Pa	<u>ırt V</u>	III . Staten	nent of Rev	<u>enue</u>						
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
								revenue	revenue	512, 513, or 514
돐	1a	Federated can	npaigns	1a						
E D	b	Membership d	ues	1b						
S, E	С	Fundraising ev	rents	1c						
ig i	d	Related organi	zations	1d						
ģ.E	е	Government grants (contributions)	1e	1,4	26,832				
ti S Ti	f	All other contribution							,	
E E		and similar amounts		1f	1.4	28,738				
들	_	Noncash contribution	i 2 sanıl nı babulanı sı			36,019		·		ŀ
SE	9	Total. Add line		16-11 W	_	,	2,855,570			
Program Service Revenue Contributions, gifts, grants		Total. Add line	3 14-11			Buon Code	2,000,070			
nua	2-					Busn. Code	551,911	EE1 011		ļ
Š	2a	Membersh	_			<u> </u>	<u> </u>	551,911		
	b		Admission				406,010			
ِ چَ	С		neous Serv		evenue		268,964			
တ္တ	d		& Registra				48,555			
ran	е		nd Income				2,800	2,800		
5 g	f	All other progra		enue		L				
	2	Total. Add line					1,278,240		4 1, .	ŀ
	3	Investment inc	ome (ıncludını	g divide	nds, intere	est, and				
		other similar ar	•			>	4,908			4,908
	4	Income from in	vestment of ta	ax-exen	npt bond p	roceeds >				
	5	Royalties			<u>,</u>	<u> </u>				
		_	(ı) Real		(II) F	Personal		j.		
	6a	Gross Rents	125	, 960	<u> </u>					
	þ.	Less rental exps]				* /	
	С	Rental inc or (loss)	125	,960				Ţ,	*	
	d	Net rental inco	me or (loss)			•	125,960			125,960
	7a	Gross amount from	(ı) Secunt	es	(11)) Other			·	•
		sales of assets other than inventory			1					
	ь	Less cost or other			<u> </u>		. %		~	
	_	basis & sales exps					1	**		
	_	Gain or (loss)					*3			
	d	Net gain or (los	;e)		J	•			· · · · · · · · · · · · · · · · · · ·	
	_	Gross income fro	-	onte						
	oa		in lunulaising et	rents	1					I
n l		(not including \$	4-4 8 4	-1						
ě		of contributions re	•	•				2000	* *	
Ä		See Part IV, line		a			<i>\$</i> *	3		
Other Revenue		Less direct ex		b			***************************************		·	
٥ ا	C	Net income or			g events			7.117		
	уа	Gross income fro					»			5
		See Part IV, line		a			4	â		3.14
		Less direct exp		b			~₩ ₩	<u>*</u>	. ~.	<u></u>
		Net income or		•	tivities					
	ıva	Gross sales of	-			216 027				
		returns and allo		a		316,837				
		Less cost of g		b		233,873	00 064	00 064		
- 1	с	Net income or			ventory	Puer Cada	82,964	82,964	4	
	44 -	wisce	llaneous Reven	16		Busn. Code				
	11a									
	b									
	C	All ather								
	d	All other revenue Total, Add lines								
ļ	θ 12			2~ 2	4 E Cd 7	7d 8c				
ł	12	Total Revenue		, zy, s,	4, 5, 6u, /	ru, ou,	4,347,642	1,361,204	٥	130,868
		9c, 10c, and 11	I G				-,J-1,04Z	1,301,204	U U	130,000

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).

	All other organizations must				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
•	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2	the U S See Part IV, line 22				
3	Grants and other assistance to governments,			*	
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	İ			
A	Benefits paid to or for members			()	
5	Compensation of current officers, directors,			``	<u></u>
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	190,000	118,499	45,238	26,263
7	Other salaries and wages	1,350,536	842,301	321,555	186,680
8	Pension plan contributions (include section 401(k)	2,000,000	- 012/302	321,333	100,000
·	and section 403(b) employer contributions)				
9	Other employee benefits	417,824	255,961	102,243	59,620
10	Payroll taxes	8,495		8,495	00,020
11	Fees for services (non-employees)	3,155		3,233	
a	Management				
b	Legal				
c	Accounting	16,804		16,804	
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
e	Professional fundraising services See Part IV, line 17		· \$ *	· ////	
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			-· ·· - · · · · · · · · · · · · · · · · · · ·	
15	Royalties				
16	Occupancy	199,709	199,709		
17	Travel	26,304	15,872	7,350	3,082
18	Payments of travel or entertainment expenses			······································	
	for any federal, state, or local public officials	ľ			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
		*,		7.4	
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	4 4 5		,	*
	5% of total expenses shown on line 25 below)	,			
а	Promotions	488,233	454,520		33,713
b	Building Maint. & Securit	302,431	302,431		
C	Membership Promotions	294,515			294,515
d	Postage & Shipping	234,397	216,878	6,661	10,858
e	Participation Fees	195,000	195,000		
f	All other expenses	707,054	443,300	190,154	73,600
25	Total functional expenses. Add lines 1 through 24f	4,431,302	3,044,471	698,500	688,331
26	Joint Costs. Check here In following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				- 000

<u> P</u>	art)	Balance Sheet				
		•		(A) Beginning of year		(B)
	٦.	Out.	· -· · · ·			End of year
	1	Cash—non-interest bearing		558,228		<u>583,897</u>
	2	Savings and temporary cash investments		94,641	2	60,372
	3	Pledges and grants receivable, net		58,093	3	121,183
	4	Accounts receivable, net		51,804	4	60,411
	5	Receivables from current and former officers, directors,			ĺ	
		employees, or other related parties. Complete Part II of			5	····
	6	Receivables from other disqualified persons (as defined				
		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net			7	<u></u>
Assets	8	Inventories for sale or use		91,256	8	89,038
As	9	Prepaid expenses and deferred charges		154,112	9	117,897
	10a	Land, buildings, and equipment cost basis	10a			* * .
	ь	Less accumulated depreciation Complete				
		Part VI of Schedule D	10ь	574 X C 660 /4 D 660000000000000000000000000000000000	10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV. line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3-	4)	1,008,134	16	1,032,798
			-)	229,871	17	366,656
	17	Accounts payable and accrued expenses		223,011		
	18	Grants payable		169,654	18	164,293
	19	Deferred revenue		109,034	19	104,293
S	20	Tax-exempt bond liabilities	_		20	
Liabilities	21	Escrow account liability Complete Part IV of Schedule I		- 	21	
藚	22	Payables to current and former officers, directors, truste	=			^
ē		employees, highest compensated employees, and disqu	ualified			
_		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	d parties		23	
	24	Unsecured notes and loans payable		40.242	24	00 040
	25	Other liabilities Complete Part X of Schedule D		49,343	25	29,343
	26	Total liabilities. Add lines 17 through 25		448,868	26	560,292
nces		-	K and			
Ĕ		complete lines 27 through 29, and lines 33 and 34.		440 880		
Balai	27	Unrestricted net assets		110,778	27	-59,981
<u> </u>	28	Temporarily restricted net assets		428,783	28	532,487
Ē	29	Permanently restricted net assets	<u> </u>	19,705	29	
Fund		Organizations that do not follow SFAS 117, check he	re ▶			
9		and complete lines 30 through 34.		*** ** ** * * * * **		**************************************
ţ	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building, or equipmen			31	
As	32	Retained earnings, endowment, accumulated income, or	r other funds		32	
Net	33	Total net assets or fund balances		559,266	33	472,506
-	34	Total liabilities and net assets/fund balances		1,008,134	34	1,032,798
P	art X	I Financial Statements and Reporting				
		-				Yes No
1				Other		
28		ere the organization's financial statements compiled or re-	- · · · · · · · · · · · · · · · · · · ·	untant?		2a X
t		re the organization's financial statements audited by an i				2b X
C		Yes" to lines 2a or 2b, does the organization have a comi	•	•		
		e audit, review, or compilation of its financial statements a	•			2c X
32		a result of a federal award, was the organization required	d to undergo an audit or audits a	s set forth in		
		Single Audit Act and OMB Circular A-133?				3a
<u>t</u>	If "	Yes," did the organization undergo the required audit or a	iudits?			3b

SCHEDULE A

(Form 990 or,990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Columbia Museum of Art

The organization is not a private foundation because it is. (Please check only one organization)

Employer identification number 57-6007869

1	Ц	A church, co	nvention	of churc	ches, or as	sociation	of churches described	in section	1 170(b)(1	I)(A)(i).						
2	Ц	A school des	cribed in	section	170(b)(1)	(A)(ii). (A	ttach Schedule E)									
3	Ц	A hospital or	a cooper	ative ho	spital serv	rice organ	ızation described in se	ction 170	(b)(1)(A)(iii). (Atta	ch Sche	edule H)			
4	Ш	A medical re	search or	ganizat	ion operate	ed in conj	unction with a hospital	described	ın sectio	n 170(b))(1)(A)(i	ii). Ente	r the ho	ospital'	s name,	
		city, and stat	е													
5		An organizat	on opera	ted for t	the benefit	of a colle	ge or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in			
		section 170(b)(1)(A)(i	v). (Cor	nplete Par	t II.)										
6	Ц	A federal, sta	ite, or loc	al gove	rnment or	governme	ental unit described in s	section 17	'0(b)(1)(A	.)(v).						
7	X	An organizat	ion that n	ormaliy	receives a	substant	ial part of its support fr	om a gove	ernmenta	l unit or f	rom the	genera	al public	;		
	_	described in	section 1	170(b)(1)(A)(vi). (C	Complete	Part II)									
8	Ш	-					(A)(vi). (Complete Part	· ·								
9		An organizat	on that n	ormally	receives.	(1) more t	han 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gro	oss		
		receipts from	activities	related	to its exe	mpt funct	ionssubject to certain	n exceptio	ns, and (2	2) no mo	re than	33 1/3	% of its			
		support from	gross inv	estmen/	it income a	and unrela	ited business taxable ii	ncome (le	ss section	1 511 tax) from b	ousines	ses			
	_	acquired by t	he organi	zation a	after June	30, 1975	See section 509(a)(2)	. (Comple	te Part III)						
10	Ц	An organizati	on organ	ized an	d operated	exclusive	ely to test for public saf	ety See s	ection 50	09(a)(4).	(see in	struction	ns)			
11		•	_		•		ely for the benefit of, to	•		-						
							nizations described in s						section	1		
		—		ox that	describes	the type	of supporting organizat			nes 11e						
	$\overline{}$	а 📙 Туре		b [_]	Type II	С	Type III-Function			d		e III–Ot				
е	Ш			-		-	n is not controlled direc									
		-			=	s and othe	er than one or more pu	blicly supp	orted org	janizatio	ns desc	ribed in	section	1		
		509(a)(1) or s								_		_				
f		•			written det	erminatio	n from the IRS that it is	salypel,	Type II,	or Type	III suppo	orting				
		organization,														
g		•		6, has th	ne organiz	ation acce	epted any gift or contrib	oution from	n any of th	ne						
		following per													<u></u>	
		••		-	-		ither alone or together	with pers	ons descr	ibea in (11)				Ye	s No
		. ,		•			ported organization?								11g(i)	-
		(ii) A family		•											11g(ii)	
		` '			•		d in (i) or (ii) above?		. _						[11g(lii)]	
h		Provide the	rollowing	ıntorma	tion about	the organ	izations the organization	on suppor	ts. 			T		_		
(i)		of supported		(ii) EIN	1		Type of organization escribed on lines 1-9	1	organization		ou notify ization in	(vi) I organizat	s the		(vii) Amount support	of
	org	anization				,	bove or IRC section	1 ''	sted in your document?	col (i)			zed in the		support	
			:			(:	see instructions))		•		xort?	U	S ?			
								Yes	No	Yes	No	Yes	No			
									1							
			-				 					 				
						+		 	-	-		-				
						+		 	 			-				
										1						
			 			+		1	 	 		 	 			
			4 3	18.2		** **		†			,	7 : 4	\$ 4			
Tota	1			1.4	-	1	.				,	1 12				
		cv Act and Pan	ezwork R	eduction	n Act Notic	e see the	Instructions for Form 9	90	<u> </u>			Scl	hodulo 4	A (Forn	n 990 or 990	-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (d) 2007 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2,151,562 2,418,451 3,176,165 3,024,893 3,407,481 14,178,552 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-3 2,151,562 2,418,451 3,176,165 3,024,893 3,407,481 14,178,552 The portion of total contributions by each 5 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) 168,076 鈍 À. Public support. Subtract line 5 from line 4 14,010,476 Section B. Total Support (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 2,151,562 2,418,451 3,176,165 3,024,893 3,407,481 14,178,552 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 117,951 160,708 166,582 164,374 130,868 740,483 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 14,919,035 12 Gross receipts from related activities, etc. (see instructions) 12 2,724,943 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 93.9101 % Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 15 93.6121 % 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 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 assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 Columbia Museum of Art 57-6007869

Part IV . Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) Name of organization

Employer Identification number

57-6007869 Columbia Museum of Art Contributors (see instructions) Part i (a) (c) (d) Name, address, and ZIP + 4 No. **Aggregate contributions** Type of contribution 7 Joseph R. Blanchard Person 203 Saluda Avenue Payroll 221,000 Noncash SC 29205 Columbia (Complete Part II if there is a noncash contribution) (a) (c) Name, address, and ZIP + 4 No. Aggregate contributions Type of contribution 8 Fox Foundation, Inc. Person 284 S. Harding Road Payroll 60,000 Noncash Columbus OH 43209 (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Name, address, and ZIP + 4 **Aggregate contributions** Type of contribution No. Person Payroil

\$

\$

(c)

Aggregate contributions

Noncash

Person Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(a)

No.

(b)

Name, address, and ZIP + 4

Name of organization

Columbia Museum of Art

Employer identification number 57-6007869

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	Space on Digital Billboards		
		\$ 224,060	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Columbia Museum of Art 57-6007869 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
_ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and inforcing easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche .	edule D (Form 990) 2008 Columbia				- <u>-</u> -		57-60						age 2
Pa	<u>ırt III 🔝 Organizations Maintaining</u>	Collection	is of A	Art, Hi	istorical Trea	sures, c	or Other	Simi	lar A	sset	s (conti	nued))
3	Using the organization's accession and other items (check all that apply)	records, chec	k any of	f the fo	llowing that are a	significan	t use of its	collec	tion				-
а	X Public exhibition	d	. \prod Lc	oan or o	exchange program	ms							
b	Scholarly research	е	X of	ther	exchange prograr Public I	Educa	tion						
C	Preservation for future generations	_		-				_		_			
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV												
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								No				
Pa	rt IV Trust, Escrow and Custod						answer	ed "Y	'es" t				110
k	Part IV, line 9, or reported a											•	
1a							not						<u> </u>
	Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									Yes		No	
h	b If "Yes," explain the arrangement in Part XIV and complete the following table									ш	NO		
b	Amount the arrangement in Part XIV and complete the following table										nt		
_	c. Reginning balance										Aillou	11,	
C	Beginning balance								1c				
d	Additions during the year								1d				
е	Distributions during the year								1e		·		
f	f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?										·		
	•	ım 990, Part X	(, line 2	1?							Yes	\sqcup	No
	If "Yes," explain the arrangement in Part XIV												
. Pa	ert V Endowment Funds, Comp	ete if orgar	<u>ıizatio</u>	n ans	wered "Yes"	to Form	990, Pa	T					
		(a) Currer	nt year		(b) Pnor year	(c) Two	ears back	(d) Th	ree yea	rs bac	k (e) Fo	ır years	back
1a	Beginning of year balance					*	*	12 11	38	4		*	
b	Contributions						И.,						
С	Investment earnings or losses					ł	· · · · · · · · · · · · · · · · · · ·			_			
d	Grants or scholarships				\$				¥		. *		
е	Other expenditures for facilities			,	, ,				3		1		
	and programs			- 1					٩				
f	Administrative expenses			*					Ý :	· ·	1		
g	End of year balance	· · · · · · · · · · · · · · · · · · ·							in .	·			
2	Provide the estimated percentage of the year	end balance I	neld as:			•							
	Board designated or quasi-endowment	_	_										
	— — — — — — — — — — — — — — — — — — —												
	c Term endowment >%												
Ja	3a Are there endowment funds not in the possession of the organization that are held and administered for the								l Na				
	organization by:										[a.m	Yes	No
	(i) unrelated organizations										3a(i)		-
	(ii) related organizations	1.1.1.									3a(ii)	-	 -
	If "Yes" to 3a(ii), are the related organizations										3b	<u> </u>	
4	Describe in Part XIV the intended uses of the			_		0 0 1							
Pa	rt VI Investments—Land, Buildi			ľ									
	Description of investment	(a) Cost or (inves	other ba	SIS	(b) Cost or other		(c) De	preciatio	on		(d) Boo	k value	·
1a	Land						*	,	, -,				
b	Buildings												
С	Leasehold improvements							_					
	Equipment												
	Other									T^-			
	. Add lines 1a-1e (Column (d) should equal F	orm 990, Part	X, colur	mn (B),	line 10(c))				•			_	

Schedule D (Form 990) 2008

uncertain tax positions under FIN 48

_	dule D (Form 990) 2008 Columbia Museum of Art	<u> 57-600786</u>	9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Finan	icial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	4,347,642
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	4,431,302
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-83,660
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		_6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-83,660
Pa	irt XII Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per Re	turn	4 504 545
1	Total revenue, gains, and other support per audited financial statements		1	4,581,515
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a			
b				
С	Recoveries of prior year grants 2c	022 072		
d	,	233,873		000 070
			2e	233,873
3	Subtract line 2e from line 1		3	4,347,642
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Ž.	
a	Investment expenses not included on Form 990, Part VIII, line 7b	 	*	
b	,			
	Add lines 4a and 4b		4c	4,347,642
<u>5</u> 8 ₽²	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	With Evapoon nor E	5	
	Reconciliation of Expenses per Audited Financial Statements V	Airii Expenses bei L	Ceturi	4,665,175
1	Total expenses and losses per audited financial statements		: 3/2	4,000,170
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a Prior year adjustments 2b			
C	· · · · · · · · · · · · · · · · · · ·	233,873		
d		2.33,013	2e	233,873
_	Add lines 2a through 2d Subtract line 2e from line 1		3	4,431,302
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4,401,001
•	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV) 4b			
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	:	5	4,431,302
	Int XIV Supplemental Information			2,102,002
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a	and 4: Part IV. lines 1b		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	,, , , ,		
	Part XI, Line 8 - Reconcilation of Changes - O	ther		
	Museum Shop Expenses & Cost of Goods Sold			
_1	Museum Shop Expenses & Cost of Goods Sold	 _	\$	_ 2<u>3</u>3_,8<u>73_</u> _
-				
_	Part XII, Line 2d - Revenue Amounts Included in	<u>n Financials</u>	<u>o</u>	cner
]	Museum Shop Expenses & Cost of Goods Sold		\$	233,,873
_				

SCHEDULE J

(Form 990)

Part I

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Columbia Museum of Art

Questions Regarding Compensation

Employer identification number 57-6007869

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 line 1a is 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 1ь 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? Indicate which, if any, of the following the organization uses to establish the compensation of the ģ organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a. a Receive a severance payment or change of control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 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 X a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III 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 a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X payments not described in lines 5 and 6? If "Yes," describe in Part III 7 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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Columbia Museum of Art

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	n of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	-	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)–(D)	reported in pnor Form 990 or Form 990-EZ
Karen Brosius	190,00	0	2,000	0	23,46	218,461	173,600
Ü		0	0	0	0	0	0
C	€ :	•	•				
	(m)						
0	E (•	•			•	
"	(E)						
0)							
10)	(E)						
D)	(u) (t)		•••				
0	(E)						
	fu						
(1)	(11)	•					
n) D	(n)	•					
B) D	(t)	•	•				
1) 1)	(i)	•					
17.	(C)						
))	(t)						
H) D)	(n) (r)						
n) D	(n)						
(a)	(n)		•				
						Schedule	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Columbia Museum of Art

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

SCHEDULE M (Form 990)

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Columbia Museum of Art

Employer identification number 57-6007869

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues				
1	Art—Works of art								
2	Art—Historical treasures								
3	Art—Fractional interests								
4	Books and publications	Х		17,377					
5	Clothing and household		7.						
_	goods	x		15,445					
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded								
10	Securities—Closely held stock		-						
11	Securities—Partnership, LLC,	_							
	or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution (historic								
	structures)								
14	Qualified conservation								
	contribution (other)								
15	Real estate—Residential								
16	Real estate—Commercial	-							
17	Real estate—Other								
18	Collectibles								
19	Food inventory	X	15	6,943					
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other > (Billboards/Ads)	X	7	263,635					
26	Other ▶ (Sponsorship Roo)	X	1	14,365					
27	Other ▶(Use of Piano)	X	1	3,500					
28	Other ▶ (Prof. Services)	X	12	14,754					
29	Number of Forms 8283 received by	the organi	zation during the tax yea	r for contributions for					
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29				
						Yes	No		
30a	During the year, did the organization	receive by	y contribution any prope	rty reported in Part I, lines 1	1-28 that				
	it must hold for at least three years f	rom the da	ate of the initial contribut	ion, and which is not require	ed to be				
	used for exempt purposes for the en	tire holding	g period?		30a		X		
b	If "Yes," describe the arrangement in	n Part II.							
31									
	contributions?				_ <u>31</u>	<u> </u>	X		
32a	Does the organization hire or use thi	rd parties	or related organizations	to solicit, process, or sell ne	on-cash				
	contributions?				32a	4	X		
b	If "Yes," describe in Part II								
33	If the organization did not report reve	enues in c	olumn (c) for a type of pa	roperty for which column (a)) is checked,				
	describe in Part II.								

Schedule M (Form 990) 2008 Columbia Museum of Art 57-6007869

Part II . Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Columbia Museum of Art

Employer identification number 57-6007869

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The organization consists of an 29 member board that makes up the governing
body. 24 of the members are Trustees, and 5 are Commissioners.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The organization does have members who may elect one or more members of the governing body. The board has a nominating committee and any board member can recommend any particular individual to be nominated for the selection process. However, the 5 commissioners must be approved by the City of Columbia to serve 5 year terms.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Decisions are subject to approval by the members of the governing body.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 A copy of the 990 was presented to the governing body before it was filed. Any questions or concerns regarding the 990 were brought to the attention and addressed by the accountants preparing the 990.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

By-laws are reviewed on a regular basis with the officers, directors, and

trustees. The president and the chair of the commission regularly discuss

conflict of interest with all board members to ensure that everyone is in

compliance.

Name of the organization

Columbia Museum of Art

Employer identification number

57-6007869

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive committee of the board looks at market averages for people in

comparable positions, data provided by the independent auditor as well as

the Executive Director's performance against budget and goals.