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Form 990  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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CURRIER MUSEUM OF ART		D Employer identification number 02-0223322
		Doing Business As		E Telephone number (603) 669-6144
		Number and street (or P O box if mail is not delivered to street address) 150 ASH STREET	Room/suite	G Gross receipts \$ 42,071,108
		City or town, state or country, and ZIP + 4 MANCHESTER, NH 03104		
	F Name and address of principal officer DAVID A JENSEN 150 ASH STREET MANCHESTER, NH 03104		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.currier.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1919	M State of legal domicile NH	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities DISPLAY OF ART FOR PUBLIC ENJOYMENT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5 13	
	6	Total number of volunteers (estimate if necessary)	6 10	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a -264,12	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -264,12	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,403,469	Current Year 852,626
	9	Program service revenue (Part VIII, line 2g)	836,420	739,292
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,117,134	1,013,160
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	182,791	151,030
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,305,546	2,756,108
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,683
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,418,245	2,403,790
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>349,274</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,791,285	4,020,306
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,223,213	6,437,091
19		Revenue less expenses Subtract line 18 from line 12	82,333	-3,680,983
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	92,893,076	96,421,919
	21	Total liabilities (Part X, line 26)	10,295,248	9,695,151
	22	Net assets or fund balances Subtract line 21 from line 20	82,597,828	86,726,768

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2011-04-06</div> <div>Date</div> </div>
	<div>DAVID A JENSEN PRESIDENT</div> <div>Type or print name and title</div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BAKER NEWMAN & NOYES LLC</div> <div>BOX 507</div> <div>PORTLAND, ME 04112</div> </div>
	<div> <div>EIN</div> <div>Phone no (207) 879-2100</div> </div>

Part III Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

DISPLAY, INTERPRETATION AND PRESERVATION OF ART FOR PUBLIC ENJOYMENT AND ENRICHMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 4,668,293 including grants of \$ 0) (Revenue \$ 350,983)

Art Museum - THE CURRIER, AN INTERNATIONALLY RENOWNED ART MUSEUM, IS NEW HAMPSHIRE'S LARGEST ART MUSEUM WITH WORLD CLASS EUROPEAN AND AMERICAN ART COLLECTIONS OF OVER 11,000 OBJECTS THAT ARE AT THE CORE OF ITS EDUCATION, STUDIO, AND EXHIBITION PROGRAMS AN ANNUAL ROSTER OF 4-5 SPECIAL EXHIBITIONS THAT COMPLEMENTS THE PERMANENT COLLECTION DISPLAYS ARE INTERPRETED THROUGH A RANGE OF PROGRAMS INCLUDING GUIDED TOURS, HANDS-ON ART MAKING ACTIVITIES, AND ARTIST TALKS THERE WERE APPROXIMATELY 63,000 VISTORS TO THE MUSEUM IN ADDITION TO EXHIBITION GALLERIES THE MUSEUM FACILITY INCLUDES 2 CLASSROOMS, 180-SEAT AUDITORIUM, WINTER GARDEN, MUSEUM SHOP, CAFE AND ENTRANCE PLAZA WWW CURRIER ORG

4b

(Code) (Expenses \$ 332,985 including grants of \$ 12,995) (Revenue \$ 256,870)

Art Center - OPENED SINCE 1939, THE ART CENTER SERVES MANCHESTER AND SURROUNDING COMMUNITIES WITH QUALITY, STUDIO-BASED EDUCATIONAL PROGRAMS IN THE VISUAL ARTS THE ART CENTER PROVIDES A WIDE RANGE OF LECTURES AND STUDIO INSTRUCTION FOR CHILDREN, TEENS AND ADULTS WITH ANNUAL ENROLLMENTS OF OVER 2,000

4c

(Code) (Expenses \$ 117,316 including grants of \$ 0) (Revenue \$ 131,439)

Zimmerman House - THE HISTORIC ISADORE J AND LUCILLE ZIMMERMAN HOUSE WAS DESIGNED BY ARCHITECT FRANK LLOYD WRIGHT INCLUDED IN THE HOUSE IS THE ORIGINAL FURNITURE DESIGNED BY WRIGHT AND THE ZIMMERMANS' PERSONAL COLLECTION OF MODERN ART, POTTERY, AND SCULPTURE THE ZIMMERMAN HOUSE DRAWS ABOUT 4,000 VISITORS ANNUALLY FOR TOURS OF THE HOUSE AND GROUNDS THE ZIMMERMAN HOUSE IS THE ONLY RESIDENCE IN NEW ENGLAND DESIGNED BY WRIGHT OPENED TO THE PUBLIC

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)









4e

Total program service expenses

\$ 5,118,594

Form 990 (2009)

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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 similar funds or accounts where 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	Yes
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	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• 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.		
	• 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.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
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	No
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	No
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a28		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a134		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	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			
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		
11	Section 501(c)(12) organizations. Enter			
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 amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	16	
b	Enter the number of voting members that are independent . . .	1b	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ SHERRY COLLINS 150 ASH STREET MANCHESTER, NH 03104 (603) 669-6144

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	166,466	0	10,818
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	87,022				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	765,604				
	g	Noncash contributions included in lines 1a-1f \$ 64,697						
	h	Total. Add lines 1a-1f			852,626			
Program Service Revenue			Business Code					
	2a	MUSEUM SHOP	900,099	250,723	250,723			
	b	TUITION	611,710	240,158	240,158			
	c	ADMISSIONS	900,099	206,778	206,778			
	d	PUBLIC PROGRAMS	900,099	41,633	41,633			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			739,292			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			866,504		866,504	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents	29,919					
		b Less rental expenses	7,218					
		c Rental income or (loss)	22,701					
	d	Net rental income or (loss)			22,701		22,701	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	39,454,438					
		b Less cost or other basis and sales expenses	39,307,782					
		c Gain or (loss)	146,656					
	d	Net gain or (loss)			146,656		146,656	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	OTHER	900,099	392,450	392,450				
b	PARTNERSHIPS	900,099	-264,121		-264,121			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			128,329				
12	Total revenue. See Instructions			2,756,108	1,131,742	-264,121	1,035,861	

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).

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	12,995	12,995		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	176,009	44,002	61,603	70,404
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,917,425	1,396,958	341,049	179,418
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,863	22,918	15,551	2,394
9	Other employee benefits	120,881	75,966	31,051	13,864
10	Payroll taxes	148,612	105,625	26,991	15,996
11	Fees for services (non-employees)				
a	Management				
b	Legal	3,037		3,037	
c	Accounting	30,089		30,089	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	204,166		204,166	
g	Other	36,358	963	35,395	
12	Advertising and promotion	119,823	117,291	2,532	
13	Office expenses	102,817	71,619	21,714	9,484
14	Information technology	70,465	16,005	50,084	4,376
15	Royalties				
16	Occupancy	393,354	361,401	24,944	7,009
17	Travel	12,006	6,542	4,364	1,100
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	527,950	501,552	26,398	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,256,645	1,193,814	37,698	25,133
23	Insurance	80,408	70,476	9,133	799
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	ART WORKS PURCHASED	356,705	356,705		
b	PUBLIC PROGRAMS/SERVICE	341,928	341,928		
c	EXTINGUISHMENT OF DEBT	196,309	186,494	9,815	
d	EXHIBITIONS	191,313	191,313		
e	DEV & MEMBERSHIP	77,935	44,027	14,611	19,297
f	All other expenses	18,998		18,998	
25	Total functional expenses. Add lines 1 through 24f	6,437,091	5,118,594	969,223	349,274
26	Joint costs. Check here <input type="checkbox"/> if 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				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				222,227	1	338,672
	2	Savings and temporary cash investments				2,927,321	2	781,039
	3	Pledges and grants receivable, net				975,084	3	442,953
	4	Accounts receivable, net				310,588	4	44,974
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				79,103	8	85,067
	9	Prepaid expenses and deferred charges				135,010	9	62,269
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	30,750,200				
	b	Less accumulated depreciation	10b	9,261,820	22,648,362	10c	21,488,380	
	11	Investments—publicly traded securities			34,434,558	11	50,453,596	
	12	Investments—other securities. See Part IV, line 11			31,026,307	12	22,560,242	
	13	Investments—program-related. See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			134,516	15	164,727	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			92,893,076	16	96,421,919	
Liabilities	17	Accounts payable and accrued expenses			207,685	17	179,487	
	18	Grants payable				18		
	19	Deferred revenue			111,818	19	263,956	
	20	Tax-exempt bond liabilities			9,438,207	20	9,244,332	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			10,247	23	7,376	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities. Complete Part X of Schedule D			527,291	25	0	
	26	Total liabilities. Add lines 17 through 25			10,295,248	26	9,695,151	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			612,936	27	1,824,027	
	28	Temporarily restricted net assets			31,580,514	28	34,411,218	
	29	Permanently restricted net assets			50,404,378	29	50,491,523	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30		
	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds				32		
	33	Total net assets or fund balances			82,597,828	33	86,726,768	
	34	Total liabilities and net assets/fund balances			92,893,076	34	96,421,919	

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CURRIER MUSEUM OF ART

Employer identification number
02-0223322

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 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 research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,350,217	2,666,487	3,036,194	617,791	765,957	9,436,646
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,350,217	2,666,487	3,036,194	617,791	765,957	9,436,646
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)						387,970
6 Public Support. Subtract line 5 from line 4						9,048,676

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,350,217	1,494,547	3,036,194	617,791	765,957	9,436,646
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,390,878	1,494,547	1,169,112	975,790	896,423	5,926,750
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						15,363,396
12 Gross receipts from related activities, etc (See instructions)					12	3,545,481

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	58 900 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	59 400 %

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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

☒

b 10%-facts-and-circumstances test—2008. 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

☒

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

☒

Part IIISupport Schedule for Organizations Described in IRC 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)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. 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

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, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization CURRIER MUSEUM OF ART	Employer identification number 02-0223322
---	--

Part I 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	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div>Yes</div> <div>No</div>	
6	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 for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

Yes

No

9

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

\$

2

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

\$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☒

Public exhibition

b

☒

Scholarly research

c

☒

Preservation for future generations

d

☒

Loan or exchange programs

e

☐

Other

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

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	67,671,774	80,868,480			
b Contributions	419,585	6,478,723			
c Investment earnings or losses	8,424,028	-16,198,682			
d Grants or scholarships	12,700	15,000			
e Other expenditures for facilities and programs	4,104,314	3,331,718			
f Administrative expenses	198,661	130,029			
g End of year balance	72,199,712	67,671,774			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 0.660 %

b

Permanent endowment ▶ 69.930 %

c

Term endowment ▶ 29.410 %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

3a(i)

No

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		27,463,148	7,700,651	19,762,497
c Leasehold improvements				
d Equipment		3,287,052	1,561,169	1,725,883
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				21,488,380

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,756,108	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,437,091	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,680,983	
4	Net unrealized gains (losses) on investments	4	7,708,953	
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8	100,970	
9	Total adjustments (net) Add lines 4 - 8	9	7,809,923	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,128,940	
Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1	10,573,249	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	7,708,953	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d	108,188	
e	Add lines 2a through 2d	2e	7,817,141	
3	Subtract line 2e from line 1	3	2,756,108	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,756,108	

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	6,444,309	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d	7,218	
e	Add lines 2a through 2d	2e	7,218	
3	Subtract line 2e from line 1	3	6,437,091	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c	0	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,437,091	

Part XIVSupplemental Information

Complete 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 and 2b, Part V, line 4, Part X, 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

Identifier	Return Reference	Explanation
Part III, Line 4		The Currier is New Hampshire's largest art museum with world-class European and American art collections of over 11,000 objects that are at the core of its education, studio, and exhibition programs Composed of the museum, the Art Center, and the Frank Lloyd Wright-designed Zimmerman House, the Currier is an accredited member of the American Association of Museums In its 80-year history, the museum has built collections of both international stature and regional importance Today, the museum's holdings of more than 11,000 objects include major works by such European masters as Tiepolo, Constable, Monet, Picasso, and Matisse, among many others The American art collections are the most comprehensive in northern New England, and include works by Homer, Hassam, O'Keeffe, Calder, and Gottlieb, for instance, as well as extensive holdings of sculpture, photography, glass, silver, pewter, and furniture The caliber of the collections matches that of many major metropolitan museums, and objects are frequently loaned to museums around the world The Currier has a long-standing commitment to collect the best art made in New Hampshire in order to reflect the region's vital cultural traditions An annual roster of 4-5 special exhibitions that complements the permanent collection displays are interpreted through a range of programs including guided tours, hands-on art making activities, and artist talks, and such resources as family guides Approximately 6,500 students visit the Currier each year on a formal tour program The Art Center offers year-round studio programs with annual enrollments of over 2,000 students from 40 surrounding communities The Zimmerman House draws about 4,000 visitors annually on guided tours of about 12 visitors each Outreach programs reach public schools, libraries, social service agencies and community organizations throughout the state The Currier's collections are accessible to the public through the Online Collections Database (www.currier.org), which includes images and basic data for all 11,000 objects in the collections and extended text entries for 250 key works It also provides supplemental information to support the Online Curriculum for Educators (curriculum.currier.org) The Currier's mission, approved by the Board in 1994, embraces the following principles The Currier Museum of Art is committed to providing stimulating, diverse, and enjoyable encounters with original works of art and, in so doing, hopes to inspire the hearts, minds, and imagination of its members and visitors It is dedicated to high standards of exhibition, preservation, research, interpretation and education, and enhancement of its collection The Currier is determined to serve all age groups and a culturally varied audience from New Hampshire and the region The Currier's vitality depends upon its responsiveness to changes in the arts and in society while maintaining a sound financial base on which to expand its activities
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ENDOWMENT FUNDS ARE USED FOR MUSEUM OPERATIONS, ART ACQUISITION, CONSERVATION, LIBRARY BOOK PURCHASES, AND SCHOLARSHIPS
Part XI, Line 8 - Other Adjustments		CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 100970
Part XII, Line 2d - Other Adjustments		RENTAL EXPENSE 7218 INTEREST RATE SWAP 100970
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSE 7218
		PART III, LINE 1A The Museum has elected not to capitalize its collections and objects of art, including the Zimmerman House, all of which are significant to the Museum's operations and mission The value of the objects acquired by gift, for which the Museum can make a reasonable estimate, totaled \$223,275 and \$510,450 for the years ended June 30, 2010 and 2009, respectively An estimate of the total value of objects acquired by gift in years prior to 1997 is not readily determinable The total value of gifts received since 1997 is \$9,444,245 The total value of objects purchased from December 31, 1997 through June 30, 2010 and 2009 was \$11,395,841 and \$11,039,136, respectively For the years ended June 30, 2010 and 2009, the Museum sold deaccessioned collections and objects of art totaling \$15,531 and \$60,249, respectively The selling price of these items approximated their fair value

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CURRIER MUSEUM OF ART

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
02-0223322

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 criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
CURRIER MUSEUM OF ART

Employer identification number

02-0223322

Part 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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	a Receive a severance payment or change-of-control payment?		No
4b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
4c	c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
	Only 501(c)(3) and 501(c)(4) organizations only 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:		
5a	a The organization?		No
5b	b Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
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:		
6a	a The organization?		No
6b	b Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
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 Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

[illegible]

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.

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CURRIER MUSEUM OF ART

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
02-0223322

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A NHHEFA	02-0279866		07-23-2009	10,700,000	REFINANCE PRIOR ISSUE (3/30/06)		X		X

Part II Proceeds

		A	B		C		D		E	
1	Total proceeds of issue	9,244,332								
2	Gross proceeds in reserve funds									
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds	140,041								
6	Working capital expenditures from proceeds									
7	Capital expenditures from proceeds									
8	Year of substantial completion									
		Yes	No	Yes	No	Yes	No	Yes	No	
9	Were the bonds issued as part of a current refunding issue?	X								
10	Were the bonds issued as part of an advance refunding issue?		X							
11	Has the final allocation of proceeds been made?	X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part IIIGrants and Other Assistance to Individuals in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SCHOLARSHIPS ARE PROVIDED TO STUDENTS IN NEED TO ATTEND STUDIO ART CLASSES	60	12,995		FMV	STUDIO ART CLASSES/LESSONS
See Additional Data Table					

Part IVSupplemental Information.

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 APPLICANTS ARE REQUIRED TO FILL OUT SCHOLARSHIP APPLICATIONS AND PROVIDE EITHER TWO COPIES OF WAGE RECEIPTS OR THEIR LATEST TAX RETURN (FORM 1040)

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CURRIER MUSEUM OF ART

Employer identification number
02-0223322

Part 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	X	77	0	
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	64,697	STOCK EXCHANGE PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

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.

Identifier	Return Reference	Explanation
Non Reporting of Revenue	Part I, Line 33	PART I, LINE 1 - A ZERO WAS REPORTED ON FORM 990, PART VIII, LINE G, BECAUSE THE MUSEUM DID NOT CAPITALIZE ITS COLLECTIONS, AS ALLOWED UNDER SFAS 116

Additional Data

Software ID:

Software Version:

EIN: 02-0223322

Name: CURRIER MUSEUM OF ART

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493116007581

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization CURRIER MUSEUM OF ART	Employer identification number 02-0223322
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Process for Review of Form 990 by the Board of Trustees This Form 990 was reviewed in depth by the Finance Committee, the Board Treasurer, Vice President, and President, the Director and Director of Finance with the outside CPA firm who prepared the return The Finance Committee was authorized by the Board of Trustees to review IRS Form 990 prior to filing in lieu of full Board review

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Compliance with the Conflict of Interest Policy The Currier Museum of Art Conflict of Interest Policy requires every trustee or officer to disclose any known or potential conflict of interest to the board President prior to any action, decision, or vote occurring with the potential conflict The trustee or officer having the potential conflict is not permitted to participate when the determination is made or when a decision or vote is taken where a conflict of interest may exist Annually, every trustee and officer is required to disclose any conflicts of interest, or attest to the fact that there are none, in writing The signed statements are sent to the Director of Finance and the statements are reviewed by the Director and Board President No conflicts of interest between the Currier Museum of Art and any member of its Board or Officers have existed to date

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE BOARD PRESIDENT ANNUALLY REQUESTS FROM DIRECTOR OF HUMAN RESOURCES CURRENT AND HISTORICAL COMPENSATION FOR DIRECTOR AND KEY EMPLOYEES (EXECUTIVE STAFF) A COPY OF PERTINENT SALARY INFORMATION FOUND IN A A M D (AMERICAN ASSOCIATION OF MUSEUM DIRECTORS) ANNUAL SALARY SURVEY IS ALSO MADE AVAILABLE TO THE PRESIDENT 990'S OF OTHER SIMILAR ORGANIZATIONS ARE LOOKED AT WHEN REVIEWING KEY EMPLOYEE COMPENSATION AN ANNUAL PERFORMANCE EVALUATION OF THE DIRECTOR IS DONE BY THE BOARD OF TRUSTEES EVALUATIONS ARE SENT BY EACH BOARD MEMBER TO THE BOARD PRESIDENT DURING AN EXECUTIVE SESSION OF THE BOARD OF TRUSTEES THE DIRECTOR'S PERFORMANCE IS REVIEWED AND ANNUAL COMPENSATION IS DETERMINED A SIGNED LETTER FROM THE BOARD PRESIDENT APPROVING THE DIRECTOR'S COMPENSATION IS GIVEN TO THE DIRECTOR OF FINANCE AND DIRECTOR OF HUMAN RESOURCES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements are made available to public upon request Copies of these documents are also available to the public in the Currier Library during public hours

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		Oversight of audit and financial statements The Finance Committee of the Currier Museum of Art meets annually with audit/CPA firm which includes an executive session where Director and Director of Finance are not present The audit is completed in accordance with auditing standards generally accepted in the United States of America The draft financial statements and management letter are presented by the CPA Firm and thoroughly reviewed by the Finance Committee After review and approval by the Finance Committee of the audited financial statements and management letter, the final audit is presented to the full board for review and approval

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	DESCRIPTION OF PURPOSE (CONTINUED)	PAYMENT TO LEHMAN BROTHERS COMMERCIAL BANK AS A RESULT OF EARLY TERMINATION OF AN EXISTING INTEREST RATE SWAP

Identifier	Return Reference	Explanation
SCHEDULE K, PART II, LINE 5	BOND ISSUANCE COSTS	APPROXIMATELY \$625,000 OF BOND PROCEEDS WERE USED TO PAY DOWN PRINCIPAL NO BOND FUNDS WERE USED FOR CAPITAL EXPENDITURES

Additional Data

Software ID:

Software Version:

EIN: 02-0223322

Name: CURRIER MUSEUM OF ART

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENDRA STEARNS O'DONNELL TREASURER	2 00	X		X				0	0	0
DAVID A JENSEN PRESIDENT	5 00	X		X				0	0	0
M CHRISTINE DWYER VICE PRESIDENT	2 00	X		X				0	0	0
LUCY FOWLKES BREED CLERK	1 00	X		X				0	0	0
RAYMOND G COTE TRUSTEE	1 00	X						0	0	0
PAMELA DIAMANTIS TRUSTEE	1 00	X						0	0	0
JOHN H MORISON III TRUSTEE	1 00	X						0	0	0
PATRICK DUFFY TRUSTEE	2 00	X						0	0	0
BARBARA PUTNAM TRUSTEE	1 00	X						0	0	0
JOHN SWOPE TRUSTEE	2 00	X						0	0	0
RICHARD THORNER TRUSTEE	1 00	X						0	0	0
WILLIAM UPTON TRUSTEE	1 00	X						0	0	0
KIMON S ZACHOS TRUSTEE	3 00	X						0	0	0
HARRY SHEPLER TRUSTEE	2 00	X						0	0	0
NIKE SPELTZ TRUSTEE	1 00	X						0	0	0
NANCY TIEKEN TRUSTEE	1 00	X						0	0	0
SUSAN E STRICKLER DIRECTOR & CEO	40 00			X				166,466	0	10,818

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ART WORKS PURCHASED	356,705	356,705		
PUBLIC PROGRAMS/SERVICE	341,928	341,928		
EXTINGUISHMENT OF DEBT	196,309	186,494	9,815	
EXHIBITIONS	191,313	191,313		
DEV & MEMBERSHIP	77,935	44,027	14,611	19,297