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### Form **990**

## **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

2009

Department of the Treasury

4,

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

Open to Public Inspection

inter		renue Service	<u> </u>	- The organization may have to						
	For t	he 2009 calen	dar year,	or tax year beginning Oct	t 1 ,;	2009, and	ending	Sep 30		, 2010
В	Check	ıf applıcable	Please use	C Name of organization						tification Number
	A	ddress change	IRS label or print	BURRITT MUSEUM A	SSOCIATION				<u>3-0868</u>	
	N	ame change	or type.	Number and street (or P O bo	x if mail is not delivered to st	reet addr)	Room/suite	. <b>(E</b> ⊤e	lephone num	ber
	[ ] In	itial return	See specific	3101 BURRITT DRI	VE			j (	256) 5	36-2882
	Т	ermination	Instruc- tions.	City, town or country		State ZIP	code + 4			
		mended return	ļ	HUNTSVILLE		AL 35	801-1	142 <b>G</b> Gr	oss receipts	\$ 1,139,528.
	$\vdash$	pplication pending	F Name	and address of principal officer				a) Is this a group		
		pprioation ponding		KELLEY 3101 BURRITT DR	TUE HIINTSVII.I.E	AL 35	SAN1 HO	b) Are all affiliate	s included?	Yes No
	Tay	exempt statu					27	If 'No,' attach a	a list (see ins	structions)
÷				rittonthemountain		01   3				•
<u> </u>						1		c) Group exempti		
K		of organization	X Corpor	ration Trust Association	Other >	<b>L</b> Year o	of Formation	1904	IVI State of	legal domicile AL
٢٤	rt I	Summ:			and a structure	TO E1	NILLA NICT	T TUES 7	VND DII	TID
	1			ganization's mission or most				LIVES A		
8				OUGH EDUCATIONAL,					TENCED	<u></u>
Activities & Governance		MHITE BE	CESEKV.	ING OUR HERITAGE	TAND AND HIST	OKIC 2	TROCI	OKES		
Je Je	_						-,		<del>_</del>	
Ĝ	2			if the organization discontinum in the organization discontinum in the proventing body.		aisposea	of more t	nan 25% of it		13
≪ಶ	3		_	it voting members of the gov	• • •	lina 1h)				13
E E	5			ivees (Part V, line 2a)	reming body (r art vi,	iiie iu)				12
₹	6		•	eers (estimate if necessary)						200
ĄĊ				ousiness revenue from Part		12			7a	0.
		-		s taxable income from Form		-			7b	-
				<u> </u>	<u> </u>			Prior Y	oar	Current Year
	8	Contributions	and oran	its (Part VIII, line 1h)			ŀ		3,228.	868,281.
Revenue	9			nue (Part VIII, line 2g)					5,123.	105,024.
Š	10	-		art VIII, column (A), lines 3,	4. and 7d)				1,974.	5,400.
æ	11			III, column (A), lines 5, 6d, 8			ŀ		3,443.	75,157.
	12			nes 8 through 11 (must equ		). line 12	, 1		3,768.	1,053,862.
2011, —	13			ounts paid (Part IX, column						
	14			members (Part IX, column (			s∥			
<b>©</b>	15					nos 5 ∰		55	2,035.	567,332.
es 🗀	l	Datanes, our	er comper	nsation, employee benefits	\$7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nes 5 10	<b>'</b>		2,055.	301,332.
JUN I	l			ng fees (Part IX, column (A)	11 '	(0)	፣/†			
=> ¥	ı			nses (Part IX, column (D), li	11 - 1 - 1 - 1		027.		_	
	17	Other expens	ses (Part I	IX, column (A), lınes 11a-ॉ <del>1</del>	d, 111-243-DEN. L	ا لا	{	35	5,513.	355,825.
<u>ii</u>	18	Total expense	es Add III	nes 13-17 (must equal Part	IX, column (A), line 25	5)	· [	90.	7,548.	923,157.
	19	Revenue less	expense	s Subtract line 18 from line	12			1:	1,220.	130,705.
SCAN Balances								Beginning	of Year	End of Year
	20	Total assets	(Part X. lı	ne 16)					4,075.	1,163,736.
(())	21	Total liabilitie	•	•					7,921.	106,877.
žš	22		•	ances Subtract line 21 from	lina 20				6,154.	1,056,859.
Pa	rt II		ure Blo		lille 20			72	0,104.	1,000,000.
1.0									4 . 4 1 .	
		true, correct	on perjury,	I declare that I have examined this in Declaration of preparer (other than	return, including accompanyir officer) is based on all inforr	ng schedules mation of wh	s and staten lich prepare	ents, and to the t has any knowled	est of my kn lge	lowledge and belief, it is
Sig		$\rightarrow X$	heso	01-00				02/15	. /11	
He	jii re	Signature	7000	gerry .				Date	3/ <u>1</u> 1	
110		15							Ъ	
		SUEK	EE KEL					TREASURE	K	
		1,500 0. 0.	Time ricinio di		<del></del>	Date		<del></del>	Te	renarer's identifying number
D-	: -1		(	A.1.	/ 0m	Date		Check if self-	. 1 11	reparer's identifying number see instructions)
Pa Pro		Preparer's	_ \	(18411/1/2010)	N			employed	╵╹╚	ON INXNTY2
	:- rer's	signature	- /	HILLON COLL C	7 7 7 7	02/	25/11		<i>t</i>	01000110
Us		Firm's name (	or MED	CER & ASSOCIATES,					12	MO 1222 P
On		employed).	<b>►</b> <u>525</u>	MADISON ST SUITE				EIN ►	<u> (42 -</u>	voices
		address, and ZIP + 4	HUN	TSVILLE	AL 3	5801		Phone no	▶ (25	
May	the l	RS discuss th	ıs return v	with the preparer shown abo	ive? (see instructions)					X Yes No
RΔ	Δ For	Privacy Act	and Paner	rwork Reduction Act Notice	see the senarate ins	tructions		TEFA	0101 07/20	0/09 Form <b>990</b> (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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		X
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		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	х	
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If $'Yes,'$ complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	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			i
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	<del>,</del>
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
t	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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
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		_X_
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		X
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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Part IV | Checklist of Required Schedules (continued)

•			Yes	No
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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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 27 If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 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, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	:	Х
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		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2</i>	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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38_	х	
BAA		Forn	990 (	(2009)

Part V

			Yes	No
1:	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable  1 a 0			
- 1	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 12			
2	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x_
ı	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4:	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		х
1	olf '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			
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
I	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
(	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?	5с		
6	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		Х
ı	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	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		X
Į	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x_
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	<u> </u>
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.			
	Did the organization make any taxable distributions under section 4966?	9a	1	Χ
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		Х
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	o 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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management						
	•				Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 13					
t	Enter the	number of voting members that are independent	1b 13					
, <b>2</b>	Did any o	fficer, director, trustee, or key employee have a family relationship or a business related to the contract of	itionship with any oth	er 2		X		
3	Did the o	ganization delegate control over management duties customarily performed by or un	der the direct supervi	<del></del>		x		
of officers, directors or trustees, or key employees to a management company or other person?								
4		ganization make any significant changes to its organizational documents prior Form 990 was filed?		4_	-	X		
5	Did the o	ganization become aware during the year of a material diversion of the organization	s assets?	5		Х		
6	Does the	organization have members or stockholders?		6	Х			
7 a	Does the	organization have members, stockholders, or other persons who may elect one or mo	ore members of the	7a		x		
t	•	lecisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b	+	X		
8	Did the o	ganization contemporaneously document the meetings held or written actions underting	aken during the year	by				
a	The gove	rning body?		8a	X			
t	Each con	mittee with authority to act on behalf of the governing body?		86	X			
9	Is there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who cannon's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	9		x		
Sec	tion B.	Policies (This Section B requests information about policies not in	required by the li	<del></del>	<u> </u>			
	nue Code	•						
					Yes	No		
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		X		
ŧ	If 'Yes,' o and bran	oes the organization have written policies and procedures governing the activities of the organization?	such chapters, affiliat	tes, 10b	,			
11	Has the o	rganization provided a copy of this Form 990 to all members of its governing body be	fore filing the form?	11	Х			
11.4	Describe	in Schedule O the process, if any, used by the organization to review this Form 990						
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	X			
t	Are office to conflic	rs, directors or trustees, and key employees required to disclose annually interests the s?	nat could give rise	12b	Х			
c	Does the	organization regularly and consistently monitor and enforce compliance with the polic O how this is done	cy? If 'Yes,' describe	ın 12c	x			
		organization have a written whistleblower policy?		13	Х			
14	Does the	organization have a written document retention and destruction policy?		14	Х			
15	Did the p	ocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and deci	oproval by independe	nt				
		nization's CEO, Executive Director, or top management official	SIOIT	15a	X	┼		
	_	cers of key employees of the organization		15 b		$\vdash$		
_		line 15a or 15b, describe the process in Schedule O. (See instructions.)		132	<del>  ^</del>	$\vdash$		
16 -		ganization invest in, contribute assets to, or participate in a joint venture or similar a	rrangament with a ta	yahla				
	entity dur	ing the year?	_	16a		Х		
t	If 'Yes,' h In joint ve	as the organization adopted a written policy or procedure requiring the organization to inture arrangements under applicable federal tax law, and taken steps to safeguard the In respect to such arrangements?	o evaluate its particip ne organization's exe	mpt 16b	<u></u>			
Sec		Disclosures		1 100	1	<u> </u>		
		ates with which a copy of this Form 990 is required to be filed						
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	d 990-T (501(c)(3)s o	nly) available	 : for pu	ablic		
		n Indicate how you make these available. Check all that apply website. X Another's website. Upon request						
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docume is available to the public	ents, conflict of intere	st policy, and	financ	al		
20	State the	name, physical address, and telephone number of the person who possesses the boo	_	-				
•	PAT RO	BERTSON 3101 BURRITT DRIVE HUNTSVILLE A	L35801-1142	(256)	536-	2882		

# 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. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees
     See instructions for definition of 'key employees'
- 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A) (B)					c)			(D)	(E)	(F)
Name and Title	Average hours		_			hat appl		Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other
	per week	ਹਰੀਆਂਟੀ ਈ ਇਪਕਵਰ ਹਵਾਹੀਵਿਕ ਨਹਵ	mshluhomal krustee	Offir eı	Key employee	Highest compensated employee	รัต <sub>์</sub> กลเ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
BUTCH DAMSON										
CHAIR	5.00	Х						0.	0.	0.
LEVON NUNN										
DIRECTOR	5.00	X						0.	0.	0.
LINDA MCGUINESS										
DIRECTOR	5.00	X						0.	0.	0.
JUNE GUYNES									_	
SECRETARY	5.00	Х						0.	0.	0.
BILL JOYNER										
DIRECTOR ·	5.00	X						0.	0.	0.
SHEREE KELLY										
DIRECTOR	5.00	Х						0.	0.	0.
GEORGE HEESCHEN										
DIRECTOR	5.00	Х						0.	0.	0.
ANTHONY LANCASTER										
DIRECTOR	5.00	Х						0.	0.	0.
LINDA SPALLA										
VICE CHAIR	5.00	Х						0.	0.	0.
ALLIE SWANN					ŀ					
TREASURER	5.00	Х						0.	0.	0.
MARIE NEWBERRY										
DIRECTOR	5.00	Х						0.	0.	0.
JOHN OLSHEFSKY										
DIRECTOR	5.00	X						0.	0.	0.
DOROTHY HUSTON										
DIRECTOR	5.00	Х						0.	0.	0.

Part VII   Section A. Officers, Directors, Trus	tees, F	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	oloyees	(cont.)
(A)	(B)				c)			(D)	<b>(E)</b>		(F)
Name and Title	Average hours per week	L	institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou comp fro orga and	limated nt of other pensation om the anization d related nizations
		_		_							
								· · · · · · · · · · · · · · · · · · ·			
			į					-			
								··			
1 b Total							•	0.	0.	.	0.
Total number of individuals (including but not limited from the organization	to those	e list	ed a	abov	/e) v	vho	rece	eived more than \$	100,000 in reportab	le compe	
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc</li> <li>4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual</li> </ul>	dıvıdual				-		_			3	Yes No X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	mpensa edule J	tion for s	fror uch	n ar <i>per</i> :	ny ui s <i>on</i>	nrela	ated	organization for s	services	5	x
Section B. Independent Contractors							L . 1		- #100 000 -f		
Complete this table for your five highest compensate compensation from the organization	a inaep	enae ——	ent c	contr	acto	ors ti	nat i	received more tha	n \$100,000 of		
(A) Name and business address	5						-	Description o	of Services	Compe	s) nsation
										•	
	-	=									
							-				
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►	out not li	mıte	d to	tho	se I	stec	l ab	ove) who received	more than		

Pa	rt VIII   Statement of Revenue				
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
FTS, GRANTS	1a Federated campaigns1ab Membership dues1b57,432.c Fundraising events1cd Related organizations1d				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribns included in lns 1a-1f  \$				
Se	h Total. Add lines 1a-1f	868,281.			
: REVENUE	2a EDUCATIONAL PROGRAMS&ADMISSIONS 712110 b	105,024.	105,024.	0.	0.
AM SERVICI	c d				
OGR/	f All other program service revenue				
<u>R</u>		105,024.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	5,400.	5,400.	0.	0.
	(i) Real (ii) Personal  6a Gross Rents 94,550.  b Less rental expenses 38,683.				
	c Rental income or (loss) 55,867.  d Net rental income or (loss)   7a Gross amount from sales of (i) Securities (ii) Other	55,867.	55,867.	0.	0.
	assets other than inventory  b Less. cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
EVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 a				
ОТН	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>b</b> Less direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities			·	
	10 a Gross sales of inventory, less returns and allowances  b Less cost of goods sold  b 46,983.				
	c Net income or (loss) from sales of inventory	19,290.	19,290.	0.	0.
	Miscellaneous Revenue Business Code				
	11a MISCELLANEOUS 712110 b 712110	0.	0.	0.	0.
	d All other revenue				
	e Total. Add lines 11a-11d .	0.			
	12 Total revenue. See instructions	1,053,862.	185,581.	0.	0.

Form 990 (2009)

63-0868992

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		_		Service	
2	Grants and other assistance to individuals in 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				
4 5	Benefits paid to or for members Compensation of current officers, directors, 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)				
7	Other salaries and wages	430,054.	405,111.	24,943.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	101,706.	95,807.	5,899.	0.
10	Payroll taxes	35,572.	33,509.	2,063.	0.
11	Fees for services (non-employees)				
á	a Management				
ı	<b>L</b> egal				
(	Accounting	6,218.	0.	6,218.	0.
(	d Lobbying				
•	Prof fundraising svcs See Part IV, In 17				
1	Investment management fees				
ç	<b>)</b> Other				
12	Advertising and promotion	32,303.	32,303.	0.	0.
13	Office expenses	12,891.	0.	12,891.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,805.	0.	10,805.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,661.	19,661.	0.	0.
23		23,687.	_0.	23,687.	0.
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)				
ä	FUNDRAISING	3,027.	0.	0.	3,027.
ł	WORKMAN'S COMP	4,842.	4,561.	281.	0.
(	SERVICE/FINANCE CHARGES	8,561.	0.	8,561.	0.
(	REPAIRS & MAINTENANCE	74,416.	74,416.	0.	0.
	CONTRACT LABOR	0.	0.	0.	0.
t	All other expenses	159,414.	143,954.	15,460.	0.
_25	Total functional expenses. Add lines 1 through 24f	923,157.	809,322.	110,808.	3,027.
26	Joint costs. Check here  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				
BAA					Form <b>990</b> (2009)

Form 990 (2009)

**Balance Sheet** 

Part X

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BAA

Total liabilities and net assets/fund balances

(A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 253,298 2 407,351. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 3,038 18,880. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 41,975 8 41,613. Prepaid expenses and deferred charges 746 9 6,465. 10a Land, buildings, and equipment cost or other basis 10a 802,802. Complete Part VI of Schedule D b Less accumulated depreciation 10b 116,985 691,408 10 c 685,817. 11 Investments - publicly-traded securities 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 3,610. 15 3,610. 16 Total assets Add lines 1 through 15 (must equal line 34) 994,075. 16 1,163,736. 17 Accounts payable and accrued expenses 7,182. 17 9,088. 18 Grants payable 18 19 Deferred revenue 32,330. 19 49,527. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 28,409 25 48,262. Total liabilities. Add lines 17 through 25 67,921. 26 106,877. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 848,900. 27 867,104. 28 Temporarily restricted net assets 77,254. 28 189,755. Permanently restricted net assets 29 0. 0. P Organizations that do not follow SFAS 117, check here 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, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 926,154. 1,056,859. Total net assets or fund balances 33

Form **990** (2009)

1,163,736.

994,075.

34

Audit Act and OMB Circular A-133?

Х

3 a

3b

Part XI | Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain ın Schedule O 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X X 2b b Were the organization's financial statements audited by an independent accountant? c If 'Yes' to line 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 ın Schedule O 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 X Separate basis Consolidated basis Both consolidated and separate 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

**BAA** Form **990** (2009)

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 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

BUR	RI	TT MUSEUM	ASS	SOCIATION						63-08	868992	2		
Par	ŧΤ	Reason for	r Pul	olic Charity Statu	s (All organizations	must o	comple	te this	part.)	See ii	nstructi	ions		
he c	rgar	nization is not	a priv	ate foundation because	se it is (For lines 1 throi	ıgh 11, cl	heck onl	y one bo	x)					
1		A church, con	ventio	on of churches or asso	ociation of churches desc	cribed in s	section	170(b)(1	)(A)(i).					
2		A school desc	rıbed	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ξ.)								
3		A hospital or o	coope	rative hospital service	organization described	ın <b>sectio</b>	n 170(b)	(1)(A)(ii	<b>)</b> .					
4		A medical rese	earch	organization operated	d in conjunction with a h	ospital de	escribed	ın <b>secti</b>	on 170(	b)(1)(A)(	iii) Ente	r the hospi	tal's	
	_	name, city, ar								. <b></b> _				- <b>-</b> -
5		170(b)(1)(A)(i	<i>ı</i> ). (C	omplete Part II)	of a college or university					nental u	nıt descr	ibed in <b>sec</b>	tion	
6					povernmental unit descri					6		ام مناطنتم ام		~ d
7		in section 170	(b)(1)	(A)(vi). (Complete Pa				errimeni	ai uriit t	ו וויסווו נו	ne gener	ai public u	escribe	<del>:</del> u
8	H	_			<b>70(b)(1)(A)(vi).</b> (Comple		-							
9	Ш	from activities investment inc	relate come	ed to its exempt functi	more than 33-1/3 % or     ions — subject to certain     staxable income (less     omplete Part III )	i exceptió	ns. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om ar	oss
10		An organization	n org	anized and operated	exclusively to test for pu	blic safet	y See s	ection 5	609(a)(4	).				
11		more publicly	suppo	orted organizations de	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or s	ection 5	09(a)(2)	ions of, . See <b>s</b> i	or carry ection 50	out the 19(a)(3).	purposes o Check the	f one o	or nat
		a Type I		<b>b</b> Type II	<del> </del> 1	II – Func	-		ed		d 🗌	Type III-	Other	
е	_	By checking the than foundation 509(a)(2)	nis bo n mai	x, I certify that the org nagers and other than	ganization is not controll none or more publicly si	ed directl upported	y or indi organiza	rectly by itions de	one or scribed	more di in section	squalifie on 509(a	d persons )(1) or sec	other tion	
f		If the organiza		eceived a written dete	ermination from the IRS	that is a	Type I, 1	Type II o	r Type I	II suppo	rtıng org	anızatıon,		
g		Since August	17, 20	006, has the organizat	tion accepted any gift o	r contribu	ition fror	n any of	the foll	owing pe	ersons?			
													Yes	No
		(i) a persor below, the	who ne gov	directly or indirectly overning body of the su	controls, either alone or ipported organization?	together v	with pers	sons des	cribed	ın (ıı) an	d (III)	11 g (i)		
		(ii) a family	mem	ber of a person desci	ribed in (i) above?							11 g (ii)		
		(iii) a 35% c	ontrol	led entity of a person	described in (i) or (ii) al	bove?						11 g (iii)		
h		Provide the fo	llowin	g information about th	ne supported organization	ns		,						
	(i)	) Name of Supporte Organization	d	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister	Is the tion in col d in your erning ment?	the organ	(i) of	(vi) ! organizat (i) organi U S	on in col	(vii) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
				-										
otal						<del> </del>								

Schedule A (Form 990 or 990-EZ) 2009 BURRITT MUSEUM ASSOCIATION 63-0868992 Page 2 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 977,782 798,169 907,160 916,794. 1,048,462 4,648,367. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 916,794. 1,048,462. 977,782. 798,169. 907,160. 4,648,367. Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 4,648,367. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 977,782 907,160 916,794. 1,048,462 4,648,367. 7 Amounts from line 4 798,169 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 5,400 33,999. 3,763. 13,564 9,298 1,974. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 4,682,366. 12 Gross receipts from related activities, etc. (see instructions) 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 99.27% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.33% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box **►** X and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. 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 — 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

Schedule A (Form 990 or 990-EZ) 2009

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

18 BAA

Schedule A (Form 990 or 990-EZ) 200		MUSEUM ASS			63-0868992	Page 3
Part III Support Schedule for	-		in Section 509	(a)(2)		
. (Complete only if you che Section A. Public Support	cked the box on li	ne 9 of Part I)				
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	(a) 2005	(b) 2006	(C) 2007	(u) 2008	<b>(e)</b> 2009	(I) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						. <u></u>
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
<ul> <li>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to the</li> </ul>						
<ul> <li>organization without charge</li> <li>6 Total. Add lines 1 through 5</li> <li>7a Amounts included on lines 1, 2, 3 received from disqualified persons</li> </ul>				-		
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<u></u>					
8 Public support (Subtract line						
7c from line 6)						
Section B. Total Support	T	T	1		r <del></del>	<u></u>
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included inline 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)						
13 Total support. (add Ins 9, 10c, 11, and 12)						
14 First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Section C. Computation of Pu					·-	
15 Public support percentage for 20		· ·	e 13, column (f))		15	<u> </u>
16 Public support percentage from					16	%_
Section D. Computation of Inv				. (0)		
17 Investment income percentage f			-	nn (t))	17	<u> </u>

BAA

19a 33-1/3 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 **b 33-1/3 support tests** – **2008.** If the organization did not check a box on line 14 or 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

20 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) 2009	BURRITT	MUSEUM	ASSOC	IATIO	N		63-0868992	Page 4
Part IV	Suppleme	ntal Informa	ation. Comp	ete this p	art to p	rovide	the e	xplanations re	equired by Part I ormation. See in	l, line 10;
•	Part II, IIne	2 1/a or 1/L	o; and Part I	II, line 12	. Provid	e any c	otner	additional int	ormation. See in	Structions.
									<b>-</b> -	
	<b>-</b>				- <del>-</del>	. <b>_</b>		. <b></b>		
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#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

BUI	RRITT MUSEUM ASSOCIATION	63-0868992				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if					
	the organization answered 'Yes' to	o 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 funds are the organization's property, subject to		nor advised Yes No			
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benefits.	ne benefit of the donor or donor advisor or for a	s may be ny other Yes No			
Pai	t II   Conservation Easements Comple	te if the organization answered 'Yes'	to Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by		to rorm 550, rare ry, into 7.			
	Preservation of land for public use (e g , re Protection of natural habitat	creation or pleasure) Preservation of	of an historically important land area of certified historic structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservation contribution in the	he form of a conservation easement on the			
	last day of the tax year		Held at the End of the Year			
á	Total number of conservation easements		2a			
	Total acreage restricted by conservation easem	ents	2b			
	: Number of conservation easements on a certific		2c			
	Number of conservation easements included in	• •	2d			
	Number of conservation easements modified, tr	• •				
•	year ►	ansierred, released, extinguished, or terminate	ed by the organization during the tax			
4	Number of states where property subject to con	servation easement is located >	_			
5	Does the organization have a written policy reg and enforcement of the conservation easement	it holds?	Yes   No			
6	Staff and volunteer hours devoted to monitoring during the year	, inspecting, and enforcing conservation easen	nents .			
7	Amount of expenses incurred in monitoring, insiduring the year ►	pecting, and enforcing conservation easements	\$			
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	tion Yes No			
9	In Part XIV, describe how the organization repoinclude, if applicable, the text of the footnote to conservation easements	rts conservation easements in its revenue and the organization's financial statements that de-	expense statement, and balance sheet, and scribes the organization's accounting for			
Par	t III Organizations Maintaining Collection	ctions of Art, Historical Treasures, or	Other Similar Assets			
	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	8.			
1 a 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 treasures, or other similar assets held for public amounts relating to these items	c exhibition, education, or research in furtheran	ce of public service, provide the following .			
	(i) Revenues included in Form 990, Part VIII, I	ine 1	<b>*</b> \$			
	(ii) Assets included in Form 990, Part X		►\$ ►\$			
2	If the organization received or held works of art amounts required to be reported under SFAS 1	, historical treasures, or other similar assets for 16 relating to these items:				
а	Revenues included in Form 990, Part VIII, line	l	<b>&gt;</b> \$			
b	Assets included in Form 990, Part X		►\$ ►\$			
			<del></del>			

Schedule D (Form 990) 2009 BURR						63-086			Page 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
*3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):									
a X Public exhibition			<b>d</b> 🔲 Loan	or exc	hange programs				
<b>b</b> Scholarly research			e 🗌 Other						
c X Preservation for future genera	ations								
4 Provide a description of the organ Part XIV			,	-	-		ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ion solicit or lather than to l	receive be main	donations of art, tained as part or	, histor f the oi	rical treasures, or rganization's colle	other similar	Yes	x	No
Part IV Escrow and Custodia	I Arrangen	nents	Complete if o	organ	ization answei	red 'Yes' to Form 9	90, Pari		
9, or reported an amo	unt on For	m 990	, Part X, line	21.					
1 a Is the organization an agent, trus included on Form 990, Part X?	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					] No			
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV ar	nd comp	lete the followin	g table	•				
							Amount		
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an ai	mount on For	m 990, I	Part X, line 21?				Yes	L	No
<b>b</b> If 'Yes,' explain the arrangement									
Part V Endowment Funds Co	mplete if o	rganız	ation answer	<u>ed 'Y</u>					
	(a) Current	year	(b) Prior yea	r	(c) Two years bac	k (d) Three years back	<b>(e)</b> Fo	our years	back
1 a Beginning of year balance									!
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses									
<b>d</b> Grants or scholarships									
• e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance							<u> </u>		
<ol><li>Provide the estimated percentage</li></ol>	of the year e	end bala	nce held as						
a Board designated or quasi-endow	ment 🟲		%						
<b>b</b> Permanent endowment ►	8								
c Term endowment ►	<b>%</b>								
3a Are there endowment funds not in organization by	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by								
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	rganizations I	isted as	required on Sch	nedule	R <sup>7</sup>		3b		
4 Describe in Part XIV the intended	uses of the c	organiza	tion's endowmei	nt fund	ls				
Part VI Investments—Land, B	uildings, a	nd Eq	uipment. Se	e For	m 990, Part X	, line 10.			
Description of investment			t or other basis ivestment)		Cost or other pasis (other)	(c) Accumulated Depreciation	( <b>d)</b> Bo	ook Va	lue
<b>1 a</b> Land									
<b>b</b> Buildings		ļ	783,934.			112,502.		671 <b>,</b>	<u>432.</u>
c Leasehold improvements									
<b>d</b> Equipment			4,798.			4,483.			315.
<b>e</b> Other			14,070.	L					070.
Total. Add lines 1a through 1e (Column	(d) must equ	ıal Forn	n 990, Part X, co	olumn (	(B), line 10(c))	<u> </u>	<u> </u>	685,	817.

BAA

Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See	Form 990, Part X, line	12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial c			000, 0, 0, 0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
	ld equity interests			<del></del>
Other				<del>_</del>
		-		
				<del></del>
		_		
	mn (b) must equal Form 990 Part X, col (B) line 12.) 🕨			
Part VIII	Investments-Program Related (See			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
			Cost or end-or-year man	ket value
			<del></del>	
	· · · · · · · · · · · · · · · · · · ·			
				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
		<u> </u>		
	······································			
				,
Total. (Colun	nn (b) must equal Form 990, Part X, Col. (B) line 13)			
Part IX	Other Assets (See Form 990, Part >	(, line 15)		
	(a)	Description		<b>(b)</b> Book value
		<u></u>		
			1.	
	<u> </u>			
	***************************************			
	lumn (b) must equal Form 990, Part X, col (B),			
Part X	Other Liabilities (See Form 990, Pa			
Fodoral Is	(a) Description of Liability	(b) Amount	-	
	come Taxes	10.072		
	D WAGES L TAXES PAYABLE	19,972 3,773	<u> </u>	
	D VACATION	22,718	<del>-</del> 1	
	TAX PAYABLE	1,799	<del>-</del> 1	
. כשתאנ	TAX PATABLE	1,133	<del>' -</del>	
			_	
		-		
<del></del>				
			7	
	·		_	
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25)	48,262	<u> </u>	
3 EIN 49 E		10,202	and the state of t	

Schedule D (Form 990) 2009 BURRITT MUSEUM ASSOCIATION

63-0868992

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Part	XI   Reconciliation	<u>n of Change in Net Assets from Form 990 to F</u>	inancial Statements		
	•	), Part VIII,column (A), line 12)			1,053,862.
		90, Part iX, column (A), line 25)		Ļ	923,157.
		e year Subtract line 2 from line 1			130,705.
	Net unrealized gains (lo				
	Donated services and us	se of facilities		-	
	Investment expenses			-	
	Prior period adjustments Other (Describe in Part			F	
	Total adjustments (net)	•		F	
		e year per audited financial statements. Combine lines 3	and 9		130,705.
		of Revenue per Audited Financial Statemen		turn	<u> </u>
		d other support per audited financial statements		1	1,053,862.
2	Amounts included on lin	e 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on	investments	2a		
ь	Donated services and us	se of facilities	2 b		
	Recoveries of prior year	-	2 c		
	Other (Describe in Part	XIV)	2d		
	Add lines 2a through 2d			2e	
	Subtract line <b>2e</b> from lin		1 1	3	1,053,862.
		rm 990, Part VIII, line 12, but not on line 1			
	•	ot included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part	XIV)	4b		
	Add lines <b>4a</b> and <b>4b</b>	2 and 4c. (This must equal Form 990, Part Lilipa 12.)		4c	1,053,862.
		<ul> <li>3 and 4c. (This must equal Form 990, Part I, line 12)</li> <li>n of Expenses per Audited Financial Stateme</li> </ul>	ents With Fynenses ner		
		es per audited financial statements	into With Expenses per	1	923,157.
		e 1 but not on Form 990, Part IX, line 25			300/1011
	Donated services and us		2a		
	Prior year adjustments		2b		
	Other losses		2c		
d	Other (Describe in Part	XIV)	2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from lin	e 1		3	923,157.
4	Amounts included on Fo	rm 990, Part IX, line 25, but not on line 1:			
а	Investments expenses r	ot included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part	XIV)	4b		
_	Add lines <b>4a</b> and <b>4b</b>			4c	
		es 3 and 4c (This must equal Form 990, Part I, line 18)	<del> </del>	5	923,157.
Part	XIV Supplementa	al Information			
line 4 inform	, Part X, Îine 2, Part XI, nation	the descriptions required for Part II, lines 3, 5, and 9, Par line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d ar	nd 4b Also complete this part	to prov	ide any additional
<u>Pt _</u> :	III Line la	AS PER FASE 116, THE ASSOCIATION DO	DES NOT CAPITALIZE	HIST	ORICAL
		COLLECTION ASSETS. COLLECTIONS TO	DATE INCLUDE DR. I	BURRI	<u>TT'S</u>
		MANSION, 19TH CENTURY HOUSES AND OT	THER EXHIBITS. DE	PRECI	ATION
		WILL NOT BE RECOGNIZED ON HISTORICA	AL ASSETS IN THE FU	JTURE	
<del>-</del>		AS PER GENERALLY ACCEPTED ACCOUNTIN	NG PRINCIPLES.		
Pt_	III_Line_4	COLECTIONS INCLUDE DR. BURRITT'S MA	ANSION, 19TH CENTUR	RY_HC	OUSES
		AND OTHER EXHIBITS. THE ORGANIZAT	IONS EXEMPT PURPOS	E_IS_	<u>TO</u>
	<del></del>	ENHANCE AND BUILD COMMUNITY THROUGH	H EDUCATIONAL, ART		
BAA		TEEA3304 02/02/10		Sched	lule <b>D</b> (Form 990) 2009

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Schedule D (Form 990) 2009 BURRITT MUSEUM ASSOCIATION

Schedule D (Form 990) 2009 BURRITT MUSEUM ASSOCIATION	03-0000992	Page 5
Part XIV Supplemental Information (continued)		
AND RECREATIONAL EXPERIENCES, WHILE PERSERVING C	OUR HERITAGE	
LAND AND HISTORIC STRUCTURES. THESE ASSETS ARE	USED_DAILY	<b>-</b>
	<del>-</del>	
	<del>-</del> -	
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# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

	Employer identification number
BURRITT MUSEUM ASSOCIATION	63-0868992
Pt_VI-A, Line 6 THE MUSEUM MEMBERSHIP PROVIDES FREE ADMISSION T	O_EXHIBITS
AND THE PARK, INVITATION TO MEMBER EVENTS, EARL	Y_REGISTRATION
FOR SPECIAL EVENTS, NEWSLETTERS, AND DISCOUNTS	ON_PROGRAMS
THE COSTS BEGIN AT \$25 FOR AN INDIVIDUAL.	
Pt VI-A, Line 8a ALL MEETINGS ARE DOCUMENTED WITH MINUTES.	
Pt VI-A, Line 8b ALL MEETINGS ARE DOCUMENTED WITH MINUTES.	
Pt VI-B, Line 11A A DRAFT COPY OF FORM 990 IS PROVIDED TO EACH BO	ARD MEMBER
AT THE BOARD MEETING TO REVIEW AND PROVIDE CHAN	GES AS NECESSARY.
Pt VI-B, Line 12c BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIR	ED TO NOTE
WHEN A CONFLICT OF INTEREST ARISES.	
Pt VI-B, Line 15 THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE R	EVIEW SALARIES
ON AN ANNUAL BASIS.	
Pt_VI-C, Line 19 ALL DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON	REQUEST.
<del></del>	

#### Form **8868** (Rev April 2009)

Application for Extension of Time To File an **Exempt Organization Return** 

File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

Department of the Treasury Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns **Electronic Filing** (*e-file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*. Name of Exempt Organization Employer identification number Type or print BURRITT MUSEUM ASSOCIATION 63-0868992 File by the due date for Number, street, and room or suite number. If a P.O. box, see instructions filing your return See 3101 BURRITT DRIVE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions HUNTSVILLE AL35801-1142 Check type of return to be filed (file a separate application for each return) Form 990 Form 4720 Form 990-T (corporation) Form 990-BL Form 5227 Form 990-T (section 401(a) or 408(a) trust) Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 8870 Form 1041-A The books are in the care of ► PAT ROBERTSON Telephone No ► (256) 536-2882 FAX No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover 1 | request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 16 , 20 11 , to file the exempt organization return for the organization named above The extension is for the organization's return for calendar year 20 \_ \_ \_ or X tax year beginning Oct 1 \_\_\_ , 20 09 , and ending Sep 30 \_\_ , 20 10 \_. 2 If this tax year is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 0. 3a |\$ b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments 0. 3b|\$ made include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.