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Form 990

Return of Organization Exempt From Income Tax

2010

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

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

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

C Name of organization
CURRIER MUSEUM OF ART

Address change

Doing Business As

Name change

Initial return
Number and street (or P O box if mail is not delivered to street address)
150 ASH STREET

D Employer identification number

02-0223322

Terminated

Amended return
City or town, state or country, and ZIP + 4
MANCHESTER, NH 03104

E Telephone number

(603) 669-6144

Application pending

F Name and address of principal officer
DAVID A JENSEN
150 ASH STREET
MANCHESTER, NH 03104H(a) Is this a group return for affiliates? Yes NoI Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

J Website: ► WWW CURRIER.ORG

H(c) Group exemption number ►

K Form of organization Corporation Trust Association Other ►

L Year of formation 1919

M State of legal domicile NH

Part I Summary

1	Briefly describe the organization's mission or most significant activities DISPLAY OF ART FOR PUBLIC ENJOYMENT		
2	Check this box ► 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	125
6	Total number of volunteers (estimate if necessary)	6	120
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-104,765
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-104,765
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	852,626	1,105,337
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	739,292	617,743
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,013,160	3,074,382
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,030	99,482
		2,756,108	4,896,944
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,995	14,835
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,403,790	2,441,480
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 327,383		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,020,306	4,700,577
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,437,091	7,156,892
19	Revenue less expenses Subtract line 18 from line 12	-3,680,983	-2,259,948
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	96,421,919	105,314,448
22	Net assets or fund balances Subtract line 21 from line 20	9,695,151	9,336,318
		86,726,768	95,978,130

Part II Signature Block

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.

Sign Here

Signature of officer

2012-04-30

Date

DAVID A JENSEN PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name E DREW CHENEEY	Preparer's signature E DREW CHENEEY	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name ► BAKER NEWMAN & NOYES LLC				Firm's EIN ►
Firm's address ► BOX 507 PORTLAND, ME 04112				Phone no ► (207) 879-2100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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 \$ 5,364,743 including grants of \$) (Revenue \$ 399,525)

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 \$ 368,636 including grants of \$ 14,835) (Revenue \$ 281,039)

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 \$ 111,492 including grants of \$) (Revenue \$ 59,069)

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 \$ 5,844,871

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

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.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

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.

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.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

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.

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.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.

c 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.

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b 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, Parts I and IV.

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, Parts II and IV.

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, Parts III and IV.

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 (see instructions)

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.

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.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8	Yes	
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

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? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule I, Parts I and III	<input checked="" type="checkbox"/>	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? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	Yes	
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		No
24c	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
24d	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? If "Yes," complete Schedule L, Part I		25a		No
25b	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		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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)		28a		No
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31		No
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		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? If "Yes," complete Schedule R, Part I		33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		35		No
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
37	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		37		No
38	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		38	Yes	
	Note. All Form 990 filers are required to complete Schedule O				

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	39
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
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	2a	125
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 ► See instructions for 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?	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).	7a	Yes
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?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	Yes	No
1a		17
1b		17
2		No
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

10a Does the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
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

Own website Another's website 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

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Officer or director or individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee			
(1) KENDRA STEARNS O'DONNELL TREASURER	3 00	X		X			0	0	0
(2) DAVID A JENSEN PRESIDENT	7 00	X		X			0	0	0
(3) M CHRISTINE DWYER VICE PRESIDENT	4 00	X		X			0	0	0
(4) LUCY FOWLKES BREED TRUSTEE	1 00	X					0	0	0
(5) RAYMOND G COTE TRUSTEE	1 00	X					0	0	0
(6) PAMELA DIAMANTIS TRUSTEE	1 00	X					0	0	0
(7) JOHN H MORISON III TRUSTEE	1 00	X					0	0	0
(8) PATRICK DUFFY TRUSTEE	2 00	X					0	0	0
(9) BARBARA PUTNAM TRUSTEE	1 00	X					0	0	0
(10) JOHN SWOPE TRUSTEE	1 00	X					0	0	0
(11) RICHARD THORNER TRUSTEE	1 00	X					0	0	0
(12) WILLIAM UPTON TRUSTEE	1 00	X					0	0	0
(13) KIMON S ZACHOS TRUSTEE	2 00	X					0	0	0
(14) HARRY SHEPLER CLERK	2 00	X		X			0	0	0
(15) NIKE SPELTZ TRUSTEE	1 00	X					0	0	0
(16) NANCY TIEKEN TRUSTEE	1 00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

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 - 2

		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>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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

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	50,213				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,055,124				
	g Noncash contributions included in lines 1a-1f \$		5,322				
	h Total. Add lines 1a-1f			1,105,337			
Program Service Revenue	2a TUITION	Business Code					
		611710	257,052	257,052			
	b MUSEUM SHOP	900099	183,778	183,778			
	c ADMISSIONS	900099	146,011	146,011			
	d PUBLIC PROGRAMS	900099	30,902	30,902			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		617,743				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)						
			709,130		709,130		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(I) Real	(II) Personal				
	b Less rental expenses	72,474					
	c Rental income or (loss)	10,908					
	d Net rental income or (loss)	61,566		61,566		61,566	
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other					
b Less cost or other basis and sales expenses	43,736,208						
c Gain or (loss)	41,370,956						
d Net gain or (loss)	2,365,252		2,365,252		2,365,252		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
b Less direct expenses	a						
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 PARTNERSHIPS	900099	-104,765		-104,765			
b							
c							
d All other revenue		142,681	142,681				
e Total. Add lines 11a-11d		37,916					
12 Total revenue. See Instructions		4,896,944	760,424	-104,765	3,135,948		

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	14,835	14,835		
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	285,601	53,917	92,087	139,597
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	1,850,861	1,451,587	320,937	78,337
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,932	23,010	8,188	3,734
9 Other employee benefits	119,305	74,998	34,453	9,854
10 Payroll taxes	150,781	108,958	28,700	13,123
a Fees for services (non-employees)				
Management				
b Legal	918		918	
c Accounting	32,875		32,875	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	220,382		220,382	
g Other	16,581		16,581	
12 Advertising and promotion	122,612	116,158	4,688	1,766
13 Office expenses	92,488	43,616	41,176	7,696
14 Information technology	61,419	12,518	43,903	4,998
15 Royalties				
16 Occupancy	417,642	387,086	23,110	7,446
17 Travel	17,364	9,347	7,151	866
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	459,072	436,118	22,954	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,244,144	1,181,937	37,324	24,883
23 Insurance	80,941	72,311	7,976	654
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a ART WORKS PURCHASED	1,378,820	1,378,820		
b PUBLIC PROGRAMS/SERVICE	265,777	265,777		
c EXHIBITIONS & COLLECTION	194,512	194,512		
d DEV & MEMBERSHIP	65,502	19,366	13,136	33,000
e				
f All other expenses	29,528		28,099	1,429
25 Total functional expenses. Add lines 1 through 24f	7,156,892	5,844,871	984,638	327,383
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	338,672	1	497,012
	2 Savings and temporary cash investments	781,039	2	315,445
	3 Pledges and grants receivable, net	442,953	3	257,550
	4 Accounts receivable, net	44,974	4	10,875
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	85,067	8	94,432
	9 Prepaid expenses and deferred charges	62,269	9	75,084
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	30,830,593	10a	
	b Less accumulated depreciation	10,483,080	10b	
		21,488,380	10c	20,347,513
	11 Investments—publicly traded securities	50,453,596	11	60,179,415
	12 Investments—other securities See Part IV, line 11	22,560,242	12	23,378,063
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	164,727	15	159,059
	16 Total assets. Add lines 1 through 15 (must equal line 34)	96,421,919	16	105,314,448
Liabilities	17 Accounts payable and accrued expenses	179,487	17	181,836
	18 Grants payable		18	
	19 Deferred revenue	263,956	19	181,150
	20 Tax-exempt bond liabilities	9,244,332	20	8,973,332
	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	7,376	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,695,151	26	9,336,318
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	1,824,027	27	1,893,237
	28 Temporarily restricted net assets	34,411,218	28	43,593,270
	29 Permanently restricted net assets	50,491,523	29	50,491,623
	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	86,726,768	33	95,978,130
	34 Total liabilities and net assets/fund balances	96,421,919	34	105,314,448

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,896,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,156,892
3	Revenue less expenses Subtract line 2 from line 1	3	-2,259,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,726,768
5	Other changes in net assets or fund balances (explain in Schedule O)	5	11,511,310
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	95,978,130

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c 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 <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010**

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.

**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service
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 described in **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

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f 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)

g 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

h 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 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?

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

i Provide the following information about the supported organization(s)

(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			
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,666,487	3,036,194	617,791	765,957	1,105,337	8,191,766
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	2,666,487	3,036,194	617,791	765,957	1,105,337	8,191,766
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)						566,118
6 Public Support. Subtract line 5 from line 4						7,625,648

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,666,487	3,036,194	617,791	765,957	1,105,337	8,191,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,494,547	1,169,122	975,790	896,423	781,604	5,317,486
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						13,509,252
12 Gross receipts from related activities, etc (See instructions)					12	3,870,786

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 2010 (line 6 column (f) divided by line 11 column (f))	14	56 450 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	58 900 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. 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—2009. 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 ►	
20 Private 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**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? Yes No

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? Yes No

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) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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	
2b	
2c	
2d	

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 d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

	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	72,199,712	67,671,774	80,868,480		
b Contributions	69,871	419,585	6,478,723		
c Investment earnings or losses	14,261,974	8,424,028	-16,198,682		
d Grants or scholarships	13,000	12,700	15,000		
e Other expenditures for facilities and programs	4,132,182	4,104,314	3,331,718		
f Administrative expenses	215,604	198,661	130,029		
g End of year balance	82,170,771	72,199,712	67,671,774		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 0 670 %

b Permanent endowment ► 61 450 %

c Term endowment ► 37 880 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations	Yes	No
(ii) related organizations	Yes	No

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

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		27,496,450	8,625,155	18,871,295	
c Leasehold improvements					
d Equipment		3,334,143	1,857,925	1,476,218	
e Other					
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,347,513	

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 valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE INVESTMENT FUNDS	2,427,774	F
(B) ALTERNATIVE INVESTMENTS	20,950,289	F

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,896,944
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,156,892
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,259,948
4	Net unrealized gains (losses) on investments	4	11,511,310
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	11,511,310
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,251,362

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	16,419,162
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	11,511,310
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	10,908
e	Add lines 2a through 2d	2e	11,522,218
3	Subtract line 2e from line 1	3	4,896,944
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	4,896,944

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,167,800
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	10,908
e	Add lines 2a through 2d	2e	10,908
3	Subtract line 2e from line 1	3	7,156,892
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	7,156,892

Part XIV Supplemental 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 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 \$252,300 AND \$223,275 FOR THE YEARS ENDED JUNE 30, 2011 AND 2010, 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 \$9,696,545. THE TOTAL VALUE OF OBJECTS PURCHASED FROM DECEMBER 31, 1997 THROUGH JUNE 30, 2011 AND 2010 WAS \$12,774,661 AND \$11,395,841, RESPECTIVELY. FOR THE YEARS ENDED JUNE 30, 2011 AND 2010, THE MUSEUM SOLD DEACCESSIONED COLLECTIONS AND OBJECTS OF ART TOTALING \$16,920 AND \$15,531, RESPECTIVELY. THE SELLING PRICE OF THESE ITEMS APPROXIMATED THEIR FAIR VALUE.
	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 82-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, 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.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED FOR MUSEUM OPERATIONS, ART ACQUISITION, CONSERVATION, LIBRARY BOOK PURCHASES, AND SCHOLARSHIPS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION FOR INCOME TAXES AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURE ITEMS INCLUDING UNRELATED BUSINESS INCOME OR TAX STATUS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES. IN GENERAL, ACCEPTED IN THE UNITED STATES OF AMERICA, ASSETS AND LIABILITIES ARE ESTABLISHED FOR UNCERTAIN TAX POSITIONS TAKEN OR POSITION EXPECTED TO BE TAKEN IN INCOME TAX RETURNS. WHEN SUCH POSITIONS ARE JUDGED TO NOT MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD, BASED UPON THE TECHNICAL MERITS OF THE POSITION, ESTIMATED UNCERTAIN TAX PENALTIES, IF APPLICABLE, RELATED TO UNRELATED TAX POSITIONS ARE INCLUDED AS A MANAGEMENT HAZARD. THE MUSEUM HAS EVALUATED THE MUSEUM'S TAX POSITION TAKEN ON ITS FILLED TAX RETURNS AND CONCLUDED THAT THE MUSEUM HAS MAINTAINED ITS TAX-EXEMPT STATUS, DOES NOT HAVE ANY SIGNIFICANT UNRELATED BUSINESS INCOME AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE MUSEUM IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS BEFORE 2008 BY FEDERAL OR STATE TAX AUTHORITIES.
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 10,908
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 10,908

Schedule I (Form 990)

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

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
CURRIER MUSEUM OF ART

Employer identification number

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. Part II can be duplicated if additional space is needed.  

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
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
(1) SCHOLARSHIPS ARE PROVIDED TO STUDENTS IN NEED TO ATTEND STUDIO ART CLASSES	74	14,835		FMV	STUDIO ART CLASSES/LESSONS

Part IV Supplemental 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)

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**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

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b 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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN E STRICKLER	(i) 174,159 (ii) 0	0 0	0 0	0 0	5,280 0	5,864 0	185,303 0
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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)

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2010

► 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.

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
CURRIER MUSEUM OF ARTEmployer 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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NHHEFA	02-0279866		07-23-2009	10,700,000	REFINANCE PRIOR ISSUE (3/30/06)		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		271,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue		8,973,332						
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c 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	
	Yes	No	Yes	No	Yes	No	Yes	No
		X						
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 entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
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						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION		PREPAYMENTS OF THE BOND PRINCIPAL TOTALING \$1,726,668 HAVE BEEN MADE SINCE 7/23/2009 LEAVING A PRINCIPAL BALANCE OF \$8,973,332 AS OF 6/30/2011
		PART I - PURPOSE (CONTINUED) PAYMENT TO LEHMAN BROTHERS COMMERCIAL BANK AS A RESULT OF EARLY TERMINATION OF AN EXISTING INTEREST RATE SWAP

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .	X	32	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	1	5,322	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	

	Yes	No
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?	30a	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?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**
CURRIER MUSEUM OF ART**Employer identification number**

02-0223322

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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 11,511,310

Identifier	Return Reference	Explanation
	FORM 990, PART XII, 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