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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)

benefit trust or private foundation)

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

2010
Open to Public.

Department of the Treasury Internal Revenue Service

12 Total revenue add lines 8 through 11 (must edual Part VIII, column (A), line (2)) 13 Grants and similar amounts paid (Part IX, column (A) rimes (2)) 14 Benefits paid to or for members (Part IX, column (A) rimes (2)) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Total fundraising fees (Part IX, column (D), line 25) 16 Professional fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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 prepare (other than officer) is based og all information of which preparer has any knowledge. 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 og all information of which preparer has any knowledge. Part II: Signature Block 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 og all information of which preparer has any knowledge. Prim's name DIXON HUGHES GOODMAN IDP Firm's address 4510 COX ROAD, SUITE 200 GLEN ALLEN, VA 23060-3394 Phone no. 804.282.7636	A F	or the 2	010 calendar year, or tax year beginning $$	ng JUN 30, 2011
Dong Business Dong Busines	Вс	heck if oplicable	C Name of organization	D Employer identification number
Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephrone number SQL N. BOULEVARD SQL S		Address change	VIRGINIA MUSEUM OF FINE ARTS FOUNDATION	
Continued and streets (of P.J.) both Intel® is not oblivered to sheet adulescy		jchange	Doing Business As	51-0205333
City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town, state or country, and ZIP + 4 City or town and address of principal officer-ALEXANDER L. NYERGES SAME AS C ABOVE Tax exempts status: X IS 01(c)(0)		_return Termin-	· · · · · · · · · · · · · · · · · · ·	
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Name and address of principal officer ALEXANDER L. NYERGES No affiliaries? Yes		Applica-		
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GLEN ALLEN, VA 23060-3394 Phone no. 804.282.7636	-			THIN S EIN
	-00	, ''		Phone no. 804 - 282 - 7636
	Mari	the IDS	discuss this return with the preparer shown above? (see instructions)	X Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2010)

Form	990 (2010) VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 Page 2
	t III Statement of Program Service Accomplishments
L	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE VIRGINIA MUSEUM OF FINE ARTS FOUNDATION IS TO
	SUPPORT THE VIRGINIA MUSEUM OF FINE ARTS THROUGH A COMPREHENSIVE FUND
	RAISING AND DONOR CULTIVATION PROGRAM AND THE INVESTMENT AND
	MANAGEMENT OF PRIVATE ASSETS. THIS SUPPORT (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 26806428 • including grants of \$) (Revenue \$ 175,283 •
	OVER THE PAST YEAR THE FOUNDATION HAS MANAGED THE PRIVATE INSTITUTIONAL
	ADVANCEMENT PROGRAM FOR THE VIRGINIA MUSEUM OF FINE ARTS, AN AGENCY OF
	THE COMMONWEALTH OF VIRGINIA. THE RESULTS OF THOSE FUND RAISING
	EFFORTS ARE REFLECTED IN THE DATA LISTED ON THIS RETURN. IN ADDITION,
	ENDOWMENTS HELD IN TRUST BY THE FOUNDATION FOR THE BENEFIT OF THE
	MUSEUM HAVE BEEN INVESTED, THE MANAGERS EVALUATED, THE INVESTMENT
	POLICY REVIEWED, AND FUNDS DISTRIBUTED IN ACCORDANCE WITH DONOR INTENT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$

4d Other program services. (Describe in Schedule O.)

(Expenses \$

including grants of \$
26,806,428.

4e Total program service expenses ▶

Form **990** (2010)

) (Revenue \$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
•	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	Ť		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	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	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	4	***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
đ	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	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	Х	
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	14b		х
	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, Parts II and IV	15		Х
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
1	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
)	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
a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that	961		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form		

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes, " complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			₩.
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		Х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		A
D	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	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		(m)	
	instructions for applicable filing thresholds, conditions, and exceptions):	Annes antico		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1,-	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		х	
	contributions? If "Yes," complete Schedule M	30_	^	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		71
U.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Х	
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		🚚	
	Note. All Form 990 filers are required to complete Schedule O	38	X	004.5;
		rom	9 90 (2010)

Form 990 (2010) VIRGINIA MUSEUM OF FINE ARTS FOR Part V Statements Regarding Other IRS Filings and Tax Compliance

tale Enter the number reported in Box3 of Form 1096. Enter -0+ not applicable be Enter the number of Forms W.2G included in line 1s. Enter -0+ find applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (applicable c Did to the calendar year ending with or within the year covered by this return		Check if Schedule O contains a response to any question in this Part V					
be Enter the number of Forms W2G included in line 1a. Enter 04 in of applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambing) within garming withholding rules for reportable payments to vendors and reportable garming (gambing) within garming withholding rules for reportable payments to vendors and reportable garming (gambing) within garming with organization fine and and garming with organization fine and garming with organization have an interest in or a signature or other authority over, a financial account in a foreign country. Who, provide an explanation in Schedule O 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. Who, provide an explanation or a signature or other authority over, a financial account in a foreign country. Who, provide an explanation or a signature or other authority over, a financial account in a foreign country. Who, provides an explanation or a signature or other authority over, a financial account in a foreign country. Who, provides an explanation or a signature or other authority over, a financial account in a foreign country. Who, provides an explanation of the responsibility of the organization shall as were from to Fig. 19, 22.1, Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for Form TD Fig. 22.1, Report of Foreign Bank and Financial Accounts. See the organization shall report organization that was or is a party to a prohibited tax shelter transaction? 1 If Yes, "did the organization has organization that was or is a party to a prohibited tax shelter transaction? 1 If Yes, "did the organization report of the department of the party of the organization shall report the d						Yes	No
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			ISC		14-		X
			la ()				 ^
	D	ii res, rias it nieu a ronni 720 to report triese payments (11 No, provide an explanation in Schedu	<u> </u>			900	(2010)

032005 12-21-10

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.

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					44
<u> </u>	tion A. Governing body and management		· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	ł	32	163	140
b	Enter the number of voting members included in line 1a, above, who are independent	1b		32	\ ` :	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			1
-	officer, director, trustee, or key employee?	, w.a.	ury outer	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	rt sunervision	<u> </u>		
·	of officers, directors or trustees, or key employees to a management company or other person?		or supervision	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Does the organization have members or stockholders?			6		X
	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the	<u> </u>		<u> </u>
	governing body?		3 01 1110	7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons?	•	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken				<i>±</i>	- 4
•	by the following:		y y o		··. *	\$ C
а	The governing body?			8a	X	***************************************
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached.	at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		ao	9	l	x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code)			<u> </u>
	<u> </u>	•		-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	-		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	e form?	11a	X	
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			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gıv	e nse			
	to conflicts?			12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	describe			
	ın Schedule O how this is done			12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	ndependent		ľ.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?)			42	النــــــــــــــــــــــــــــــــــــ
	The organization's CEO, Executive Director, or top management official			15a	X	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a		٠. سڏ . "س	أشدشا
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		• •	١	\$. "
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	ion's	ļ		<u></u> _3
_	exempt status with respect to such arrangements?			16b	L	L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	T (501(c)(3)s only) ava	ulable for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	of interest pol	icy, and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the org	anization.	_	
	THE FOUNDATION - 804-340-1515					
	200 N. BOULEVARD, RICHMOND, VA 23220-4007					(2010)

032006 12-21-10

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

X

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. 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.

(A)	(B)			(0	C)			(D)	director, or trustee. (E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(0	hecl	all	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations	Individual trustee or director	Institutional trustee		Кеу етріруев	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	in Schedule O)	hubud	Institu	Officer	Key en	Highes	Former			organizations
DR. MONROE E. HARRIS, JR.	1	<u> </u>				T				
PRESIDENT & DIRECTOR	10.00	x		Х	•			0.	0.	0.
BENJAMIN W. RAWLES III		Г								
VICE PRESIDENT AND DIRECTO	10.00	x		Х				0.	0.	0.
MONA D. ALBERTINE										
DIRECTOR	1.00	X	L	L	L	L	L	0.	0.	0.
WILLIAM J. ARMFIELD IV										
DIRECTOR	1.00	X	<u>L</u> .		L.			0.	0.	0.
KELLY B. ARMSTRONG									-	
DIRECTOR	1.00	X						0.	0.	0.
MRS. PHILIP J. BAGLEY III						ł				
DIRECTOR	1.00	X	┖	L.	L		<u> </u>	0.	0.	0.
MRS. JOEL T. BROYHILL		l							_	_
DIRECTOR	1.00	X	lacksquare	L.	_	┖		0.	0.	0.
MRS. ROBERT W. CABANISS, JR	1 1 00	١				1				•
DIRECTOR	1.00	X			<u> </u>	<u> </u>		0.	0.	0.
JOHN R. CURTIS, JR.	1 100	\ ,				1			ا م	•
DIRECTOR	1.00	Х	\vdash		├	1		0.	0.	0.
FRANCES M. DULANEY	1.00	x						0.	۸ ا	0
DR. MARY ANN FRABLE	1.00	1^	┢		<u> </u>	⊢		0.	0.	0.
DIRECTOR	1.00	$ _{\mathbf{x}}$						0.	0.	0.
NANCY H. GOTTWALD	1.30	1.	\vdash	\vdash	\vdash	\vdash		0.	0.	<u></u>
DIRECTOR	1.00	x						0.	0.	0.
FREDDIE P. GRAY		Ë	\vdash	-	\vdash	\vdash	_			
DIRECTOR	1.00	X						0.	0.	0.
EVA TEIG HARDY	1		<u> </u>	Н	\vdash	1		3.0		
DIRECTOR	1.00	x						0.	0.	0.
H. HITER HARRIS III		Г	1		T	T				
DIRECTOR	1.00	Х						0.	0.	0.
ELLEN GRAY HOGAN	1	Г								
DIRECTOR	1.00	x						0.	0.	0.
TOURISMY OF TOURISMY OR	1		Т				-			
KENNETH S. JOHNSON, SR.										

032007 12-21-10

Form 990 (2010)

(A) Name and title	(B) Average hours per week (describe hours for related	director (C)		Pos			lv)	(D) Reportable	(E) Reportable	(F) Estimated
name and title	hours per week (describe hours for related	├∸					IV)		неропавіе	Estimated
	week (describe hours for related	├∸						compensation	compensation	amount of
	hours for related	director		1		г –	,,, T	from	from related	other
	related	ŧ		H			İ	the	organizations	compensation
	1	=				Eg.		organization	(W·2/1099-MISC)	from the
		stee (ruste		_	eusa		(W-2/1099-MISC)	,	organization
	organizations	al tru	lau		loyee	8 8				and related
	in Schedule O)	приири	Institutional	Officer	Key employee	Highest compensated employee	former			organizations
KEITH R. KISSEE	- '		F	_	<u> </u>	-			-	
DIRECTOR	1.00	X						0.	0.	0.
JAMES W. KLAUS			Г						<u>.</u>	
DIRECTOR	1.00	Х						0.	0.	0.
DR. ANDREW M. LEWIS										
DIRECTOR	1.00	X			L			0.	0.	0.
NANCY BRENNAN LUND										
DIRECTOR	1.00	X						0.	0.	0.
CHARLOTTE M. MINOR										
DIRECTOR	1.00	X						0.	0.	0.
MARSHALL N. MORTON			l							
DIRECTOR	1.00	X						0.	0.	0.
DR. DAVID M. RANDOLPH								_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
JOHN M.R. REED					1			_	_	_
DIRECTOR	1.00	X	L		<u> </u>	<u> </u>		0.	0.	0.
MARK B. SISISKY		١.				ŀ		_	_	_
DIRECTOR	1.00	X	<u> </u>		<u> </u>	<u> </u>	L	0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part	t VII, Section A							192,152.	0.	168,041.
d Total (add lines 1b and 1c)						<u> </u>		192,152.	0.	168,041.
2 Total number of individuals (including bu	ut not limited to th	ose	liste	ed al	bove	e) wt	no re	eceived more than \$100	,000 in reportable	
compensation from the organization	·									1
										Yes No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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? If "Yes," complete Schedule J for such individual

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

3	÷*.	X
4	X	X
5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
	ADVERTISING	Compensation
SUITE, RICHMOND, VA 23219	NEGOTIATION	542,359.
MONTICELLO ASSOCIATES, 1200 17TH STREET,	INVESTMENT	· · · · · · · · · · · · · · · · · · ·
SUITE 2600, DENVER, CO 80202	CONSULTING	218,750.
RELIABLE COMMERCIAL BUILDERS, LLC, 237	BUILDER-EXHIBITION &	
EAST GERMAN SCHOOL ROAD, RICHMOND, VA	GALLERY CONSTRUCTIO	202,078.
BLUE OX CUSTOM BUILDER, LLC	BUILDER-EXHIBITION &	
9457 JEFFERSON HIGHWAY, MINERAL, VA 23117	GALLERY CONSTRUCTIO	183,687.
SILCHESTER INTERNATIONAL INVESTOR, INC,	INVESTMENT	
370 LEXINGTON AVENUE, SUITE 414, NEW YORK,	MANAGEMENT	183,140.
2 Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization ▶ 7	ed above) who received more than	, (*

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2010)

								5 FOUNDATION		5333
Part VII Section A. Officers, Directors, Tru	stees, Key E	mplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	c all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ē		İ		ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
		direc				ma pa		(W-2/1099-MISC)	(11 23 1000 111100)	organization
		tee or	ustee			ensat		, ,		and related
		al trus	na tr		loyee	dwoo				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GEOFFREY P. SISK		=	=	0	×	_	<u> </u>			
DIRECTOR	1.00	x						0.	0.	0.
VANCE H. SPILMAN										
DIRECTOR	1.00	X						0.	0.	0.
FRED T. TATTERSALL										
DIRECTOR	1.00	X						0.	0.	0.
THOMAS H. TULLIDGE, JR.										-
DIRECTOR	1.00	Х						0.	0.	0.
DR. JOSEPH R. VILSECK, JR.										
DIRECTOR	1.00	X						0.	0.	0.
S. PIERCE WALMSLEY V			1					_		
DIRECTOR	1.00	X		L				0.	0.	0.
DAVID B. BRADLEY										
SECRETARY	45.00	_		X			L.	148,229.	0.	27,104.
JULIE A. THOMAS				l				40.000		40.00=
ASSISTANT SECRETARY	40.00		_	X		Щ	_	43,923.	0.	10,887.
ALEXANDER L. NYERGES	10 00			١.,		·		_		120 050
CHIEF OPERATING OFFICER	10.00	_	_	X	_	⊢	_	0.	0.	130,050.
R. FERN SPENCER	10.00			x		l		0.	0.	0
CHIEF FINANCIAL OFFICER	10.00	┢	-	^	<u> </u>	┝	-	0.	0.	0.
		一	┢	\vdash	 	\vdash	<u> </u>			
								:	-	
		_			_		_			
		┢	_		<u> </u>	┢	<u> </u>			
				_		L	L			
		 		H	┢	\vdash	┝			
		-	\vdash		\vdash	\vdash	-			
			<u> </u>	<u> </u>	<u> </u>		<u> </u>			
Total to Part VII, Section A, line 1c								192,152.		168,041.

Statement of Revenue Part VIII (D) Revenue (C) (A) (B) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue gifts, grants lar amounts 1 a Federated campaigns 1b Membership dues 1¢ Fundraising events 1d Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 12,373,370 1212206. g Noncash contributions included in lines 1a-1f \$ 12,373,370 Total. Add lines 1a-1f **Business Code** 75,281 75,281 TICKET SALES 900099 Program Service 44,459. 44,459. TRIP AND TOUR COMMISSI 900099 MEMBERSHIP DUES 900099 32,570. 32,570 TRIP FEES 900099 21,373. 21,373. STUDIO SCHOOL MISCELLA 900099 1,600. 1,600. All other program service revenue 175,283 Total, Add lines 2a-2f Investment income (including dividends, interest, and 1567930 73,201 other similar amounts) 1,494,729 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities (II) Other 87,146,495 assets other than inventory Ż b Less: cost or other basis 69,136,858 and sales expenses ã) 18,009,637. c Gain or (loss) 18,009,637. 18,009,637 d Net gain or (loss) Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue Total. Add lines 11a-11d 32,126,220. 175,283. 73,201. 12 Total revenue. See instructions. 19,504,366. 032009 12-21-10 Form **990** (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,344,865.	26,344,865.		····
2	Grants and other assistance to individuals in	20,011,000	20,011,000		
_	the U.S. See Part IV, line 22			ľ	
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	218,475.	71,299.	131,696.	15,480
6	Compensation not included above, to disqualified	210,1750	71,233.	131,030.	13,400
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	778,192.	77,860.	303,438.	396,894
8	Pension plan contributions (include section 401(k)	77071320	77,0001	303,4301	330,033
0	and section 403(b) employer contributions)	101,361.	15,170.	44 253	41 938
9	Other employee benefits	74,192.	11,104.	44,253.	41,938 30,697
9 10		71,022.	10,629.	31,007.	29,386
	Payroll taxes	71,022.	10,025.	31,007.	25,500
11	Fees for services (non-employees):				
a	Management	60,671.		60,671.	
b	Legal	42,525.	-	42,525.	
	Accounting	1,606.		1,606.	
	Lobbying	113,491.		1,000.	113,491
e	Professional fundraising services. See Part IV, line 17	934,863.		934,863.	113,431
f	Investment management fees	66,373.			20,000
. g	Other	3,259.		46,373.	20,000
12	Advertising and promotion		2 5 2 5		F 100
13	Office expenses	37,913.	2,525.	30,280.	5,108
14	Information technology	56,136.		56,136.	
15	Royalties	25,261.		25 261	
16	Occupancy		21 162	25,261.	2 700
17	Travel	30,185.	21,162.	6,315.	2,708
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_ <u></u>
20	Interest				<u> </u>
21	Payments to affiliates	40 150		40.450	
22	Depreciation, depletion, and amortization	42,150.		42,150.	
23	Insurance	44,893.		44,893.	
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.)	·		* -	•
а	SPECIAL EVENTS	429,122.	250,935.		178,187
a b	SALARY SUPPORT - DESIGN	60,660.	230,333	60,660.	
D	MISCELLANEOUS	27,016.	30.	24,652.	2,334
d	PRINTING AND PUBLICATIO	12,970.	30.	1,304.	11,666
_	SECURITY SECURITY	2,809.	848.	1,961.	11,000
e		-1.	1.	-3.	1
f	All other expenses	29,580,009.	26,806,428.	1,925,691.	847,890
25 26		23,300,003.	20,000,440.	1,343,031.	041,030
26	Joint costs. Check here 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				

032010 12-21-10

51-0205333 Page 11 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION Form 990 (2010) Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 15,846,296. 14,684,199. 2 2 Savings and temporary cash investments 5,567,233. 8,760,145. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,942,097. 10a basis. Complete Part VI of Schedule D 1,271,505. 731,022. 670,592. 10b 10c b Less: accumulated depreciation 81,165,100. 80,427,702. 36,935,835. 11 Investments - publicly traded securities 11 105,236,289. 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 13,259,452. 16,061,629. 15 15 Other assets. See Part IV, line 11 180,769,039. 198,576,455. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 651,973. 334,450. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 1,000. 19 Deferred revenue 19 50,000,000. 50,000,000. Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 164,096. 148,333. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 6,490,480. 5,830,920. 25 25 Other liabilities. Complete Part X of Schedule D 57,307,549. 56,313,703. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -12,708,822. -17,619,183. Unrestricted net assets 73,323,517. 50,322,052. Temporarily restricted net assets 28 86,558,418. 85,848,260. Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32

Form 990 (2010)

142,262,752.

198,576,455.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

123,461,490.

180,769,039.

За

3b

X

separate basis, consolidated basis, or both:

Act and OMB Circular A-133?

Separate basis X Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name of the organization

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Employer identification number 51-0205333

Part I	Reason	for Public Char	rity Statu	IS (All organı	zations mu	ust comple	te this par	t.) See ins	tructions.		
The organ		a private foundation								-	
1 🛄		nvention of churche) .		
2		cribed in section 17						(- N - N - N -	•		
з 🗔		a cooperative hosp				*	170(b)(1)	(A)(iii).			
4 🔲				-					хь)(1)(А)(іі	ii). Enter i	the hospital's name,
	city, and stat			,					· (~)(·)(·	,. 2.110.	ano moopital o marto,
5 🗀	An organizati	on operated for the	benefit of a	a college or u	niversity o	wned or o	perated by	a govern	mental un	rt describ	ed in
		(b)(1)(A)(iv). (Compl					•	_			
6 🗀	A federal, sta	ate, or local governm	ent or gove	ernmental un	ıt describe	d in section	on 170(b)(1)(A)(v).			
7 X		on that normally red							or from the	general	public described in
		b)(1)(A)(vi). (Comple		·			•			9	,
8 🗔	A community	trust described in s	section 170	Xb)(1)(A)(vi).	(Complete	Part II.)					
9 🔲							rom contr	ibutions, n	nembersh	n fees a	nd gross receipts from
											from gross investment
											after June 30, 1975.
		509(a)(2). (Complete		·		•		•	, ,		
10 🔲	An organizati	ion organized and o	perated exc	clusively to te	st for pub	lic safety.	See secti o	on 509(a)(4	4).		
11	An organizati	on organized and o	perated exc	clusively for t	he benefit	of, to perfe	orm the fu	nctions of	or to carr	v out the	purposes of one or
		supported organiza									
		e type of supporting						•	,	~ ,	
	a Type I		Type II			e III - Fund		tegrated		d□	Type III - Other
e 🗀	By checking	this box, I certify tha	at the organ	nization is not			-	-	r more dis	qualified	
		nanagers and other t									
f		ation received a writ								· // /	(-/,-/-
	supporting of	rganization, check th	nis box			•					
g	Since August	t 17, 2006, has the o	organization	accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?	
		n who directly or ind					_				Yes No
		eming body of the si			•		•		()		11g(i)
	(ii) A family	member of a persor	n described	in (i) above?	•						11g(ii)
	(iii) A 35% (controlled entity of a	person de	scribed in (i)	or (ii) abov	e?					11g(iii)
h	Provide the fe	ollowing information	about the	supported or	ganization	(s).					
								_			
(i) Name	of supported	(ii) EIN	. , ,	Type of	(iv) Is the o	organization	(v) Did yo	u notify the	(vi) ls	the	(vii) Amount of
	inization	, ,		nization d on lines 1-9		sted in your		ion in col.	organizátio (i) organiz	ed in the l	support
		above or IRC section governing document? (1) of your support?		U.S	.?						
			(see ins	tructions))	Yes	No	Yes	No	Yes	No	
									-	i i	
			<u></u>		ļ						
			<u> </u>		 	1		-			
•		-	<u> </u>								
				*	ļ	<u> </u>			ļ	 	
Total		<u>.</u>	·	* 2	· .	1			^ /		
ı Çlai			<u> </u>	. ^	1		L	L	I	L	

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar 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.")	9,528,736.	16,533,041.	13,251,705.	10,511,455.	12,548,653.	62,373,590.
2	Tax revenues levied for the organ-						
	ızatıon'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	9,528,736.	16,533,041.	13,251,705.	10,511,455.	12,548,653.	62,373,590.
5	The portion of total contributions						
	by each person (other than a	7	٠ ^2			/ T.	
	governmental unit or publicly						
	supported organization) included	,	-		•	,	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,326,561.
	Public support. Subtract line 5 from line 4	ν.					61,047,029.
	ction B. Total Support		# 1 acc = 1	4) 2222			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007 16,533,041.	(c) 2008 13, 251, 705.	(d) 2009 10,511,455.	(e) 2010	(f) Total
	Amounts from line 4	9,528,736.	10,333,041.	13,231,703.	10,511,455.	12,548,653.	62,373,590.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	4,214,496.	6,535,013.	-1,482,929.	3,381,248.	19,577,567.	32,225,395.
	and income from similar sources	4,214,430.	0,333,013.	-1,402,525.	3,301,240.	13,377,307.	32,223,333.
9	Net income from unrelated business activities, whether or not the		İ				
10	business is regularly carned on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)		i				
11	Total support. Add lines 7 through 10	· `. \$ `.	,		_		94,598,985.
	Gross receipts from related activities,	etc. (see instruction		<u></u>		12	
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ıx vear as a sectio		
	organization, check this box and stop	-		- ,			▶
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	64.53 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	80.56 %
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2009.If the o	rganization did not	t check a box on li	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	dorganization		
b	10% -facts-and-circumstances tes	=					
	more, and if the organization meets the						
	organization meets the "facts-and-circ		-	· ·	• • • •		▶∟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	-		
					Sche	edule A (Form 990	or 990-EZ) 2010

Schedule A (Form 990 or 990 EZ) 2010 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	d to qualify under Part II. If the organization fails to
14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Ser	qualify under the tests listed better A. Public Support	elow, please com	piete Part II)		· · · - · - · - · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(5) 2001	10,2000	(4) 2000	19/2010	(1) . Ottai
'	membership fees received. (Do not		ŀ				
	include any "unusual grants.")						
_	, ,			 	 		
2	Gross receipts from admissions, merchandise sold or services per-		ŀ				
	formed, or facilities furnished in						
	any activity that is related to the					1	
_	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1				
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf			ļ			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u> </u>				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>				
b	Amounts included on lines 2 and 3 received				1		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		78		34.35.62.27.3	4 h. Y.R. & N	
	ction B. Total Support	<u></u>					
Cale	ndar 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				<u> </u>		
	secunties loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income				1		
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	 -	 	 			
	Net income from unrelated business		·	+		 	
•••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			+		-	
12	or loss from the sale of capital						
	assets (Explain in Part IV.)		<u> </u>	+	-	 	
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		1	<u> </u>		
14	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	io Support Be	roontago				<u> </u>
	ction C. Computation of Publ					Tag I	
_	Public support percentage for 2010 (•	, column (t))		15	%
16				_		16	%
	ction D. Computation of Inve		· · · · · · · · · · · · · · · · · · ·			, ,	
17	Investment income percentage for 20	•	•	line 13, column (f))	•	17	%
18	Investment income percentage from	2009 Schedule A,	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did	not check the box	k on line 14, and lir	ne 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	e organization qua	alifies as a publicly	supported organi	zation	▶□
	33 1/3% support tests - 2009. If the	organization did	not check a box o	on line 14 or line 19	9a, and line 16 is n	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	ganization qualifies	s as a publicly sup	ported organization	ightharpoons
20			•	•		· -	▶□
	23 12-21-10					hedule A (Form 99	0 or 900-E7) 201

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nan	ne of organization			I	loyer identification number
	VIRGINI	A MUSEUM OF FINE	ARTS FOUND	ATION	51-0205333
Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	organization.
2	Provide a description of the organic	zation's direct and indirect politic	cal campaign activities		3
3	Volunteer hours				
	1151 6 11 11		1: 504/ 1		
		ganization is exempt und			
	Enter the amount of any excise tax	· ·		-	
	Enter the amount of any excise tax			5	3
	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?			-	└─ Yes └─ No
_	o If "Yes," describe in Part IV ort I-C Complete if the ore	ganization is exempt und	er section 501/c	excent section 501	(c)(3)
Щ.				· · · · · · · · · · · · · · · · · · ·	
1	• •	, ,	•		
2	Enter the amount of the filing organ	nization's lunds contributed to o	ther organizations for s	bection 527	•
•	exempt function activities Total exempt function expenditure	a Add Inaa 1 and 2 Enter here	and on Form 1120 POI	1	·
3	line 17b	s. Add inles 1 and 2. Enter here a	and on Form 1120FOL		S
4	Did the filing organization file Form	1120-POL for this year?			Yes No
	Enter the names, addresses and e made payments. For each organiza	mployer identification number (E ation listed, enter the amount pa	id from the filing organi	ızatıon's funds. Also enter t	ch the filing organization he amount of political
	contributions received that were partition (PAC) if	• •		•	ate segregated fund or a
	political action committee (PAC). If	7 			T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			_		

032041 02-02-11

LHA

Schedule C (Form 990 or 990-EZ) 2010

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

Schedule C (Form 990 or 990-EZ) 2010 Part II-A Complete if the organization	VIRGINIA Manization is exe	IUSEUM OF FI	NE ARTS FOU n 501(c)(3) and fi	NDATION51-(led Form 5768)205333 Page 2
(election under sect		•			
, \Box	ion belongs to an aff	= :	www.aaa.aaah.		
Limit	s on Lobbying Expe	nd "limited control" pro inditures unts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	•				
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures	s (add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Ente	r the amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.	*	, ,
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.	1 3	
Over \$17,000,000	\$1,000,	000.		¥	,
				,	^ <u>\$</u>
g Grassroots nontaxable amount (ent	ter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero	or less, enter -0-				
i Subtract line 1f from line 1c. If zero	or less, enter -0-				
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiz	ation file Form 4720	•	
reporting section 4911 tax for this y					Yes No
•	ations that made a s	eraging Period Under section 501(h) election ne instructions for line	n do not have to com	•	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	,				
b Lobbying ceiling amount (150% of line 2a, column(e))	*			* * *	
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	,	, ~ ^ * ₄ ;	- ,0	, , , , , ,	
(150% OF line 2d, COlumn (e))			<u> </u>	· ~ · v	<u> </u>
f Grassroots lobbying expenditures		<u> </u>			1

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION51-0205333 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

for any additional information. PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES: THE FOUNDATION PAID WILLIAMS MULLEN \$1,606 TO ASSIST IN REPRESENTING THE MUSEUM'S INTERESTS ON BUDGETARY ISSUES BEFORE THE STATE LEGISLATURE		(a)	(b	<u> </u>
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV 1 Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures from the prior year? 2 Did the organization agree to carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nonded		Yes	No	Amo	unt
or referendum, through the use of: a Volunteers? b Pad staff or management (include compensation in expenses reported on lines 1c through 18)? K S A Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? f Grants to other organizations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Other activities? i Other activities? If Yes, 'sdecime in Part V is a conventions, speeches, lectures, or any similar means? i Yes, 'sdeciment of any tax incurred under section 501(c)(3)? X	During the year, did the filing organization attempt to influence foreign, national, state or			1	
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b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A] Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 4 Diess, assessments and similar amounts from members 5 Section 162(e) indeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 4 Current year 5 Caurrent year 5 Caurrent year 6 Carryover from last year 7 Total 7 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 9 Aggregate amount or line 2 cexceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions) 9 Text IV Supplemental Information 1 Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part or any additional information. 2 Part IV Supplemental Information 2 Part II - B, LINE 1(I), OTHER LOBBYING ACTIVITIES: 2 THE FOUNDATION PAID WILLIAMS MULLEN \$1,606 TO ASSIST IN REPRESENTING	j Total. Add lines 1c through 1i	·		1	.,606
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Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Solic)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the pnor year? Solic)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Did Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV: Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part or any additional information. PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES: THE FOUNDATION PAID WILLIAMS MULLEN \$1,606 TO ASSIST IN REPRESENTING THE MUSEUM'S INTERESTS ON BUDGETARY ISSUES BEFORE THE STATE LEGISLATURE	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 4 Did the organization agree to carryover lobbying and political expenditures from the prior year? 5 Did the organization agree to carryover from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Carryover from last year 2 Did the organization agree to carryover to the reasonable estimate of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part or any additional information. PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES: THE FOUNDATION PAID WILLIAMS MULLEN \$1,606 TO ASSIST IN REPRESENTING THE MUSEUM'S INTERESTS ON BUDGETARY ISSUES BEFORE THE STATE LEGISLATURE		ion 501(c)	(5), or se	ection	
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RELATED TO ITS ANNUAL OPERATING APPROPRIATION.	expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV: Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a for any additional information. PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	ccess political and Part II-B,	2b 2c 3 4 5		this par
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SCHEDULE D

Supplemental Financial Statements

(Form 990) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Publics Inspections 5

Name of the organization

Employer identification number

	VIRGINIA MUSEUM OF				51-0205333
Pai			or Other Similar i	runas or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iir			··· r··	
		(a) L	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			or advised fur	
	are the organization's property, subject to the organization's		-		L Yes L No
6	Did the organization inform all grantees, donors, and donor				•
	for chantable purposes and not for the benefit of the donor	or donor adv	isor, or for any other p	urpose confe	
	impermissible private benefit?				Yes No
	t II# Conservation Easements. Complete if the or			1990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or	education)	Preservation o	f an histonca	ly important land area
	Protection of natural habitat		Preservation o	f a certified h	stonc structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	lified conserv	ation contribution in th	e form of a co	onservation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
C	Number of conservation easements on a certified historic st		• •		2c
d	Number of conservation easements included in (c) acquired	after 8/17/0	6, and not on a historic	structure	
	listed in the National Register				
3	Number of conservation easements modified, transferred, re	eleased, extir	nguished, or terminated	d by the organ	nization during the tax
	year >		_		
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe		oring, inspection, hand	ling of	
	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		~	-	· · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and	_			
8	Does each conservation easement reported on line 2(d) about	ive satisfy the	e requirements of secti	on 170(h)(4)(i	
_	and section 170(h)(4)(B)(ii)?				└ Yes └ No
9	In Part XIV, describe how the organization reports conserva			•	
	include, if applicable, the text of the footnote to the organiza	ation s financ	iai statements that des	scribes the or	ganization's accounting for
Pai	conservation easements. t III* Organizations Maintaining Collections of	of Art His	torical Treasures	or Other	Similar Assets
	Complete if the organization answered "Yes" to Form			, or outer	Olimai Addots.
12	If the organization elected, as permitted under SFAS 116 (A			etatement a	nd balance sheet works of art
Ia	historical treasures, or other similar assets held for public ex	• •	•		•
	the text of the footnote to its financial statements that desc	•	-	ui li lei ai loe oi	public service, provide, in Fait XIV,
h	If the organization elected, as permitted under SFAS 116 (A			toment and h	nalance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	•	•		
	relating to these items:	oddation, or	research in faitheranc	e or public se	rvice, provide the following amounts
	(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 tri	agelirae or o	ther similar assets for f	inancial dam	
~	the following amounts required to be reported under SFAS			-	Piotide
а	Revenues included in Form 990, Part VIII, line 1	0 (/100 30	o, relating to these item		> \$
a b	Assets included in Form 990, Part X				- •
J	, woods moladed lift offit ood, falt A				• • <u> </u>

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

Schedule D (Form 990) 2010

Sçhe	dule D (Form 990) 2010 VIRGINI	A MUSEUM O	F FINE ART	S FOUNDATI	ON 51-0	0205333 Page 2
	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth		
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are a	significant use of	its collection items
	(check all that apply):		_			
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt purpose in l	Part XIV.
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be m					Yes No
Par	t IV- Escrow and Custodial Arran		ete if the organizatio	on answered "Yes" t	o Form 990, Part	V, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other assets no	ot included	
	on Form 990, Part X?					└─ Yes └─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			
						Amount
С	Beginning balance				1c	
d	Additions during the year				1d	<u> </u>
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on F		21?			└── Yes
	If "Yes," explain the arrangement in Part XIV					
Par	t V Endowment Funds. Complete	f the organization an			1	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	<u> </u>
	Beginning of year balance	135,610,533.	124,428,369.	164,638,416.		<u> </u>
	Contributions	1,233,709.	2,470,325.		. , , , , , , , , , , , , , , , , , , ,	** ***
	Net investment earnings, gains, and losses	31,951,241.	15,831,515.	-31,622,895.		· · · · · · ·
	Grants or scholarships				<u> </u>	
е	Other expenditures for facilities		- 440 4-4			
	and programs	9,762,777.	7,119,676.	10,244,390.		
f	Administrative expenses	150 030 506	125 (10 522	104 400 360		
g	End of year balance	159,032,706.	135,610,533.	124,428,369.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Provide the estimated percentage of the year					
	Board designated or quasi-endowment	3.40	_%			
	Permanent endowment ► 96.60	%				
		%				
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	<u> </u>
	by:					Yes No
	(i) unrelated organizations					3a(i) X 3a(ii) X
	(ii) related organizations	- 14	- Cabadala DO			
	If "Yes" to 3a(ii), are the related organization:					3b
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm					
rai				ar other (a)	A	(d) Dealership
	Description of investment	(a) Cost or o	1 ' '		Accumulated epreciation	(d) Book value
40	Land	2436 (1146311	54515	(52.101)		
	Land Buildings	<u> </u>	1 94	2,097. 1,	271,505.	670,592.
	Leasehold improvements		+,,,,,	-, -, -,		0,0,3521
	Equipment		- -			
	Other				··-··-	
	. Add lines 1a through 1e. (Column (d) must e	egual Form 990. Part	X. column (B), line 1	10(c).)	•	670,592.
	17/		1=/,	1 / 7		-,

Schedule D (Form 990) 2010

1. (6)(7) (8)(9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 5,830,920.

2. FIN 4 032053 12-20-10

	dule D (Form 990) 2010 VIRGINIA MUSEUM OF FINE AR' t XI Reconciliation of Change in Net Assets from Form 990 to				0205333	Page 4
		Addited Fillan		CITICII		220
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		32,126,	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		29,580	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		2,546,	
4	Net unrealized gains (losses) on investments		4		13,627	954.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)	•	8		2,627,	
9	Total adjustments (net). Add lines 4 through 8		9		16,255	051.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9	10		18,801,	262.
Par	t XIII Reconciliation of Revenue per Audited Financial Stateme	ents With Rever	nue per l	Return	1	
1	Total revenue, gains, and other support per audited financial statements			T 1	46,911,	174.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			- 12		
_ а	Net unrealized gains on investments	2a 13,62	7,954	. Î`~		
b	Donated services and use of facilities	2b	.,	٦ <i>٠٠:</i> ا		
_	Recoveries of prior year grants	2c		- (‱]		
C	, , ,		1,863	- (* , * , * , *)		
d	Other (Describe in Part XIV.)	[20] 2,05	1,005	- Service.	15,719,	Q17
_	Add lines 2a through 2d			2e	31,191	357
3	Subtract line 2e from line 1			3	31,131,	337.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 03	1 062	-l - l		
b	Other (Describe in Part XIV)	4b 93	4,863		024	0.63
С	Add lines 4a and 4b			4c		863.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			<u> </u>	32,126,	220.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Expe	nses pe	T - 1		400
1	Total expenses and losses per audited financial statements			1	28,702,	483.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		- ^ "		
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2 d 5	7,337	• <u>` </u>		
е	Add lines 2a through 2d			2e		337.
3	Subtract line 2e from line 1			3	28,645,	146.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			~ ~		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		ا يُجْ ا		
b	Other (Describe in Part XIV.)	4b 93	4,863			
С	Add lines 4a and 4b	-		4c	934,	863.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	29,580	009.
	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II, lines 1a and 4; Pa	rt IV, lines	1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					
	T V, LINE 4: THE FOUNDATION'S ENDOWMENT C					
						
INI	DIVIDUAL FUNDS THAT WERE ESTABLISHED FOR A	VARIETY O	F PURI	POSE	S. THE	
FOU	INDATION SPENDS IN ACCORDANCE WITH A BOARD	ADOPTED P	OLICY	BAS	ED UPON	
			<u></u>			
ACC	UMULATED EARNINGS AS DIRECTED BY DONORS A	ND ACTIONS	OF TI	HE B	OARD OF	
					01212 01	
DIE	ECTORS. THE PRIMARY OBJECTIVE OF THE END	OWMENT FUN	DS IS	LON	G-TERM	
						
CAI	PITAL APPRECIATION AND TOTAL RETURN.					
		·				

032054 12-20-10

PART X, LINE 2: THE FINE ARTS FOUNDATION HAS RECEIVED A FAVORABLE

Schedule D (Form 990) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 Page 5 Part XIV Supplemental Information (continued)
DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IRS) DATED
FEBRUARY 18, 1977, STATING THAT THEY ARE EXEMPT FROM INCOME TAXES AS AN
ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A
PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION
HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX
BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2011. FISCAL YEARS ENDING ON OR
AFTER JUNE 30, 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX
AUTHORITIES.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
CHANGE IN FAIR MARKET VALUE OF TRUSTS AND ANNUITIES 2,231,092.
CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP -139,229.
ADJUSTMENT TO DUE TO/FROM ACCOUNT WITH VMREF 535,234.
TOTAL TO SCHEDULE D, PART XI, LINE 8 2,627,097.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN FMV OF TRUSTS AND ANNUITIES AND INTEREST RATE
SWAP (NET) 2,091,863.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT MANAGEMENT FEES NETTED AGAINST INCOME ON
FINANCIAL STATEMENTS 934,863.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
EXPENSES REPORTED ON VIRGINIA MUSEUM REAL ESTATE FOUNDATION
990EZ 57,337.

Schedule D (Form 99) Part XIV Supple	0) 2010 V emental Informa	IRGIN.	LA MUSE	UM OF FIR	NE ARTS	FOUNDATION	51-0205333	Page 5
				MENTO.				
PART XIII,								
INVESTMENT	MANAGEMENT	FEES	NETTED	AGAINST	INCOME	ON		
FINANCIAL S	STATEMENTS			····			934	,863.
						-		
		-						
								
								
					· · · -			
								
					·		· · · · · · · · · · · · · · · · · · ·	
			· <u>-</u>					
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							· · · · · · · · · · · · · · · · · · ·	
						·		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Inspection ***

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ Yes X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody to (or retained by) fundraiser or entity (fundraiser) from activity or control of contributions organization listed in col. (i) LUKENS COMPANY - 2800 No Yes SHIRLINGTON ROAD, 9TH-FLOOR MAIL SOLICITATIONS - VMFA Х 0 -113,491. 113,491 113,491 Total -113,491. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. VA

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

	edu art	le G (Form 990 or 990 EZ) 2010 VIRGIN Fundraising Events. Complete if the of fundraising event contributions and gr	e organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported	more than \$15,000
		or fundading event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue						_
æ	1	Gross receipts				
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash pnzes				
888	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				<u>(</u>
Ds	11 art	Net income summary. Combine line 3, column Gaming. Complete if the organization		000 Part IV line 10 or r	aparted more than	
<u></u>	41 6	\$15,000 on Form 990-EZ, line 6a.	answered les to lonn	1990, Fait IV, line 19, OF	eported more triair	
_	Γ		/ 15	(b) Pull tabs/instant	4.3.00	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ě						
_	1	Gross revenue				
ses	2	Cash pnzes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└─ No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	()
	8	Net gaming income summary. Combine line	1, column d, and line 7		•	
			•			
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming ac				Yes Mo
•	, ,,	No," explain:				
		ere any of the organization's gaming licenses re	•		/ear?	Yes No
	_					
	_					
0320	82 O	1-13-11		· · · · · · · · · · · · · · · · · · ·	Schedule G (For	m 990 or 990-FZ) 2010

Schedule G (Form 990 or 990 EZ) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51	-0205333 _{Раде} з
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in: a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name ▶	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└── Yes └── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(III) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informat	ion (see instructions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	ERS:
	.
(I) NAME OF FUNDRAISER: LUKENS COMPANY	
(I) ADDRESS OF FUNDRAISER:	
2800 SHIRLINGTON ROAD, 9TH FLOOR, ARLINGTON, VA 22206	
SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE LUKENS COMPANY WAS	3 ENGAGED
TO PERFORM FUNDRAISING SERVICES FOR THE VIRGINIA MUSEUM OF FINI	
FOUNDATION AND THE VIRGINIA MUSEUM OF FINE ARTS. ALL FEES WERI	
032083 01-13-11 Schedule G (Fo	rm 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 Page 4 Part IV: Supplemental Information (continued)
THE VIRGINIA MUSEUM OF FINE ARTS FOUNDATION AND ARE DISCLOSED BY ENTITY
ON SCHEDULE G, PART I, COLUMN (V). GROSS RECEIPTS RECIEVED BY THE
VIRGINIA MUSEUM OF FINE ARTS TOTALED \$241,110 AND ARE NOT REFLECTED ON
SCHEDULE G, PART I, COLUMN (IV) AS THE RECEIPTS DID NOT PASS THROUGH THE
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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	0
ı	1
ı	
ı	
ı	67

Open to Public

OMB No 1545-0047

Employer identification number 51-0205333			X Yes		11, for any	(h) Purpose of grant or assistance	TO ASSIST IN IMPLEMENTING AND FUNDING PROGRAMS, PROJECTS, AND OPERATIONS OF THE VIRIGNIA MUSEUM OF					Schedule I (Form 990) (2010)
Employ		ection			rt IV, line 2 peded		TO ASS AND FU PROJECT					Sch
		istance, and the sele			'es" to Form 990, Pa	(g) Description of non-cash assistance						
		for the grants or ass			nization answered "Y	IRC section (d) Amount of (e) Amount of valuation (book, applicable cash grant non-cash assistance assistance other)						
		grantees' eligibility		d States.	complete if the organian \$5,000. Part II	(e) Amount of non-cash assistance	0					ע
FOUNDATION		or assistance, the	:	funds in the United	e United States. C	(d) Amount of cash grant	26,344,865,					Form 990.
FINE ARTS		amount of the grants		oring the use of grant	Organizations in the	(c) IRC section if applicable					ganizations	ons for Form 990.
MUSEUM OF	nd Assistance	o substantiate the	stance?	cedures for monit	Governments and	(b) EIN	54-6001804				nd government org	See the Instruction
Name of the organization VIRGINIA	gart 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		2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Part 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 received more than \$5 000. Check this box if no one received more than \$5 000. Part it can be distincted if additional space is needed	1 (a) Name and address of organization or government	VIRGINIA MUSEUM OF FINE ARTS 200 NORTH BOULEVARD RICHMOND, VA 23220	1			2 Enter total number of section 501(c)(3) and government organizations.	4

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION Schedule I (Form 990) (2010)

Page 2

51-0205333

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Part III

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	E PURPOSE OF	PROJECTS AND OPERATIONS OF THE VIRGINIA	BOARD OF		
(d) Amount of non- cash assistance			line 2, and any other	FORMED FOR THE	ATIONS OF	ЕО ВУ ТНЕ		
(c) Amount of cash grant			n required in Part I,		S AND OPER	AND APPROV	ARTS.	
(b) Number of recipients			de the informatio	ORGANIZATION WAS	- 1	HORIZED	FINE	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE OR	IMPLEMENTING AND FUNDING PROGRAMS,	MUSEUM OF FINE ARTS, WHICH ARE AUTHORIZED AND APPROVED BY THE BOARD OF	TRUSTESS OF THE VIRGINIA MUSEUM OF	

COLUMN (H): LINE 1, PART II, NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA MUSEUM OF FINE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN IMPLEMENTING AND

FUNDING PROGRAMS, PROJECTS, AND OPERATIONS OF THE VIRIGNIA MUSEUM OF FINE

032102 01-13-11

Schedule	(Form 9	90) 2010	0	VIR	GINIA	MUS	EUM OF	FIN	E ARTS	FOU	I TADI	CON51-02053	33 Page 2
Part IV	Sup	olemei	ntai into	rmation		-							
ARTS.	FOR	THE	YEAR	ENDED	JUNE	30,	2011,	ASS	ISTANC	E WAS	USI	ED FOR	
CURAT	ORIA	<u>, Μ</u>	JSEUM	EXPAN	SION,	EDU	CATION	AND	OUTRE	ACH,	AND	MANAGEMENT	AND
GENER	AL E	KPENS	SES.									<u> </u>	
													_
											•		
	-												
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	<u> </u>												
						-			·	. –			
								-	-				
	_							-					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Employer identification number

51-0205333

-			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			3
	Travel for companions Payments for business use of personal residence			, ,
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		-	
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		٠,	7 , 3
			1	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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.	-	, · .	
	Compensation committee			್ಳ.
	Independent compensation consultant		ĺ,	20
	Form 990 of other organizations LX Approval by the board or compensation committee	е		
		- 1		7,55
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			, 24
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_	X	<u> </u>
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	* 4	Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		. á	
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	3 1	:	~ 456*
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:	<u>-</u>		X
	The organization?	5a	 	X
b	Any related organization?	_5b	<u> </u>	Α,
	If "Yes" to line 5a or 5b, describe in Part III.		<u> </u>	, ,
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation]
_	contingent on the net earnings of: The organization?	6a	 	X
	•	6b		X
D	Any related organization?	OD .		
7	If "Yes" to line 6a or 6b, describe in Part III.			
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	'-	 	 **
J	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-	\vdash	 ** -
J	Regulations section 53 4958-6(c)?	9		
LHA		nedule J (Forπ	990)	2010
	· · · · · · · · · · · · · · · · · · ·			,

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.

	reported in prior Form 990 or Form 990-EZ	3. 74,115.	0.																															Schedule J (Form 990) 2010
(E)	(B)(i)-(D)	175,333																								•								Sche
(D)	Nontaxable benefits	27,104.	0																															
(0)	netirement and other deferred compensation	0	0																															
SC compensation	(iii) Other reportable compensation	0	0																															
(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0	0																															
(B) Breakdown of	(i) Base compensation	148,229.	0																															
		Ξ	3	9	3	ε	•	()	(ii)	ε	€	ε		(i)	(E)	(1)	(ii)	ω	(ii)	(0)	(ii)	(i)	(ii)	3	(ii)	(3)	(ii)	(3)	(ii)	(0)	(ii)	€	(ii)	
	(A) Name		1 DAVID B. BRADLEY		2		9		4		S		9		7		8		6		10		11		12		13		14		15		16	

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.

PART I, LINE 1A: ALEXANDER L. NYERGES, CHIEF OPERATING OFFICER (COO) IS
CONTRACTUALLY REQUIRED TO LIVE IN A RESIDENCE OWNED AND HELD IN TRUST BY
THE FOUNDATION. HE IS REQUIRED TO USE THIS RESIDENCE IN PERFORMING A
PORTION OF HIS DUTIES AS DIRECTOR OF THE MUSEUM. THE FOUNDATION IS
RESPONSIBLE FOR SUBSTANTIALLY ALL EXPENSES RELATED TO THE RESIDENCE WITH
THE EXCEPTION OF CLEANING AND FURNISHING PRIVATE AREAS AND PERSONAL
UTILITIES SUCH AS TELEPHONE AND CABLE. THIS HOUSING BENEFIT IS ESTIMATED TO
BE \$2,900 PER MONTH. SINCE THE COO IS TECHNICALLY AN EMPLOYEE OF THE MUSEUM
AND NOT THE FOUNDATION, THE HOUSING BENEFIT WAS REPORTED AS TAXABLE
COMPENSTAION ON THE COO'S W-2 RECEIVED BY THE MUSEUM. HOWEVER, SINCE THE
HOUSING BENEFIT WAS PROVIDED BY THE FOUNDATION, THIS AMOUNT HAS BEEN
INCLUDED IN THE FOUNDATION'S 990, PART VII, SECTION A, COLUMN F.

PART I, LINE 4B: DURING THE CURRENT YEAR THE FOUNDATION MADE TOTAL

PAYMENTS OF \$12,611 TO A NON-QUALIFIED RETIREMENT PLAN FOR THE BENEFIT OF

ALEXANDER L. NYERGES, THE FOUNDATION'S CHIEF OPERATING OFFICER. SINCE THE

COO WAS NOT VESTED IN THESE CONTRIBUTIONS, THE RELATED AMOUNTS HAVE NOT

BEEN REPORTED ON FORM 990, PART VII, SECTION A OR SCHEDULE J.

Schedule J (Form 990) 2010

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.

2010 Open to Public Inspection

OMB No 1545-0047

▶ See separate instructions.

Ŷ (i) Pooled financing × × Employer identification number 51-0205333 Yes ŝ ŝ (g) Defeased (h) On behalf å × × of issuer Yes Yes Yes ŝ × × Yes ŝ Ŷ 30,000,000.MUSEUM RENOVATION MUSEUM RENOVATION (f) Description of purpose ပ Yes Yes FINANCING OF INANCING OF 20,000,000 344,139 19,655,861 ₂× × × ŝ 2010 œ œ .000 Yes Yes × (e) Issue puce SEE PART V FOR COLUMN (F) CONTINUATIONS 20,000 30,000,000. 29,690,756. 309,244. × ŝ ŝ 2010 (d) Date issued MUSEUM OF FINE ARTS FOUNDATION 08/25/05 08/28/08 Yes Yes × ⋈ 54-1300845928104JL3 54-1300845928104KM9 02-02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, ▶ Attach to Form 990 (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds VIRGINIA SMALL BUSINESS VIRGINIA SMALL BUSINESS VIRGINIA A FINANCING AUTHORITY B FINANCING AUTHORITY Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III | Private Business Use Other unspent proceeds bond-financed property? Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Part | Bond Issues Part II Proceeds 6 4 œ 5 9 9 얻 5 Ç

Schedule K (Form 990) 2010

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VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

51-0205333

Page 2

ŝ

Yes

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

% % ŝ Yes % % ₽× × Yes × % % ŝ × × Yes × entities other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a Are there any research agreements that may result in private business use of result of unrelated trade or business activity carried on by your organization, Enter the percentage of financed property used in a private business use by 3a Are there any management or service contracts that may result in private Does the organization routinely engage bond counsel or other outside another section 501(c)(3) organization, or a state or local government counsel to review any management or service contracts or research agreements relating to the financed property? business use of bond-financed property? O 4 S

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Has the organization adopted management practices and procedures to

Total of lines 4 and 5

9

ensure the post-issuance compliance of its tax-exempt bond liabilities?

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Yes

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Yes

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1.1650000

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윈× Yes ş Υes Part IV Arbitrage

Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Is the bond issue a variable rate issue? N

3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?

b Name of provider

d Was the hedge superintergrated? Term of hedge

4a Were gross proceeds invested in a GIC? Was the hedge terminated?

b Name of provider c Term of GIC

d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

Were any gross proceeds invested beyond an available temporary period? Did the bond issue qualify for an exception to rebate? 9

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. SCHEDULE K, PART I, BOND ISSUES

ISSUER NAME: VIRGINIA SMALL BUSINESS FINANCING AUTHORITY DESCRIPTION OF PURPOSE: FINANCING OF MUSEUM RENOVATIONS (F) Θ

ISSUER NAME: VIRGINIA SMALL BUSINESS FINANCING AUTHORITY P

Schedule K (Form 990) 2010

Sched	ule K (Form 990) 2010		VIRGINI	A MUSEUM O	F F	INE ARTS	S FOUNDATION 51-	0205333
Part V	Supplemental Informa	ation.	Complete this pa	rt to provide addition	onal ir	nformation for	responses to questions on S	chedule K.
(F)	DESCRIPTION	OF	PURPOSE:	FINANCING	OF	MUSEUM	RENOVATIONS	
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Employer identification number

Schedule M (Form 990) (2010)

		EUM OF	FINE ART	S FOUNDATION	51-0	205	333	
Pai	rt 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 d noncash contпb	etermır		ts
1	Art - Works of art	Х	1	159,695.	FAIR MARKET	VA	LUE	
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	57	1,052,511.	FAIR MARKET	' VA	LUE	l I
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				ļ			
16	Real estate - Commercial							
17	Real estate - Other		<u> </u>					
18	Collectibles			· · · · · · · · · · · · · · · · · · ·				
19	Food inventory		 		ļ		-	
20	Drugs and medical supplies							
21	Taxidermy							
22 23	Historical artifacts		<u> </u>					
23 24	Scientific specimens Archeological artifacts							
25			·					
26	Other () Other ()	 	-					
27	Other ()	<u> </u>						
28	Other (· · · · · · · · · · · · · · · · · · ·		 		-	
29	Number of Forms 8283 received by the organ	zation durin	g the tax year for c	ontributions	<u> </u>			
	for which the organization completed Form 82		•					
	·		·				Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exe	mpt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrit	outions?	31		X
32a	Does the organization hire or use third parties	or related or	rganızatıons to solı	cit, process, or sell noncast	ו			
	contributions?					32a	X	
b	If "Yes," describe in Part II.						- -	-3
33	If the organization did not report an amount in	column (c) f	for a type of prope	ty for which column (a) is c	hecked,			
	describe in Part II.					1	I .	1 :

032141 12-23-10

LHA

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

Schedule M	(Form	1990	(2010)	VIRG.	LNIA	MU	SEUM OF F	INE A	RTS FO	UNDATION		51-02	05333	Page 2
Part II	Also	comp	nentai i olete this p	i ntorm part for a	aτιοn. iny addri	Con tiona	nplete this part to p Il information.	rovide the	information	required by Part	I, lines	s 30b, 32b	, and 33.	
SCHEDU	LE	М,	LINE	32B	TH	E E	OUNDATION	USES	STOCK	BROKERS	TO	SELL	GIFTS	
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OF PUB	птс	LI	TRAD	בט אי	rock.	•								
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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MUSEUM OF FINE ARTS (MUSEUM), AN AGENCY OF THE COMMONWEALTH OF VIRGINIA. TO ACCOMPLISH ITS MISSION THE FOUNDATION ADMINISTERS A COMPREHENSIVE FUND RAISING PROGRAM, INVESTS PRIVATE ASSETS SUCH AS ENDOWMENTS, AND OWNS AND MAINTAINS PIECES OF REAL ESTATE USED BY THE MUSEUM FOR PROGRAM AND ADMINISTRATIVE FUNCTIONS. OF PARTICULAR NOTE ARE THE CAPITAL CAMPAIGN AND RETENTION OF CERTAIN VENDORS ON BEHALF OF THE CURRENT FACILITIES EXPANSION PROJECT. ALL SUCH ACTIVITIES ARE UNDERTAKEN AT THE REQUEST OF THE MUSEUM'S BOARD OF TRUSTEES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ENHANCES THE ABILITY OF THE VIRGINIA MUSEUM OF FINE ARTS TO COLLECT, EXHIBIT, AND INTERPRET ART, AND ENCOURAGE THE STUDY OF THE ARTS, AND THUS ENRICH THE LIVES OF THE CITIZENS OF THE COMMONWEALTH OF VIRGINIA. FORM 990, PART VI, SECTION A, LINE 4: DURING THE CURRENT YEAR, REVISIONS TO THE FOUNDATION'S BY-LAWS WERE PROPOSED BY THE GOVERNANCE AND AUDIT COMMITTEE AND ADOPTED BY THE FULL BOARD OF DIRECTORS ON OCTOBER 26, 2010. A SUMMARY OF THESE CHANGES IS AS FOLLOWS: -A CHIEF OPERATING OFFICER POSITION WAS CREATED -A CHIEF FINANCIAL OFFICER POSITION WAS CREATED AND COMBINED WITH THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

EXISTING TREASURER POSITION

-BOTH POSITIONS ARE ELECTED ANNUALLY AND ARE NOT REQUIRED TO BE DIRECTORS OF THE FOUNDATION

-THE TREASURER IS NO LONGER A MEMBER OF THE FOUNDATIONS EXECUTIVE COMMITTEE -CHAIRS OF THE NOMINATING COMMITTEE AS WELL AS GOVERNANCE AND AUDIT WERE ADDED TO THE FOUNDATION'S EXECUTIVE COMMITTEE

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE 990 RETURN WAS INITIALLY REVIEWED BY THE SECRETARY, THE MUSEUM CHIEF FINANCIAL OFFICER, CORPORATE COUNSEL AND THE MUSEUM DIRECTOR WITH THE ASSISTANCE OF THE INDEPENDENT EXTERNAL AUDITORS. IN ACCORDANCE WITH THE BY-LAWS IT WAS NEXT REVIEWED BY THE GOVERNANCE AND AUDIT COMMITTEE WITH THE ASSISTANCE OF MANAGEMENT. IT WAS ALSO MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO SUBMITTAL.

FORM 990, PART V, LINE 4A:

DURING CALENDAR YEAR 2010 THE ORGANIZATION HELD FOREIGN HEDGE FUND INVESTMENTS. UNDER GUIDANCE PROVIDED IN IRS NOTICE 2010-23 AND FINCEN 31 CFR PART 103, A FINANCIAL INTEREST IN, OR SIGNATURE AUTHORITY OVER, A FOREIGN HEDGE FUND OR PRIVATE EQUITY FUND DOES NOT REQUIRE THE ORGANIZATION TO FILE FORM TD F 90-22.1, REPORT OF FOREIGN BANK AND IRS NOTICE 2010-23 ALSO STATES THAT "PROVIDED THE FINANCIAL ACCOUNTS. TAXPAYER HAS NO OTHER REPORTABLE FOREIGN FINANCIAL ACCOUNTS FOR THE YEAR IN QUESTION, A TAXPAYER WHO QUALIFIES FOR THE FILING RELIEF PROVIDED IN THIS NOTICE SHOULD CHECK THE "NO" BOX IN RESPONSE TO FBAR-RELATED QUESTIONS FOUND ON FEDERAL TAX FORMS. THEREFORE, THE ORGANIZATION HAS CHECKED "NO" ON FORM 990, PART V, LINE 4A.

AGREEMENT WITH THE VIRGINIA MUSEUM OF FINE ARTS, AN UNRELATED ORGANIZATION UNDER IRS GUIDELINES. THE OPERATING AGREEMENT STATES THAT THE DIRECTOR OF THE MUSEUM SHALL ALSO SERVE AS THE COO OF THE FOUNDATION AND THE CFO OF THE MUSEUM SHALL ALSO SERVE AS THE CFO OF THE FOUNDATION. HOWEVER, NEITHER OF THESE INDIVIDUALS WILL BE CONSIDERED EMPLOYEES OF THE FOUNDATION. SINCE NO DETERMINATION HAS BEEN MADE REGARDING TIME OR SALARY ALLOCATION BETWEEN THE FOUNDATION AND MUSEUM FOR SERVICES RENDERED FOR THE YEAR ENDED JUNE 30, 2011, FORM 990, PART VII, LINE 5 HAS BEEN ANSWERED "NO" AND ACCORDINGLY NO REPORTED

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization VIRGINIA MUSEUM OF FINE ARTS FOUNDATION	Employer identification number 51-0205333
COMPENSATION HAS BEEN REPORTED FOR THE FOUNDATION COO OR	CFO ON FORM
990, PART VII, LINE 5 OR SCHEDULE J. HOWEVER, AS PART OF	A SUPPLEMENTAL
SUPPORT AGREEMENT BETWEEN THE FOUNDATION AND THE COO, THE	E FOUNDATION
MAKES PAYMENTS TO THE MUSEUM FOR SUPPLEMENTAL SALARY AMOU	JNTS WHICH ARE
PAID BY THE MUSEUM TO THE COO AS PART OF HIS SALARY. THES	SE AMOUNTS
TOTALED \$95,250 FOR THE YEAR. IN ADDITION, THE FOUNDATION	N ALSO PROVIDES
A HOUSING BENEFIT TO THE COO ESTIMATED TO BE VALUED AT \$2	2,900 PER
MONTH. BOTH THE SALARY SUPPLEMENT AND HOUSING BENEFIT PRO	OVIDED TO THE
COO BY THE FOUNDATION WERE INCLUDED AS TAXABLE COMPENSTAT	TION IN THE
COO'S W-2 FROM THE MUESUM.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	13,627,954.
CHANGE IN FAIR MARKET VALUE OF TRUSTS AND ANNUITIES	2,231,092.
CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP	-139,229.
ADJUSTMENT TO DUE TO/FROM ACCOUNT WITH VMREF	535,234.
TOTAL TO FORM 990, PART XI, LINE 5	16,255,051.
FORM 990, PART XI, LINE 2C:	
THERE ARE NO REPORTABLE CHANGES TO THE ORGANIZATION'S OVE	ERSIGHT PROCESS
FROM THE PRIOR TAX YEAR.	
SCHEDULE M, PART I, LINE 1:	
NONCASH CONTRIBUTIONS - WORKS OF ART	
VMFAF WILL SOMETIMES RECEIVE CONTRIBUTIONS OF WORKS OF AF	RT FROM DONORS.
THE VMFAF IMMEDIATELY CONTRIBUTES THESE WORKS OF ART TO T	
01-24-11 Scher	dule O (Form 990 or 990-EZ) (2010)

			0-EZ) (2010)										Page 2
Name of th	ne organiza	ation	VIRGINI	A MU	SEUM O	F F	INE .	ART	S FOUND	ATI	ON		Employer identification number 51-0205333
VMFAF	DOES	NOT	RETAIN	ANY	WORKS	OF	ART	AS	ASSETS	OF	THE	F	OUNDATION.
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

.37.

OMB No 1545-0047
2010
Open to Public

Employer identification number 51-0205333 Direct controlling entity End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) FINE ARTS FOUNDATION Primary activity VIRGINIA MUSEUM OF Name, address, and EIN of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

AMERICAN DISCUSSION OF THE CAN YOU!							
(a)	(q)	(5)	(p)	(e)	(£)	(6)	1
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section 512(b)(13)	(£ _
of related organization	-	foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	Š
VIRGINIA MUSEUM REAL ESTATE FOUNDATION -	REAL ESTATE MANAGEMENT				VIRGINIA MUSEUM		
54-1630084, 200 N. BOULEVARD, RICHMOND, VA	RELATED TO REAL PROPERTY				OF FINE ARTS		
23220-4007	HELD IN SUPPORT OF VMFA	VIRGINIA	501(C)(3)	LINE 11A, I FOUNDATION	FOUNDATION	×	
		••••				•	

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

51-0205333

Page 2

Schedule R (Form 990) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership duning the tax year.) Part III

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ Share of total income ate altocations? Disproportion-٥N Ξ Yes Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total income ₤ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>e</u> 51 Primary activity Direct controlling entity 9 (c)
Legal
domicitle
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization (a 032162 12-21-10 Part IV

Schedule R (Form 990) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listec	I in Parts II-IV?		. 1	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 9	1	×
b Gift, grant, or capital contribution to other organization(s)				1 b		×
c Gift, grant, or capital contribution from other organization(s)				2		×
d Loans or loan guarantees to or for other organization(s)				1d		×
e Loans or loan guarantees by other organization(s)				1		×
				<i>;</i> .		۲.
f Sale of assets to other organization(s)				#		×
g Purchase of assets from other organization(s)				1g		×
				ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)				;		×
						,
j Lease of facilities, equipment, or other assets from other organization(s)				1		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ıızatıon(s)			¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	ıızatıon(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				1m		×
n Sharing of paid employees				t.		×
					,	-
 Reimbursement paid to other organization for expenses 				10		×
p Reimbursement paid by other organization for expenses				1p		×
				,,,**	٠	
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				1-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
032163 12-21-10	52		Schedule R (Form 990) 2010	Rorm	990) 2(010

Page 4

Schedule R (Form 990) 2010 VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	3	(3)	5	(6)	9	(5)	4
	<u> </u>		2			A	
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Control of			Yes No			of Schedule K-1 (Form 1065)	
			_				
			_				
			-				
			-				

Schedule R (Form 990) 2010

		chedule R (see instructions)	
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Form **8868**

(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

If you Do not Electro require of time Persor visit with	u are filing for an Automatic 3-Month Extension, complet u are filing for an Additional (Not Automatic) 3-Month Extension of the complete Part II unless you have already been granted a conic filing (e-file). You can electronically file Form 8868 if you do file Form 990-T), or an additional (not automatic) 3-monto file any of the forms listed in Part I or Part II with the extensional Benefit Contracts, which must be sent to the IRS in page www.rs gov/efile and click on e-file for Charities & Nonprofits	tension, c an automa you need a nth extens ception of her format	complete only Part II (on page 2 of this tic 3-month extension on a previously fia 3-month automatic extension of time to slion of time. You can electronically file Form 8870, Information Return for Trar (see instructions). For more details on the	led Form 88	rm 8868. 6 months for a corp 868 to request an e Associated With Ce	xtension rtain				
Part										
•	oration required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and con	npiete	_					
	only er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ICs, and t	rusts must use Form 7004 to request ar	n exten	▶ nsion of time	· []				
Type o	Name of exempt organization			Emp	loyer identification	number				
print File by th	VIRGINIA MUSEUM OF FINE ART	rs fo	UNDATION	5	1-0205333					
due date filing you	for Number, street, and room or suite no. If a P.O. box, sor 200 N. BOULEVARD	ee instruc	tions.							
return S instruction		oreign add	ress, see instructions.							
Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return										
Applic	ation	Return	Application			Return				
is For		Code	Is For			Code				
Form 9	90	01	Form 990-T (corporation)			07				
Form 9	90-BL	02	Form 1041-A			08				
Form 9	990-EZ	03	Form 4720			09				
Form 9	990-PF	04	Form 5227			10				
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 9	990-T (trust other than above)	06	Form 8870		· · · · · · · · · · · · · · · · · · ·	12				
	THE FOUNDATION									
• The	books are in the care of > 200 N. BOULEVAL	RD - 1	RICHMOND, VA 23220-4	007						
Tele	ephone No. ► 804-340-1515		FAX No. ▶							
	e organization does not have an office or place of business	в in the Ur	nited States, check this box		>	. 🔲				
	is is for a Group Return, enter the organization's four digit			is is fo	r the whole group, o	check this				
box 🕨										
1	request an automatic 3-month (6 months for a corporation $FEBRUARY\ 15\ ,\ 2012\ ,\ \text{to file the exemp}$				The extension					
1	s for the organization's return for:									
]	▶									
1	► X tax year beginning JUL 1, 2010	, an	d ending <u>JUN</u> 30, 2011							
2	f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return Fina	al retur	n					
3a	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<u> </u>					
	nonrefundable credits. See instructions.			3a	\$	0.				
	f this application is for Form 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any pnor year overp	•		3ь	s	0.				
•	Balance due. Subtract line 3b from line 3a. Include your pa			1 30	<u> </u>					
	by using EFTPS (Electronic Federal Tax Payment System).	•	• • •	3c	\$	0.				
	on. If you are going to make an electronic fund withdrawal				•					
LHA	For Paperwork Reduction Act Notice, see Instructions				Form 8868 (R					

Form 8868 (Rev. 1-2011	1010 209	Oce	<i>900 5</i> 367 026 2	-		Page 2
	Additional (Not Automatic) 3-Month Ex				•	X
•	urt il if you have already been granted an a	-	-	-	3868.	
	Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).			
Part II Additio	onal (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	opies n	eeded).	
Type or Name of exc	empt organization			Empl	oyer identification	number
print VIRGINI	A MUSEUM OF FINE ART	g FOU	NDATION	5	1-0205333	
due date for 200 N.	eet, and room or suite no. If a P.O. box, s BOULEVARD	ee instruc	tions.			
return. See City, town of instructions. RICHMON	r post office, state, and ZIP code. For a find D , VA 23220-4007	oreign add	fress, see instructions.			
						
Enter the Return code for	or the return that this application is for (file	e a separa	te application for each return)	• ••		[0]1]
Application		Return	Application		-	Return
ls For		Code	is For		*	Code
Form 990		01	"国家是是证据,你是不是是是是是) Li	2000年1000	The Sa
Form 990-BL	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A			08
Form 990-EZ		03	Form 4720			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a)		05	Form 6069			11
Form 990-T (trust other	than above) e Part II if you were not aiready granted	08	Form 8870			12
If the organization do If this is for a Group i box . If it is for I request an addit For calendar year If the tax year ent Change in a State in detail why	pes not have an office or place of busines Return, enter the organization's four digit part of the group, check this box ional 3-month extension of time until , or other tax year beginning ered in line 5 is for less than 12 months, or accounting period y you need the extension I TIME IS NECESSARY RETURN.	Group Exc and atta MAY JUL 1 check reas	emption Number (GEN) If the sch a list with the names and ENs of all 15, 2012, 2010, and ending	is is for member JUN Final re	the whole group, of ers the extension is 30, 2011 etum	for.
nonrefundable cn b If this application	is for Form 990-BL, 990-PF, 990-T, 4720, adds. See instructions. is for Form 990-PF, 990-T, 4720, or 6069, de. Include any prior year overpayment all orm 8868.	enter any	refundable credits and estimated	8a 8b	\$	0.
	btract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using			
	Federal Tax Payment System). See instr	uctions.		8c	\$	0.
	•		nd Verification			
Under penalties of perjury, it is true, correct, and comp	I declare that I have examined this form, including piete, and that I am authorized to prepare this fi	ting accomp orm.	parrying schedules and statements, and to the	e best of	f my knowledge and b	elief,
Signature >	Clacar Title	CPA		Date		<u>d-</u>
	/)				Form 8868 (Re	ev. 1-2011)