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Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

	A	For the 2011 cale	ndar year, or tax year beginning Oct 1 , 2011, and ending	Sep 30	, 2012
	В	Check if applicable	C Name of organization BURRITT MUSEUM ASSOCIATION	D Employer Ide	entification Number
-707		Address change	63-086	8992	
10		Name change	Number and street (or P O box if mail is not delivered to street addr) Room/suite	E Telephone no	umber
\bigcirc		Initial return	3101 BURRITT DRIVE	(256)	536-2882
M		Terminated	City, town or country State ZIP code + 4		
		X Amended return	HUNTSVILLE AL 35801-11	42 G Gross receip	ts \$ 1,171,336.
\exists		Application pendin	Turs	Is this a group return for	
$\widetilde{\mathbb{O}}$			³	Are all affiliates included	Yes No
ostmark	$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	If 'No,' attach a list (see	instructions) —
25	<u>. </u>			Group exemption number	. ▶
	JK	Form of organization	X Corporation Trust Association Other► L Year of Formation		of legal domicile AL
	Pa	nt I Summa		1304 / 111 011110	or legal dominate 1111
	-	,		LIVES AND B	UTLD
(N)	_		TY THROUGH EDUCATIONAL, ARTISTIC AND RECREATIONA		
(V)	2 P		RESERVING OUR HERITAGE LAND AND HISTORIC STRUCTU		24
	.aa.	7.7.5-2			
	8	2 Check this t	ox I if the organization discontinued its operations or disposed of more th	an 25% of its net as	sets
	් ල් ජේ	3 Number of v	oting members of the governing body (Part VI, line 1a)	3	17
			ndependent voting members of the governing body (Part VI, line 1b)	4	
	Ě	i	r of individuals employed in calendar year 2011 (Part V, line 2a)	5	
	Activities		r of volunteers (estimate if necessary)	7	
	•	†	ted business revenue from Part VIII, column (C), line 12 d business taxable income from Form 990-T, line 34	7	
		D Net unrelate	d busiless taxable income from Form 990-1, line 54	Prior Year	Current Year
		8 Contribution	s and grants (Part VIII, line 1h)	2,081,258	
	e n		vice revenue (Part VIII, line 2g)	97,521	
	Revenue	,	ncome (Part VIII, column (A), lines 3, 4, and 7d)	8,281	
	æ	1	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,522	
			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,308,582	
	_		similar amounts paid (Part IX, column (A), lines 1-3)		
		14 Benefits pa	d to or for members (Part IX, column (A), line 4)		
		15 Salaries, ot	ner compensation, employee benefits (Part IX, column (A), lines 5-10)	613,382	. 600,988.
	Expenses	16a Professiona	fundraising fees (Part IX, column (A), line 11e)		
	ĕ	b Total fundra	ising expenses (Part IX, column (D), line 25) > 10,157.		
	Ĕ	17 Other exper	and (Part IV column (A) lines 11a 11d 11f 24a)	318,848	. 306,735.
		18 Total expen	ses (Part IX, Column (A), lines 11a-11d, 11a-24e) ses Add lines 13-17 (must equal Part IX, column (A); line-25) s expenses Subtract line 18 from line 12	932,230	
		19 Revenue les	s expenses Subtract line 18 from line 12	1,376,352	
(2/2	b 8			Beginning of Current Ye	
		I .	(9) ···· · · · · · · · · · · · · · · · ·	2,534,615	
3	Asse	1	(Part X, line 16) es (Part X, line 26)	101,404	
勞	Net Assots Fund Balan	}	or fund balances Subtract line 21 from line 20	2,433,211	
CANNED			ire Block	2,133,211	2,030,023.
0				hest of my knowledge and	helief it is true correct, and
30	com	plete Declaration of pre	declare that I have examined this return, including accompanying schedules and statements, and to the larger (other than officer) is based on all information of which preparer has any knowledge		bener wis true, correct, and
			Sheroo Killey	03/18/13	
\otimes	Sig	gn Signa	ture of officer	Date	
B	He			REASURER	
EIOZ	_	Туре	or print name and title		
		Print/Type	preparer's name Préparer's signature Date	Check if	PTIN
	Pa		MERCER CPA WILLIAM 05/16/13	self employed	P01050742
		eparer Firm's na	ne MERCER & ASSOCHATES, PC		
	Us	e Only Firms ad	Firm's EIN ► 6	3-0812228	
			HUNTSVILLE AL 35801	Phone no (2	56) 536-4318
	Ma	y the IRS discuss	his return with the preparer shown above? (see instructions)		X Yes No
	BA	A For Paperwork	Reduction Act Notice, see the separate instructions. TEEA01	01 07/05/11	Form 990 (2011)

63-0868992

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			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 (see instructions)?	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		х_
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	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	11 b		х
(c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		_x_
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	
	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 a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14a		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		<u></u>

Checklist of Required Schedules (continued) Yes No 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 Χ 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 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 23 X Schedule I 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a Х complete Schedule K If 'No, 'go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L. Part IV c 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 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M30 Х 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 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 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 a Х **b** 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 35b Х 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 Х 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 37 Х 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 Х

Check if Schedule O contains a response to any question in this Part V				
		T	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		1	
c Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportable gaming	1	ł	
(gambling) winnings to prize winners?	, j	1c		<u>X</u>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b If at least one is reported on line 2a, did the organization file all required federal employment to		2b	x	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instr		-		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	delionsy	3a	ŀ	Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3b	\neg	
4a At any time during the calendar year, did the organization have an interest in, or a signature or	other authority over a			
financial account in a foreign country (such as a bank account, securities account, or other financial bild 'Yes,' enter the name of the foreign country	incial account)?	4a		<u>x</u>
See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Final	ancial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y		5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	F	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	Г	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such cont not tax deductible?	ributions or gifts were	6ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor?	tly for goods and	7 a		_X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	_	7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	th it was required to file	-		37
Form 8282?	7d	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year		7 e		v
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit 		7f	-	<u>X</u>
g If the organization received a contribution of qualified intellectual property, did the organization	F			
as required?	lile 1 0111 0033	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	rganization file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, hav holdings at any time during the year?	organizations. Did the e excess business	8		х
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?	Ļ	9a		<u>X</u>
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10 Section 501(c)(7) organizations. Enter	1			
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	- 1		
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			}	
a is the organization licensed to issue qualified health plans in more than one state?	_	13a		
Note. See the instructions for additional information the organization must report on Schedule (U			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13Ы	1		
F	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sci	nedule O	14b		

Par	Part VI Governance, Management and Disclosure For each 'Ye a 'No' response to line 8a, 8b, or 10b below, describe the	s' response to lines 2 through 7b below, and a e circumstances, processes, or changes in	for					
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part \	4	x					
Sec	ection A. Governing Body and Management	<u>' </u>	<u> </u>					
366	ection A. Governing Body and management	Yes	No					
1 a	1 a Enter the number of voting members of the governing body at the end of the lf there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule	ax year 1a 17						
Ŀ	b Enter the number of voting members included in line 1a, above, who are inde	pendent 1b 17						
2	2 Did any officer, director, trustee, or key employee have a family relationship officer, director, trustee or key employee?	or a business relationship with any other	x					
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4								
_	since the prior Form 990 was filed?	4	X					
5		of the organization's assets? 5 6 X	X					
6			 					
	7a Did the organization have members, stockholders, or other persons who had members of the governing body?	7a	x					
ł	b Are any governance decisions of the organization reserved to (or subject to a stockholders, or other persons other than the governing body?	7Ь	х					
8	the following	en actions undertaken during the year by						
	 a The governing body? b Each committee with authority to act on behalf of the governing body? 	8b X	 					
9			 					
	organization's mailing address? If 'Yes,' provide the names and addresses in	Schedule O 9	X					
Sec	ection B. Policies (This Section B requests information about policies not re							
	<u> </u>	Yes	No					
	10a Did the organization have local chapters, branches, or affiliates?	10a	X					
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such operations are consistent with the organization's exempt purposes?	10 Б						
	11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?							
	b Describe in Schedule O the process, if any, used by the organization to revie		T					
	12a Did the organization have a written conflict of interest policy? If 'No,' go to lir b Were officers, directors or trustees, and key employees required to disclose a							
	to conflicts? c Did the organization regularly and consistently monitor and enforce complian	12b X						
13	Schedule O how this is done	12c X 13 X	-					
14			 					
	Did the process for determining compensation of the following persons include persons, comparability data, and contemporaneous substantiation of the deli	e a review and approval by independent						
	a The organization's CEO, Executive Director, or top management official	15a X						
	b Other officers of key employees of the organization	15b X						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructi	ons)						
16	16a Did the organization invest in, contribute assets to, or participate in a joint ve taxable entity during the year?	enture or similar arrangement with a 16a	х					
l	b If 'Yes,' did the organization follow a written policy or procedure requiring the participation in joint venture arrangements under applicable federal tax law,	and taken steps to safeguard the						
Şec	organization's exempt status with respect to such arrangements?	16b						
17	·							
18		olicable), 990, and 990.T (501(c)(3)s only) available for p	ublic					
	X Own website X Another's website X Upon reque	st						
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents the public during the tax year	, conflict of interest policy, and financial statements available to						
20	т, т	<u> </u>						
BAA	PAT ROBERTSON 3101 BURRITT DRIVE HUNTS AA TEEA0106 01/23/12	VILLE AL 35801-1142 (256) 536- Form 990						

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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

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

Check this box if fieldler the organization	1	(C)			, , , , , , , , , , , , , , , , , , , 	outer and outer and	, , , , , , , , , , , , , , , , , , , ,			
(A) Name and title	(B) Average hours per week	unles	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi ले निक्रस्क्ट or director	anstatutional trustee	Offi e	key emphyee	High est conniterisated employee	F Winter	(W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) BUTCH DAMSON	5.00	х						0.	0.	0.
BOARD OF DIRECTORS MEMBER @ LARGE	3.00							0.		<u></u>
(2) AUSTIN BOYD BOARD OF DIRECTORS MEMBER @ LARGE	5.00	Х				,		0.	0.	0.
(3) LOWELL ZOLLER	3.00	Λ								
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	х						0.	0.	0.
(4) JUNE GUYNES	3.00		<u> </u>							
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	х						0.	0.	0.
(5) RICHARD MORRIS							_			
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	х						0.	0.	0.
(6) SHEREE KELLEY										
TREASURER	5.00	X _		Х				0.	0.	0.
(7) KIMBERLY FORD										
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	Х						0.	0.	0.
(8) ANTHONY LANCASTER						ĺ	ĺ			
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	X						0.	0.	0.
_(9)_LINDA_SPALLACHAIR	5.00	x	,	х				0.	0.	0.
(10) ALLIE SWANN										
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	Х						0.	0.	0.
(11) MARIE NEWBERRY										
VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
(12) JIM LINK			i				ĺ			
BOARD OF DIRECTORS MEMBER @ LARGE	5.00	X						0.	0.	0.
(13) DOROTHY HUSTON	5.00	,						0.	0.	0
BOARD OF DIRECTORS MEMBER @ LARGE (14) SARAH HEREFORD	3.00	1						0.	<u> </u>	0.
ASST. TREASURER	5.00	x_		х				0.	0.	0.

Form 990 (2011) BURRITT MUSEUM ASSOCIATION	ON								63-0868992			Page 8
Part VII Section A. Officers, Directors, Trust	ees, r	(ey	Em			es,	and	l Highest Com	pensated Emplo	oyees	(cor	1t)
(A) Name and title	(B) Average hours per	box offic	unles er an	Pos heck ss pe	rson Irecto	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) stimated int of ot pensation	her
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anizatio d relate anization	on ed
(15) BELINDA KENNEDY SECRETARY	5.00	х		х				0.	0.			0.
(16) JOE GREEN BOARD OF DIRECTORS MEMBER @ LARGE	5.00	Х						0.	0.			0.
(17) AMY HARBARGER BOARD OF DIRECTORS MEMBER @ LARGE	5.00	x						0.	0.			0.
(18)	-											
(19)	-											
(20)	-									 .		
(21)								-				
(22)	-											
(23)												
(24)	-	<u> </u>								.		
(25)	-	j			_	<u> </u>						
1 b Sub-total c Total from continuation sheets to Part VII, Section	Δ						>	0.	0.		-	0.
d Total (add lines 1b and 1c)							•	0.	0.			0.
2 Total number of individuals (including but not limited from the organization	to tho	se li	sted	abo	ve)	who	rece	eived more than \$	100,000 of reportabl	e comp	ensat	ion
3 Did the organization list any former officer, director	or trust	-00	kov 4	emn	love	. O	r hia	ihest compensated	t employee		Yes	No
on line 1a ³ If 'Yes,' compléte Schedule J for such in	ndıvıdua	1	-	,				,	, ,	3		X
4 For any individual listed on line 1a, is the sum of rej the organization and related organizations greater th such individual	nan \$15	50,00	00? <i>[</i>	Isal If 'Ye	es' c	comp	olete	Schedule J for	טווו	4		x
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' or	ompens omplet	atio e <i>Sc</i>	n fro <i>hedu</i>	m a ule J	ny ι <i>I for</i>	unrel sucl	atec h pe	d organization or ii <i>rson</i>	ndıvıdual 	5		x
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ed inde	pend	dent	con	tract	tors	that	received more that	an \$100,000 of			
compensation from the organization Report comper (A)	<u>nsation</u>	for t	the c	aler	ndar	yea	r en	(B)		C)	
Name and business addres	SS							Description	of services	Compe		on
						·						
										-		
2 Total number of independent contractors (including	hut not	lımı	ted t	n th	050	liste	d ah	nove) who received	1 more than			
\$100,000 in compensation from the organization				- un			- au		a more than			

<u> </u>	<u> </u>	Total Emone, or The	<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a F	ederated campaigns		1 a	3,536.				
NTS		Membership dues	<u> </u>	1 b	61,695.				
S G		Fundraising events	F	1 c	<u></u>				
R A		Related organizations	t	1 d					
5 ≦		Government grants (contribution	ns)	1 e					
SIS		- '							
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS. GRANTS AND OTHER SIMILAR AMOUNTS	S	All other contributions, gifts, gr similar amounts not included a	bove _	_1f	840,405.				
N S	_	Noncash contributions included	ın Ins 1a-1f	\$_		005 636			:
3 4	<u>h</u>]	Total. Add lines 1a-1f		—т	Business Code	905,636.			
N.	2				712110	102,270.	102,270.	0.	0.
Ē	-	EDUCATIONAL PROGRAMS			/12110	102,270.	102,210.		· ·
R	b _			li li					
اَچَ	c_ d			- 1		-			
S									
₽.	e _	All other program service							
8		An other program service Total. Add lines 2a-2f	e revenue	L		102,270.			
_						102,270.			
		Investment income (incluother similar amounts)	uding divid	dends	, interest and	9,439.	9,439.	0.	0.
[Income from investment	of tax-ex	empt	bond proceeds				
		Royalties	or tan on		▶				
	•	[(ı) Re	al	(ii) Personal	··· · · · · · · · · · · · · · · · ·			
	6a (Gross rents	83,	630					
		Less rental expenses		551					•
		Rental income or (loss)		079					
1		Net rental income or (los			>	68,079.	68,079.	0.	0.
		Gross amount from sales of	(ı) Secu	rities	(ii) Other				
ļ		assets other than inventory							
		·							
ļ		Less cost or other basis and sales expenses							
		Gain or (loss)							
		Net gain or (loss)							
INE	8a	Gross income from fund (not including \$	raising ev	ents					
		of contributions reported	l on line 1	<u></u>					
ŘĚ		See Part IV, line 18	1 011 11110 1	-	a				
OTHER REVEN		Less direct expenses			b				
E	i	Net income or (loss) from	m fundrau						
		Gross income from gam See Part IV, line 19		•				74	
		Less direct expenses			a b				
		Net income or (loss) from	m aamina		~!				
					illes -				-
	10 a	Gross sales of inventory and allowances	, less retu	ırns	a 70,361.				
		Less cost of goods sold			b 51,250.				
		Net income or (loss) from		finve		19,111.	19,111.	0.	0.
		Miscellaneous Reven		1 11110	Business Code	13/111	13/111		
	11 a	MISCELLANEOUS			712110	· 0.	0.	0.	.) o.
	b							1	<u> </u>
	c .					 			
	ď	All other revenue							
		Total. Add lines 11a-11d	t		•	0.			
		Total revenue. See instr				1,104,535.	198,899.	0.	

Page **10**

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	sponse to any question		(C)	<u></u>
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	454,416.	428,060.	26,356.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	113,216.	106,649.	6,567.	0.
10	Payroll taxes	33,356.	31,421.	1,935.	0.
11	Fees for services (non-employees)				
á	Management [
ı	L egal				
•	Accounting	7,035.	3,518.	3,517.	0.
(d Lobbying				
(Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	g Other				
12	Advertising and promotion	25,864.	25,864.	0.	0.
13	Office expenses	12,297.	6,149.	6,148.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	3,670.	1,835.	1,835.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,869.	935.	934.	0.
20	Interest				
21	9				
22	Depreciation, depletion, and amortization	19,598.	19,598.	0.	0.
	Insurance	19,159.	9,579.	9,580.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	FUNDRAISING	10,157.	0.	0.	10,157.
	WORKMAN'S COMP	269.	253.	16.	0.
	SERVICE/FINANCE CHARGES	6,286.	3,143.	3,143.	0.
	d REPAIRS & MAINTENANCE	94,217.	94,217.	0.	0.
	e All other expenses	106,314.	99,138.	7,176.	0.
25	Total functional expenses. Add lines 1 through 24e	907,723.	830,359.	67,207.	10,157.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
$\neg \top$	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,185,174.	2	1,495,338.
	3	Pledges and grants receivable, net		484,552.	3	138,364.
	4	Accounts receivable, net		4,745.	4	1,838.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	, trustees, key employees, l of Schedule L		5	
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contrisponsoring organizations of section 501(c)(9) voluntary organizations (see instructions)		6		
A S E T S	7	Notes and loans receivable, net		<u> </u>	7	
Ē	8	Inventories for sale or use		44,479.	8	57 , 120.
s	9	Prepaid expenses and deferred charges		2,008.	9	<u>1,769.</u>
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,137,920.			
	b	Less accumulated depreciation	10b 156,182.	810,047.	10 c	1,981,738.
		Investments – publicly traded securities			11	
		Investments – other securities See Part IV, line 11			12	
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets		14		
-	15	Other assets See Part IV, line 11	3,610.	15	3,610.	
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	2,534,615.	16	3,679,777.
	17	Accounts payable and accrued expenses		4,920.	17	940,023.
1	18	Grants payable		18		
	19	Deferred revenue		43,597.	19	83,969.
Ļ	20	Tax-exempt bond liabilities			20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV	/ of Schedule D		21	
A B L L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified persof Schedule L	tees, key employees, sons Complete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated the	rd parties		23	
s		Unsecured notes and loans payable to unrelated third	•		24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Comp		52,887.	25	25,762.
ļ	26	Total liabilities. Add lines 17 through 25		101,404.	26	1,049,754.
Ŋ		Organizations that follow SFAS 117, check here ▶	X and complete lines			
P E		27 through 29 and lines 33 and 34.				
A	27	Unrestricted net assets		959,544.	27	1,191,992.
ASSETS	28	Temporarily restricted net assets		1,473,667.	28	1,438,031.
- 1	29	Permanently restricted net assets		0.	29	0.
R		Organizations that do not follow SFAS 117, check he	re ► and complete			
r DZC		lines 30 through 34.				
Ď	30	Capital stock or trust principal, or current funds		30		
В	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	······································
Ë	32	Retained earnings, endowment, accumulated income,	or other funds		32	
おくしくさいしい	33	Total net assets or fund balances	2,433,211.	33	2,630,023.	
\$	34	Total liabilities and net assets/fund balances		2,534,615.	34	3,679,777.

TEEA0111 07/06/11

Form 990 (2011) BURRITT MUSEUM ASSOCIATION 63	-0868992		Pa	ge 12	
Part XI Reconciliation of Net Assets	. –				
Check if Schedule O contains a response to any question in this Part XI					
	1 . 1				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,10			
2 Total expenses (must equal Part IX, column (A), line 25)	2		7,7		
3 Revenue less expenses Subtract line 2 from line 1	3		96,8		
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,43	33,2	<u>11.</u>	
5 Other changes in net assets or fund balances (explain in Schedule O)	5				
Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,63	30,0	23.	
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response to any question in this Part XII					
			Yes	No	
1 Accounting method used to prepare the Form 990 Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b Were the organization's financial statements audited by an independent accountant?		2b	Х		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	he audit,	_2c	x		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issu separate basis, consolidated basis, or both	ed on a				
X Separate basis Consolidated basis Both consolidated and separate basis					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		<u>x</u>	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required are any steps taken to undergo such audits	ııred audıt	3ь			
BAA		Form	990 (2011)	

BAA

TEEA0112 07/06/11

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 2011

Open to Public Inspection

BURRITT MUSEUM ASSOCIATION 63-0868992 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)											
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)											
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).											
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's											
	name, city, and state										
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general pub in section 170(b)(1)(A)(vi). (Complete Part II)	lic described										
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and g from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organ June 30, 1975 See section 509(a)(2). (Complete Part III)	rt from gross										
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purpose more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check describes the type of supporting organization and complete lines 11e through 11h	ses of one or the box that										
a Type I b Type II c Type III – Functionally integrated d Type	III - Other										
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified pers other than foundation managers and other than one or more publicly supported organizations described in section 509(a) section 509(a)(2)	ons (1) or										
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization	on,										
check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?	L_										
g Office August 17, 2000, has the digamization accepted any gift of continuation from any of the following persons	Yes No										
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	_ _										
(ii) A family member of a person described in (i) above?	(ii)										
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	ı (iii)										
h Provide the following information about the supported organization(s)											
(i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) Isted in your governing document? (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) of your support? (vi) Is the organization in column (i) of your support? (vi) Is the organization in column (i) organization in column (ii) organization in column (ii) organization in column (iii) organization in column (iiii) organization in column (iiii) organization in column (iiii) organization in column (iiiii) or	Amount of support										
Yes No Yes No Yes No											
(A)											
(B)											
(C)											
(D)											
(E)											
Total	o- 000 E7) 201										

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)

Sect	ion A. Public Support						
Caler Degir	dar year (or fiscal year ning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	907,160.	916,794.	1,048,462.	2,300,301.	1,095,096.	6,267,813.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	907,160.	916,794.	1,048,462.	2,300,301.	1,095,096	6,267,813.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>			6,267,813.
Sec	tion B. Total Support				·	· · · · · · · · · · · · · · · · · · ·	1
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	907,160.	916,794.	1,048,462.	2,300,301.	1,095,096	6,267,813.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,298.	1,974.	5,400.	8,281.	9,439	. 34,392.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						6,302,205.
12	Gross receipts from related active	ities, etc (see instr	ructions)			12	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(▶ □
	tion C. Computation of Pu						7
	Public support percentage for 20			e 11, column (f))		14	
	Public support percentage from 2					15	·
16 a	33-1/3% support test — 2011. If t and stop here. The organization	he organization di qualifies as a publ	d not check the b licly supported or	ox on line 13, and ganization	the line 14 is 33	-1/3% or more, c	heck this box
t	33-1/3% support test — 2010. If t and stop here. The organization	he organization di qualifies as a publ	d not check a box icly supported or	con line 13 or 16a ganization	a, and line 15 is 3	3-1/3% or more,	check this box ▶ □
17 a	10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances	' test, check this I	box and stop here	. Explain in Part	IV how
	or more, and if the organization reganization meets the facts-and	meets the 'facts-ar d-circumstances' te	nd-circumstances est The organiza	' test, check this l tion qualifies as a	box and stop here a publicly supporte	. Explain in Part d organization	IV how the ▶
18 BAA	Private foundation. If the organiz	zation did not chec	ck a box on line 1	3, 16a, 16b, 1/a,			990 or 990-F7) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			•			
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support					,	
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		,				
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
Sec	tion C. Computation of Pul		Percentage				
				12 column (f)		15	0.
15				: 13, column (t))		15	
<u>16</u>	Public support percentage from 2					16	
	tion D. Computation of Inv						
	Investment income percentage for			-	nn (t))	17	<u></u>
18	Investment income percentage fr					18	
	33-1/3% support tests — 2011. If is not more than 33-1/3%, check 33-1/3% support tests — 2010. If	this box and stop	here. The organiz	zation qualifies as	s a publicly suppor	ted organization	▶ [_]
C.	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	, check this box a	and flot check a bo ind stop here. The	organization qua	ilifies as a publicly	supported organiza	ation •
	Private foundation. If the organiz						▶

Schedule A	(Form 990 or 990-EZ) 2011	BURRITT MUSE	JM ASSOCIATION_	63-08	68992 Page 4
Part IV	Supplemental Information Part II, line 17a or 17th (See instructions).	ation. Complete this o; and Part III, line	s part to provide the 12. Also complete the	explanations required by nis part for any additional	Part II, line 10; information
_ 					
		 			
		-			
_	·	. _			
-					
		- -	·		
					
		- - - -			
			- 		
		 	· 		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		.	Employer identification number			
	RRITT MUSEUM ASSOCIATION			63-0868992			
Par	the organizations Maintaining Donoi	Advised Funds or Other Similar F	unds or Ac	counts. Complete if			
	the organization answered Tes to		4.5				
-	Total number of and of years	(a) Donor advised funds	(6)	Funds and other accounts			
1 2	Total number at end of year Aggregate contributions to (during year)						
3	Aggregate contributions to (during year) Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the assets held in or	donor advised	Yes No			
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	s, and donor advisors in writing that grant fur the benefit of the donor or donor advisor, or fo	nds can be or any other	Yes No			
Pai	rt II Conservation Easements. Compl	ete if the organization answered 'Ye	es' to Form	990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by	the organization (check all that apply)					
	Preservation of land for public use (e g , re	, in the second of the second		cally important land area			
	Protection of natural habitat	☐ Preservatio	on of a certified	d historic structure			
_	Preservation of open space						
2	Complete lines 2a through 2d if the organizatio last day of the tax year	n held a qualified conservation contribution if	n the form of a	a conservation easement on the			
	,			Held at the End of the Tax Year			
ā	a Total number of conservation easements		2a				
ŧ	Total acreage restricted by conservation easen	nents	2b				
•	Number of conservation easements on a certifi	ed historic structure included in (a)	2c				
C	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a hist	oric 2d				
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or termin	ated by the org	ganization during the			
4	Number of states where property subject to con	nservation easement is located >					
5	Does the organization have a written policy regard enforcement of the conservation easemen	arding the periodic monitoring, inspection, his it holds?	andling of viol	ations, Yes No			
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation eas	sements during	g the year			
7	Amount of expenses incurred in monitoring, ins ▶ \$	specting, and enforcing conservation easeme	ents during the	year			
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of s	section	Yes No			
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to	orts conservation easements in its revenue a the organization's financial statements that	nd expense st describes the	atement, and balance sheet, and organization's accounting for			
Par	conservation easements rt III Organizations Maintaining Colle	ctions of Art Historical Treasures	or Other S	imilar Assets			
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, lii	ne 8.				
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or rese	enue statemer arch in further	nt and balance sheet works of rance of public service, provide,			
ľ	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its revenue d for public exhibition, education, or research	e statement ar n in furtheranci	nd balance sheet works of art, e of public service, provide the			
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$			
	(ii) Assets included in Form 990, Part X			► \$			
	2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
	a Revenues included in Form 990, Part VIII, line	1		►\$			
- 1	b Assets included in Form 990, Part X			► \$			

Part III Organizations Mainta	ining Collection	ons of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continu	ıed)	
3 Using the organization's acquisition items (check all that apply)	on, accession, and	d other records, chec	ck any of the following t	that are a significant use	of its collection	n	
a X Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e 📙 Other					
c X Preservation for future genera	ations						
4 Provide a description of the organ Part XIV	nization's collectio	ins and explain how	they further the organiz	ation's exempt purpose	ın		
5 During the year, did the organization assets to be sold to raise funds re	tion solicit or rece ather than to be m	ive donations of art, naintained as part of	historical treasures, or the organization's colle	other similar ection?		X No	
Part IV Escrow and Custodia line 9, or reported an	l Arrangemen	ts. Complete if t	he organization ar	nswered 'Yes' to For	m 990, Par	t IV,	
							
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other intermediary f	or contributions or othe	r assets not	Yes	No	
b If 'Yes,' explain the arrangement				·	_	_	
a merce, emplant and amangement		•			Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
				1f			
f Ending balance	mount on Form Of	30 Port V June 212		<u> </u>	Yes	No	
2a Did the organization include an a		90, Part A, line 21					
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co		organization and	wored 'Ves' to For	m 990 Part IV line	10		
Part V Endowment Funds. Co					(e) Four year	re back	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four year	15 Dack	
1 a Beginning of year balance		-					
b Contributions					<u> </u>		
 c Net investment earnings, gains, and losses 							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
	of the current ve	ear end balance (line	1g. column (a)) held a	S		,	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment %							
b Permanent endowment ►	9.						
c Temporarily restricted endowmer	<u> </u>	9 .					
•		0 ual 100%					
The percentages in lines 2a, 2b,							
3a Are there endowment funds not a organization by	n the possession	or the organization to	nat are neid and admin	istered for the	Yes	No	
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)	<u> </u>	
b If 'Yes' to 3a(II), are the related of	organizations liste	d as required on Sch	nedule R?		_3b	<u> </u>	
4 Describe in Part XIV the intended	duses of the orga	nızatıon's endowmer	nt funds				
Part VI Land, Buildings, and	Equipment. S	ee Form 990, Pa	art X, line 10.				
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue	
1 a Land							
b Buildings		783,934.		151,384.	632	550.	
c Leasehold improvements							
d Equipment		4,798.		4,798.		0.	
e Other		1,349,188.			1,349	,188.	
Total. Add lines 1a through 1e (Colum	nn (d) must equal		olumn (B), line 10(c))	•	1,981		

BAA

Schedule **D** (Form 990) 2011

(7)(8) (9) (10)(11)Total (Column (b) must equal Form 990, Part X, column (B) line 25) 25,762.

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	edule D (Form 990) 2011 BURRITT MUSEUM ASSOCIATION	63-0868992	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,	104,535.
2	Total expenses (Form 990, Part IX, column (A), line 25)		907,723.
3	Excess or (deficit) for the year Subtract line 2 from line 1		196,812.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		196,812.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return_	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments		
t	Donated services and use of facilities 2b		
(Recoveries of prior year grants		
c	Other (Describe in Part XIV)		
•	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
ä	Investment expenses not included on Form 990, Part VIII, line 7b		
ł	Other (Describe in Part XIV)		
(Add lines 4a and 4b	4 c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
â	Donated services and use of facilities 2a		
ŀ	Prior year adjustments 2b		
•	Other losses 2c	[
•	Other (Describe in Part XIV)		
•	e Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	o Other (Describe in Part XIV)		
	c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c	
$\overline{}$	t XIV Supplemental Information		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compladditional information	IV, lines 1b and 2b, ete this part to provid	de
<u>Pt</u> .	III Line 1a AS PER FASB 116, THE ASSOCIATION DOES NOT CAPITAL	ZE HISTORICA	<u>L</u>
	COLLECTION ASSETS. COLLECTIONS TO DATE INCLUDE DE	R. BURRITT'S	
	MANSION, 19TH CENTURY HOUSES AND OTHER EXHIBITS.	DEPRECIATION	
	WILL NOT BE RECOGNIZED ON HISTORICAL ASSETS IN THE	E FUTURE	
	AS PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.		
Pt.	III Line 4 COLLECTIONS INCLUDE DR. BURRITT'S MANSION, 19TH CR	ENTURY HOUSES	
	AND OTHER EXHIBITS. THE ORGANIZATIONS EXEMPT PURI	POSE_IS_TO	
	ENHANCE AND BUILD COMMUNITY THROUGH EDUCATIONAL, A	ARTISTIC,	

Schedule D (Form 990) 2011	BURRITT MUSEUM ASSOCIATION	63-0868992	Page 5
Part XIV Supplementa	al Information (continued)		
	AND RECREATIONAL EXPERIENCES, WHILE PERSERVING OU	R_HERITAGE	
	LAND AND HISTORIC STRUCTURES. THESE ASSETS ARE U	SED_DAILY	
	IN THE FURTHERANCE OR THE MISSION STATEMENT.		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization	mployer identification number
BURRITT MUSEUM ASSOCIATION 6	3-0868992
Pt_VI, Line 6THE MUSEUM MEMBERSHIP PROVIDES FREE ADMISSION TO	EXHIBITS
AND THE PARK, INVITATION TO MEMBER EVENTS, EARLY	REGISTRATION
FOR SPECIAL EVENTS, NEWSLETTERS, AND DISCOUNTS C	N PROGRAMS.
THE COSTS BEGIN AT \$25 FOR AN INDIVIDUAL.	
Pt_VI, Line_8aALL_MEETINGS_ARE_DOCUMENTED_WITH_MINUTES	
Pt_VI, Line_8bALL_MEETINGS_ARE_DOCUMENTED_WITH_MINUTES	
Pt_VI,_Line_11a A DRAFT_COPY_OF_FORM_990_IS_PROVIDED_TO_EACH_BOA	ARD MEMBER
AT THE BOARD MEETING TO REVIEW AND PROVIDE CHANG	GES AS NECESSARY.
ONCE THE APPLICABLE CHANGES ARE MADE, THE 990 IS	RESUBMITTED TO
THE BOARD FOR REVIEW AND VOTE. ONCE BOARD APPROV	VAL IS OBTAINED,
THE 990 IS FILED WITH THE IRS	
Pt VI, Line 12c ALL MEMBERS OF THE BOARD OF DIRECTORS AND BMA EM	PLOYEES ARE REQUIRED
TO NOTIFY THE CEO IMMEDIATELY WHEN A CONFLICT OF	T_INTEREST_ARISES
IN ADDITION, ALL MEMBERS OF THE BOARD AND BMA EMPLOYEES SIGN A	CONFLICT STATEMENT ANNUALLY.
Pt_VI, Line 15 THE PERSONNEL COMMITTEE REVIEWS THE CEO_SALARY	
ON AN ANNUAL BASIS.	
Pt_VI,_Line_19 ALL DOCUMENTS ARE AVAILABLE AT THE OFFICE UPON F	REQUEST.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
DIRECTOR'S DISCRETIONARY	2,586.	1,293.	1,293.	_0.
DUES & SUBSCRIPTIONS	203.	102.	101.	0.
EDUCATIONAL PROGRAMS	10,687.	10,687.	0.	0.
EXHIBITS	2,701.	2,701.	0.	<u>0.</u>
HISTORIC PARK	7,483.	7,483.	0.	0.
MEMBERSHIP DUES	4,106.	2,053.	2,053.	0.
MEMBERSHIP MEETING	13,803.	13,803.	0.	0.
MISCELLANEOUS	1,144.	573 <u>.</u>	571.	0.
POSTAGE	6,316.	3,158.	3,158.	<u> </u>
STORAGE	1,525.	1,525.	0.	0.
UTILITIES	49,002.	49,002.	0.	0.
VOLUNTEERS	1,199.	1,199.	0.	0.
SPECIAL PROJECTS	5,559.	5,559.	0.	0.
CONTRACT LABOR	0.	0.	0.	0.