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 $\mathsf{Form} 990$ 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

A Fo	or the July C	alendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-	-2013			
	eck if applicable	C Name of organization		D Emplo	yer ident	ification number
	dress change	VIRGINIA MUSEUM OF FINE ARTS FOUNDATION		51-02	205333	
— Nai	me change	Doing Business As		31-02		
_	tial return					
_	rmınated	Number and street (or P O box if mail is not delivered to street address) Room/suite 200 N BOULEVARD	е	E Telepho	one numbe	er
_		Characteristic and TD 4.4		(804)	340-15	15
_	nended return	City or town, state or country, and ZIP + 4 RICHMOND, VA 232204007				
App	plication pendir			<b>G</b> Gross re	eceıpts \$ 4	8,110,351
		F Name and address of principal officer FERN SPENCER	H(a) Is the		return fo	or
		200 N BOULEVARD	affilia	tes?		┌ Yes 🗸 No
		RICHMOND, VA 232204007	<b>H(b)</b> Are a	ll affiliate	s include	ed? 「Yes 「No
		<u> </u>				ee instructions)
[ Та	x-exempt stati	15	uz-> Grou	p exempt	ion numb	per 🌬
J W	<b>ebsite: ►</b> N	/A	H(c) Grou	pexempt	ion nami	Jei <b>F</b>
<b>K</b> Forr	m of organizati	on ✓ Corporation ← Trust ← Association ← Other ►	L Year of for	mation 19	76 <b>M</b> Si	tate of legal domicile VA
		mmary				
		describe the organization's mission or most significant activities				_
Activities & Governance	2 Check  3 Number  4 Number  5 Total r	AIN VENDORS ON BEHALF OF THE CURRENT FACILITIES EXPANSION RTAKEN AT THE REQUEST OF THE MUSEUM'S BOARD OF TRUSTEES  this box   If the organization discontinued its operations or disposed of er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2012 (Part V, line 2a)	more than 2	ALL SUC	H ACTI	VITIES ARE
	I	unrelated business revenue from Part VIII, column (C), line 12			7a	102,771
	<b>b</b> Net un	related business taxable income from Form 990-T, line 34			7b	67,080
			Prio	r Year		Current Year
	8 Con	tributions and grants (Part VIII, line 1h)		67,643,7	705	11,986,671
a E	<b>9</b> Prog	ram service revenue (Part VIII, line 2g)		105,716		52,470
Revenue	<b>10</b> Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		5,317,9	916	8,415,877
Δ		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
		Il revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		73,067,3	337	20,455,018
		nts and similar amounts paid (Part IX, column (A), lines 1–3 )	<u> </u>	13,278,5		14,261,630
	1	efits paid to or for members (Part IX, column (A), line 4)		13,270,	0	14,201,030
		ries, other compensation, employee benefits (Part IX, column (A), lines				
8	5-1			1,351,337		1,571,540
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)			0	0
ੜੇ	<b>b</b> Total	fundraising expenses (Part IX, column (D), line 25) •825,020				
	<b>17</b> Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,478,4	455	1,726,834
	<b>18</b> Tota	ll expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		16,108,3	354	17,560,004
	<b>19</b> Rev	enue less expenses Subtract line 18 from line 12		56,958,9	983	2,895,014
	1		Beginning	of Currei	nt	End of Year
\$8			Y	ear		
sets or Vances	20 7-4-	al accots (Part V. Juno 15)	_		530	250 224 425
Assets or d Balances		il assets (Part X, line 16)	2	46,039,6		258,231,125
Net Assets or Fund Balances	<b>21</b> Tota	ıl lıabılıtıes (Part X, lıne 26)		46,039,6 56,398,0	041	45,859,147
	21 Tota 22 Net	al liabilities (Part X, line 26)		46,039,6	041	
<b>Pai</b> Jnde my ki	21 Tota 22 Net rt II Sig	assets or fund balances Subtract line 21 from line 20	1 ing schedule	46,039,6 56,398,0 89,641,5 s and sta	041 597 tements	45,859,147 212,371,978 , and to the best of
<b>Pai</b> Jnde ny ki	21 Tota 22 Net rt II Sign r penalties on nowledge an arer has any	assets or fund balances Subtract line 21 from line 20	ing schedule an officer) is l	46,039,6 56,398,0 89,641,5 s and sta	041 597 tements	45,859,147 212,371,978 , and to the best of
Pal Unde my ki prepa	21 Tota 22 Net rt III Sig r penalties on owledge and arer has any	assets or fund balances Subtract line 21 from line 20	ing schedule an officer) is l	46,039,6 56,398,0 89,641,5 s and sta based on	041 597 tements	45,859,147 212,371,978 , and to the best of
Pal Unde my ki prepa	21 Tota 22 Net THE Signary penalties on the same and the same and the same are the	assets or fund balances Subtract line 21 from line 20	ing schedule an officer) is l	46,039,6 56,398,0 89,641,5 s and sta based on	041 597 tements	45,859,147 212,371,978 , and to the best of
Pal Jnde my ki prepa	21 Tota 22 Net THE Signature of the second s	assets or fund balances Subtract line 21 from line 20	ing schedule an officer) is l	46,039,6 56,398,0 89,641,5 s and sta based on	041 597 tements	45,859,147 212,371,978 , and to the best of
Pal Jnde my ki prepa	21 Tota 22 Net THE Signature of the second s	assets or fund balances Subtract line 21 from line 20	ing schedule an officer) is l 20 Da	46,039,6 56,398,0 89,641,5 s and sta based on	tements all inforr	45,859,147 212,371,978 , and to the best of nation of which
Pal Unde my ki prepa Sign Here	21 Tota 22 Net  THE Signature of the second	assets or fund balances Subtract line 21 from line 20	Ing schedule an officer) is less than the control of the control o	46,039,6 56,398,0 89,641,5 s and sta based on 14-02-26 te	tements all inform	45,859,147 212,371,978 , and to the best of nation of which
Pal Unde my ki prepa Sign Hero	21 Tota 22 Net TII Sig re penalties conowledge an earer has any   **Sig E  **FE  Ty	assets or fund balances Subtract line 21 from line 20	Ing schedule an officer) is less than the control of the control o	46,039,6 56,398,0 89,641,5 s and sta based on	tements all inform	45,859,147 212,371,978 , and to the best of nation of which
Pai Unde my ki prepa Sign Hero Pai (Pre	21 Tota 22 Net  THE Signal Sig	assets or fund balances Subtract line 21 from line 20	1 Ing schedule an officer) is less than the control of the control	46,039,6 56,398,0 89,641,5 s and sta based on 14-02-26 te	041 597 tements all inform PTIN P0124424	45,859,147 212,371,978  , and to the best of nation of which
Sign Hero	21 Tota 22 Net TII Sig re penalties conowledge an earer has any   **Sig E  **FE  Ty	assets or fund balances Subtract line 21 from line 20	1 Ing schedule an officer) is less than the control of the control	46,039,6 56,398,0 89,641,5 s and sta based on 14-02-26 te	041 597 tements all inform PTIN P0124424	45,859,147 212,371,978  , and to the best of nation of which

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Par		ement of Program Serv of Schedule O contains a resp				
1	Briefly desc	ribe the organization's mission				
THR OF P EXH	OUGH A COM RIVATE ASS IBIT, AND IN	PREHENSIVE FUND RAISINGETS THIS SUPPORT ENHAN	G AND DONOR CUL CES THE ABILITY (	TIVATION PROC OF THE VIRGINIA	JPPORT THE VIRGINIA MUSE GRAM AND THE INVESTMENT A MUSEUM OF FINE ARTS TO D THUS ENRICH THE LIVES (	AND MANAGEMENT COLLECT, PRESERVE
2		nization undertake any signific m 990 or 990-EZ?	ant program service	s during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," des	cribe these new services on So	hedule O			
3	services? .	nization cease conducting, or r		=	ducts, any program · · · · · · · · · ·	┌ Yes ┌ No
4	Describe the expenses Se	organization's program servic	e accomplishments ) organizations are r	equired to report t	ee largest program services, as the amount of grants and alloca	
4a	(Code	) (Expenses \$	14,664,681 includ	ling grants of \$	14,261,630 ) (Revenue \$	52,470 )
	AGENCY OF TH ADDITION, EN	HE COMMONWEALTH OF VIRGINIA TH	HE RESULTS OF THOSE FOOUNDATION FOR THE BI	JND RAISING EFFORT ENEFIT OF THE MUSEL	ENT PROGRAM FOR THE VIRGINIA MU S ARE REFLECTED IN THE DATA LISTE JM HAVE BEEN INVESTED, THE MANAG NT	D ON THIS RETURN IN
4b	(Code	) (Expenses \$	ınclud	ing grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	includ	ing grants of \$	) (Revenue \$	)
4d	Other progr (Expenses	am services (Describe in Scho \$ incl	edule O ) udıng grants of \$		) (Revenue \$	)
4e	Total progra	am service expenses 🕨	14.664.681			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		110
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\bullet}$	9		No
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	Yes	
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			
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	Yes	
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	Yes	
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	11c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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 $2 \cdot . \cdot .$	35b		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

<ul> <li>1a Enter the number reported in Box 2</li> <li>b Enter the number of Forms W-2G in a comply with beganing (gambling) winnings to prize a complex to prize a complex to prize a complex to a complex to prize a comple</li></ul>	ncluded in line 1a Enter -0- if no ackup withholding rules for reported with mers?	ot applicable ortable payments to			9	Yes	N
<ul> <li>b Enter the number of Forms W-2G in the organization comply with the gaming (gambling) winnings to prize.</li> <li>2a Enter the number of employees real Tax Statements, filed for the caler by this return</li> <li>b If at least one is reported on line 2</li> </ul>	ncluded in line 1a Enter -0- if no ackup withholding rules for reported with each of the work of the w	ot applicable ortable payments to	<b>1b</b> o vend				
c Did the organization comply with be gaming (gambling) winnings to prize Enter the number of employees reparameters, filed for the caler by this return	ackup withholding rules for reported on Form W-3, Transmittandar year ending with or within the context of the	ortable payments to al of Wage and he year covered equired federal emp	vend	ors and reportable	$\exists$		
gaming (gambling) winnings to prize  Enter the number of employees repart and statements, filed for the caler by this return  b If at least one is reported on line 2	ze winners?	al of Wage and he year covered equired federal emp		ors and reportable			
Tax Statements, filed for the caler by this return  b If at least one is reported on line 2	idar year ending with or within the control of the	he year covered  equired federal emp	- 1		1c	Yes	
	a is greater than 250, you may b		2a	3	4		
	d business gross income of \$1,	be required to e me			2b	Yes	
a Did the organization have unrelate	ш ш ш ш ш ш ш ш ш ш ш ш ш ш ш ш ш ш ш	.000 or more during	a the v	ear?	За	Yes	
b If "Yes," has it filed a Form 990-T	for this year? If "No," provide an	-			3b	Yes	
At any time during the calendar ye over, a financial account in a foreign account)?	ear, did the organization have an gn country (such as a bank acco	n interest in, or a sig ount, securities acc	gnatur count,	e or other authority or other financial	4a		N
-							Ë
If "Yes," enter the name of the for See instructions for filing requirem	eign country <u>►</u> nents for Form TD F 90-22 1, Re	eport of Foreign Bai	nk and	Financial Accounts			
a Was the organization a party to a p	prohibited tay shelter transaction	on at any time durin	a the i	tav vaar?	5a		 
<ul><li>b Did any taxable party notify the or</li></ul>		•	_	•			'
				cranbaction.	5b		H
c If "Yes," to line 5a or 5b, did the o	rganization file Form 8886-T?				5c		L
a Does the organization have annua organization solicit any contribution	ons that were not tax deductible	e as charitable cont	rıbutıc	ns?	6a		r
b If "Yes," did the organization inclu were not tax deductible?			at suc • •	h contributions or gift	6 <b>b</b>	1	
<ul><li>Organizations that may receive de</li><li>Did the organization receive a pay</li></ul>	ment in excess of \$75 made pa	artly as a contribution			7a	Yes	
services provided to the payor? .  b If "Yes," did the organization notify					7b	Yes	
c Did the organization sell, exchang	e, or otherwise dispose of tangit						
file Form 8282?		[	 7d		7c		1
e Did the organization receive any fo	unds, directly or indirectly, to pa	ay premiums on a p	ersona	al benefit	]		١.
contract?	ar nay premiums directly or in	directly on a perso	· nalhe	nefit contract?	7e 7f		1
g If the organization received a cont required?	ribution of qualified intellectual	property, did the o			F		Ė
h If the organization received a cont		s, or other vehicles	s, dıd t	he organization file a	79 7h		
Sponsoring organizations maintain the supporting organization, or a d	iing donor advised funds and seconor advised fund maintained by	ction 509(a)(3) sup y a sponsoring orga	- anızatı		/"		
business holdings at any time duri					8		L
Sponsoring organizations maintain	_	. 40.553			_		
<b>a</b> Did the organization make any tax					9a		$\vdash$
<b>b</b> Did the organization make a distributions. For some solutions of the properties		, or related person?	•		9b		$\vdash$
Section 501(c)(7) organizations. E a Initiation fees and capital contribu		ا 12	10a				
<b>b</b> Gross receipts, included on Form 9 facilities	•	<b>-</b>	10a 10b				
Section 501(c)(12) organizations.	Enter						
a Gross income from members or sh		1	11a				
<b>b</b> Gross income from other sources against amounts due or received f	(Do not net amounts due or paic	d to other sources	11b				
a Section 4947(a)(1) non-exempt cl	naritable trusts. Is the organization	ition filina Form 990	) in lie	u of Form 1041?	12a		
b If "Yes," enter the amount of tax-e	xempt interest received or accr		12b	2 31 1 31111 1 UT1'	120		
Section 501(c)(29) qualified nonp							
Is the organization licensed to iss     Note. See the instructions for addi	ue qualified health plans in more		Sched	ule O	13a		
<b>b</b> Enter the amount of reserves the o	organization is required to maint	tain by the states					
in which the organization is license c Enter the amount of reserves on h	·	ns	13b		_		
		ucos during the term	13c		14-		l Ir
b If "Yes," has it filed a Form 720 to		_	-		14a 14b		<del> </del>

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If 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 O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
_				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie Cod</u>	<u>e.)</u>
			yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
110a b 111a b 112a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed ►VA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►THE FOUNDATION 200 N BOULEVARD RICHMOND, VA (804) 340-1515

Form 990	(2012	•
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# 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		( <b>D</b> ) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

organizations below dotted line)  organizations below dotted line)  organizations below dotted line)  organizations	(A) Name and Title		(B) Average hours per week (list any hours	more t	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (D) Reportable compensation from the organization (V							(E) Reportable compensation from related organizations (W	compensation V- from the		
Total (add lines 1b and 1c)			organizations below	Individual trustee or director	Institutional Trustee	Officei	employe	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		relate	ed
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)													-		
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)															
Total (add lines 1b and 1c)													+		
Total (add lines 1b and 1c)													$\perp$		
Total (add lines 1b and 1c)															
d Total (add lines 1b and 1c) . ▶ 840,867 0 9 95,886  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶4  3 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	1b	Sub-Total							-						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	С	Total from continuation sheet	s to Part VII, S	ection A	١.				Þ						
\$100,000 of reportable compensation from the organization      Yes   No	d	Total (add lines 1b and 1c) .							Þ		840,867		0		95,886
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2							d abov	e) w	ho received	l more th	nan			
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
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	3								yee,	, or highest	compen	sated employee	3		No
5 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	4	organization and related organ											· · · · · · · · · · · · · · · · · · ·		
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  Compensation  KJELLSTRON & LEE 1607 OWNBY LANE RICHMOND VA 23220  EXHIBITION & GALLERY CONSTRUCTION  SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  INVESTMENT MANAGEMENT  199,446  THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  INVESTMENT CONSULTING  175,000				•		•	•		•				4	Yes	
Section B. Independent Contractors  1	5				-					_	nızatıon	or individual for	ı		
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  (B)  (C)  (C)  (D)  (D)  (EXHIBITION & GALLERY CONSTRUCTION  (EXHIBITION & GALLERY CONSTRUCTION  (CONSTRUCTION)  (SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  (IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880  (THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  (MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)		services rendered to the organ	iizatioii ii ies	, compi	ele 3	crieu	uie.	) IOI Su	cii pe	CISUII			5	Yes	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  (B)  (C)  (B)  (C)  (C)  (D)  (D)  (EXHIBITION & GALLERY CONSTRUCTION  (EXHIBITION & GALLERY CONSTRUCTION  (CONSTRUCTION)  (SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  (IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880  (THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  (MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)  (INVESTMENT CONSULTING)		oction R. Independent Co	ntractors												
Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  KJELLSTRON & LEE 1607 OWNBY LANE RICHMOND VA 23220  SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880  THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  REALIBITION & GALLERY CONSTRUCTION & GALLERY CONSTRUCTION & GALLERY CONSTRUCTION & DESCRIPTION				ensate	d inde	ener	nden	t contr	acto	rs that rece	eived mo	re than \$100.000	of		
Name and business address  Description of services  Compensation  KJELLSTRON & LEE 1607 OWNBY LANE RICHMOND VA 23220  EXHIBITION & GALLERY CONSTRUCTION  SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  INVESTMENT MANAGEMENT  LIC 276 POST ROAD WEST WESTPORT CT 06880  INVESTMENT MANAGEMENT  THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  INVESTMENT CONSULTING  175,000														tax year	
KJELLSTRON & LEE 1607 OWNBY LANE RICHMOND VA 23220  SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168  IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880  THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  EXHIBITION & GALLERY CONSTRUCTION  1008 INVESTMENT MANAGEMENT  120,528  INVESTMENT MANAGEMENT  199,446  176,571  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  INVESTMENT CONSULTING  175,000		N		address							Des				
SILCHESTER INTERNATIONAL INVESTOR INC 370 LEXINGTON AVENUE SUITE 414 NEW YORK NY 10168 INVESTMENT MANAGEMENT 220,528 IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880 INVESTMENT MANAGEMENT 199,446 THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224 ADVERTISING 176,571 MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202 INVESTMENT CONSULTING 175,000	K1EII			auu1C33							XHIBITION	N & GALLERY	$\dashv$	сопре	
IRIDIAN ASSET MANAGEMENT LLC 276 POST ROAD WEST WESTPORT CT 06880 INVESTMENT MANAGEMENT 199,446 THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224 ADVERTISING 176,571 MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202 INVESTMENT CONSULTING 175,000				/ENLIE CI	IITE 4	1/1 NIF	=\\\\ \\	UDK VIV	10169						
THE MARTIN AGENCY PO BOX 7247-7224 PHILADELPHIA PA 191707224  MONTICELLO ASSOCIATES 1200 17TH STREET SUITE 2600 DENVER CO 80202  ADVERTISING 176,571  INVESTMENT CONSULTING 175,000							_vv Y	UKK NY	τοτρς				$\dashv$		
															176,571
						I			. 1 .				$\perp$		175,000

\$100,000 of compensation from the organization F7

Part V	1111	Statement of Revenue	nce to any question i	n this Bart VIII			_
		Check if Schedule O contains a respon	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b					
Gra not	С	Fundraising events 1c					
ß,	_						
Giff ilar	d	Related organizations <b>1d</b>					
ii š	e	Government grants (contributions) <b>1e</b>					
tior r S	f	All other contributions, gifts, grants, and similar amounts not included above	11,986,671	j	į	İ	
tributic Other	g	Noncash contributions included in lines	162.267	i			
n di	9	1a-1f \$	163,267				
Cont and	h	Total. Add lines 1a-1f	· · · · •	11,986,671			
			Business Code				
ina	2a	TRIP FEES	900099	26,660	26,660		
<u>چ</u> چ	b	TRIP AND TOUR COMMISSIONS	900099	25,810	25,810		
Program Serwce Revenue	С						
erw	d						
<i>\$</i>	e						
graf	f	All other program service revenue					
Č		Total. Add lines 2a-2f		F2 470			
	g 3	Investment income (including dividen		52,470			
		and other similar amounts)		2,605,971		102,771	2,503,200
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties	•				
		(i) Real	(II) Personal				
	6a b	Gross rents Less rental					
		expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	·				
		(i) Securities Gross amount	(II) Other				
	7a	from sales of 33,465,239 assets other than inventory					
	b	Less cost or other basis and 27,655,333					
		sales expenses					
	С	Gain or (loss) 5,809,906		5,809,906			5,809,906
	d 8a	Net gain or (loss)	· · · · •	3,809,900			3,809,900
Other Revenue		events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<u>።</u> ਜ		a					
Ť		Less direct expenses <b>b</b>					
J	C Qa	Net income or (loss) from fundraising	events 🛌				
	- 3d	Gross income from gaming activities See Part IV, line 19					
		a					
	Ь	Less direct expenses ${\bf b}$					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of inventory, less returns and allowances					
		a					
	ь	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inv					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	+				
	12	Total revenue. See Instructions .	🗚	20,455,018	52,470	102,771	8,313,106
	1			20,433,018	32,470	102,//1	0,313,100

	Statement of Functional Expenses	ather ergenizati	one must some	lata galumn (A)	
section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All				
	Check if Schedule O contains a response to any question in this Pa ot include amounts reported on lines 6b, o, 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	14,261,630	14,261,630	3	
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	201,891	72,634	111,099	18,158
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,104,354	174,653	517,862	411,839
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,236	23,767	40,142	41,327
9	Other employee benefits	66,441	8,259	31,612	26,570
10	Payroll taxes	93,618	17,723	45,077	30,818
11	Fees for services (non-employees)				
а	Management				
b	Legal	76,314		76,314	
С	Accounting	45,110		45,110	
d	Lobbying	2,061		2,061	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	915,831		915,831	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,480	24,131	4,000	349
12	Advertising and promotion	2,529		2,529	
13	Office expenses	63,870	10,600	25,988	27,282
14	Information technology	85,834	225	84,564	1,045
15	Royalties	,		,	<u> </u>
16	Occupancy	4,934		4,934	
17	Travel	48,570	48,550	20	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,		
19	Conferences, conventions, and meetings	18,550	4,687	1,132	12,731
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75,041		75,041	
23	Insurance	48,174		48,174	
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)				
а	UBI TAX	1,362		1,362	
b	SPECIAL EVENTS	152,505	12,302	409	139,794
c	MISCELLANEOUS	126,287	3,841	20,883	101,563
d	MISCELLANEOUS MUSEUM SU	15,546		15,246	300
e	All other expenses	15,836	1,679	913	13,244
25	Total functional expenses. Add lines 1 through 24e	17,560,004	14,664,681	2,070,303	825,020
26	Joint costs. Complete this line only if 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)				

Part X Balance Sheet

	tΧ	Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,864,667	2	1,277,444
	3	Pledges and grants receivable, net	2,026,612	3	938,508
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
386	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  1,990,232			
	ь	Less accumulated depreciation 10b 1,414,39°	644,806	10c	575,841
	11	Investments—publicly traded securities	117,117,707	11	109,461,950
	12	Investments—other securities See Part IV, line 11	105,813,723	12	133,334,927
	13	Investments—program-related See Part IV, line 11		13	_
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	18,572,123		12,642,455
	16	Total assets. Add lines 1 through 15 (must equal line 34)	246,039,638	16	258,231,125
	17	Accounts payable and accrued expenses	515,418	17	132,888
	18	Grants payable	,	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	50,000,000		40,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	, ,	21	, ,
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ab		persons Complete Part II of Schedule L		22	
L	23	Secured mortgages and notes payable to unrelated third parties	123,780	23	96,389
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	5 750 040		F 000 070
		D	5,758,843	25	5,629,870
	26	Total liabilities. Add lines 17 through 25	56,398,041	26	45,859,147
၂၄၅		lines 27 through 29, and lines 33 and 34.			40 /
101	27	Unrestricted net assets	-19,156,990		-18,168,908
ă	28	Temporarily restricted net assets	62,412,937	28	78,058,115
ınd	29	Permanently restricted net assets	146,385,650	29	152,482,771
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
12	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	189,641,597	33	212,371,978
	34	Total liabilities and net assets/fund balances	246,039,638	34	258,231,125

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,4	155,018
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				
	Net accept on find belonger at homeony after a financial part V, line 22, column (A.).	3		2,8	395,014
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		189,6	541,597
5	Net unrealized gains (losses) on investments	5		17 (	240 40
6	Donated services and use of facilities	3		17,8	348,487
	Bonatea Services and ase of facilities 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,9	86,880
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		212.:	371,978
Par	rt XIII Financial Statements and Reporting				,
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Software ID: **Software Version:** 

**EIN:** 51-0205333

Name: VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	s,Tru	uste	ees	, Key	/ En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list	Positio more unless an dire	(C on (do than	o not one son i er an trust	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
BENJAMIN W RAWLES III PRESIDENT & DIRECTOR	10 00	х		x				0	0	0
KELLY B ARMSTRONG VICE PRESIDENT & DIRECTO	10 00	х		х				0	0	0
MONA D ALBERTINE DIRECTOR	1 00	х						0	0	0
WILLIAM J ARMFIELD IV DIRECTOR	1 00	х						0	0	0
MICHAEL BAKWIN DIRECTOR	1 00	х						0	0	0
ANNE BATTLE DIRECTOR	1 00	х						0	0	0
JOHN R CURTIS JR DIRECTOR	1 00	х						0	0	0
FRANCES M DULANEY DIRECTOR	1 00	х						0	0	0
DR MARY ANN FRABLE DIRECTOR	1 00	х						0	0	0
NANCY H GOTTWALD DIRECTOR	1 00	х						0	0	0
FREDDIE P GRAY DIRECTOR	1 00	х						0	0	0
EVA TEIG HARDY DIRECTOR	1 00	х						0	0	0
H HITER HARRIS III DIRECTOR	1 00	х						0	0	0
CRAIG DIXON DIRECTOR	1 00	х						0	0	0
CAROLYN HSU-BALCER DIRECTOR	1 00	х						0	0	0
MARGARET F HOWERTON DIRECTOR	1 00	х						0	0	0
KEITH R KISSEE DIRECTOR	1 00	х						0	0	0
JAMES W KLAUS DIRECTOR	1 00	х						0	0	0
CAROL LASCARIS DIRECTOR	1 00	х						0	0	0
DR ANDREW M LEWIS DIRECTOR	1 00	х						0	0	0
A JOHN LUCAS DIRECTOR	1 00	х						0	0	0
CHARLOTTE M MINOR DIRECTOR	1 00	х						0	0	0
ELLEN GRAY N MAYBANK DIRECTOR	1 00	х						0	0	0
DR DAVID M RANDOLPH DIRECTOR	1 00	х						0	0	0
WYCLIFFE MCCLURE DIRECTOR	1 00	х						0	0	0

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

45 00

45 00

LINDA LIPSCOMB

JAYNE SHAW

DEPUTY DIRECTOR OF DEVELOPMENT

DIRECTOR OF DEVELOPMENT

(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest comp employee Institutional Tustor			Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee		olojee	Highest compensated employee				
MARK B SISISKY DIRECTOR	1 00	Х						0	0	0
DR PAUL S MONROE DIRECTOR	1 00	x						0	0	0
VANCE H SPILMAN DIRECTOR	1 00	х						0	0	0
FRED T TATTERSALL DIRECTOR	1 00	х						0	0	0
STANLEY J OLANDER JR DIRECTOR	1 00	х						0	0	0
LILO SIMMONS UKROP DIRECTOR	1 00	х						0	0	0
MARSHALL N MORTON DIRECTOR	1 00	х						0	0	0
DAVID B BRADLEY SEC & DEP DIR VMFAF ADM	45 00			х				157,343	0	37,546
JESSICA FEREY ASSISTANT SECRETARY	45 00			х				15,615	0	0
ALEXANDER L NYERGES CHIEF OPERATING OFFICER	10 00			х				291,496	0	9,458
R FERN SPENCER CFO	10 00			х				66,620	0	0

Χ

Χ

180,959

128,834

30,995

17,887

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493064003304

OMB No 1545-0047

**Employer identification number** 

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

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.

Open to Public Inspection

									51-02053				
	rt I			blic Charity Sta			•		· · · · · · · · · · · · · · · · · · ·	nstruction	ns.		
The	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throı	ugh 11, check	only one b	ox)				
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	lescribed in <b>s</b> e	ection 170(	b)(1)(A)(i).				
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	.)( <b>A)(ii).</b> (At	tach Sched	ule E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	ation descr	nbed in <b>sectio</b>	n 170(b)(1	)(A)(iii).				
4	Г	A medi	cal researci	h organization operat	ted ın conjun	ction with a	hospital desc	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii).	. Enter the		
				ty, and state									
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	tal unit de:	scribed in		
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )								
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).				
7	<b>▽</b>	An orga	anızatıon tha	at normally receives	a substantia	l part of its	support from	a governm	ental unit or fi	rom the ge	neral public		
8	Г			on 170(b)(1)(A)(vi). described in <b>sectior</b>			mplete Part II	)					
9			-	at normally receives			•	-	butions, mem	bership fe	es, and gross		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of											
				oss investment inco	•	=							
										,			
10	acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )  An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>												
11	į.	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of											
	,			ly supported organiz									
				bes the type of supp									
		a	Type I	<b>b</b>	┌ Type II	I - Function	ially integrate	d <b>d</b> [	Type III - No	on-functio	nally integrated		
e	Γ	•	_	ox, I certify that the	-		,		, ,		•		
				on managers and ot	her than one	or more pul	olicly support	ed organıza	tions describ	ed in secti	on 509(a)(1) or		
f			509(a)(2)	received a written de	atarmination	from the ID	C that it is a	Typo I Tyr	o II or Typo	III cuppo	rting organization		
•			this box	received a writteri di	ecermination	nom the IN	.5 that it is a	iype i, iyp	e II, or Type	III Suppo			
g				2006, has the organi	zation accep	ted any gift	or contributi	on from any	of the		,		
			ng persons?										
		., .		irectly or indirectly o	•		J	persons de	scribed in (ii)		Yes No		
		and (III	) below, the	governing body of th	ie supported	organızatıo	n?				Lg(i)		
		(ii) A fa	amıly memb	er of a person descr	bed in (i) ab	ove?					.g(ii)		
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11	g(iii)		
h		Provide	the follown	ng information about	the supporte	ed organizat	ion(s)						
	i) Nam		(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	•	(vi) Is		(vii) A mount of		
	suppor			organization	organizati		the organiz		organizat		monetary		
0	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor	•	col (i) org		support		
				or IRC section	docume	_	Suppor	( '	III the o	5 '			
				(see	accame								
				instructions))	Yes	No. No.			Yes	No	No.		
					162	No	Yes	No	Yes	No			
									1				
	.,												

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 13,251,705 10,511,455 12,548,653 12,691,826 11,986,671 60,990,310 not include any "unusual grants ") 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 13,251,705 10,511,455 12,548,653 12,691,826 11,986,671 60,990,310 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 4,141,931 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 56,848,379 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 13,251,705 12,691,826 Amounts from line 4 10,511,455 12,548,653 11,986,671 60,990,310 Gross income from interest, dividends, payments received on securities loans, rents, royalties -1,482,929 3,381,248 19,577,567 5,317,916 8,415,877 35,209,679 and income from similar sources 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 96,199,989 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 59 090 % Public support percentage for 2011 Schedule A, Part II, line 14 15 65 070 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose										
3	Gross receipts from activities that										
	are not an unrelated trade or										
	business under section 513			-							
4	Tax revenues levied for the										
	organization's benefit and either										
	paid to or expended on its behalf										
5	The value of services or facilities										
3	furnished by a governmental unit to										
	the organization without charge										
6	<b>Total.</b> Add lines 1 through 5										
	Amounts included on lines 1, 2,										
<i>7</i> a	and 3 received from disqualified										
	persons										
b	Amounts included on lines 2 and 3										
_	received from other than										
	disqualified persons that exceed										
	the greater of \$5,000 or 1% of the										
	amount on line 13 for the year										
С	Add lines 7a and 7b										
8	Public support (Subtract line 7c										
	from line 6 )										
_Se	Section B. Total Support										
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total				
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai				
9	A mounts from line 6										
10a	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar										
	sources										
Ь	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										
11	business activities not included										
	in line 10b, whether or not the										
	business is regularly carried on										
12	Other income Do not include										
	gain or loss from the sale of										
	capital assets (Explain in Part										
	IV)										
13	Total support. (Add lines 9, 10c,										
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)					
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►				
	check this box and stop here	a Cunnaut Da					<u> </u>				
	ction C. Computation of Public			1.2		T I					
15	Public support percentage for 2012			13, column (T))		15					
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16					
Se	Section D. Computation of Investment Income Percentage										
17	Investment income percentage for 20				nn (f))	17					
					. , ,						
18	Investment income percentage from					18					
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□				

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493064003304

#### OMB No 1545-0047

Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** VIRGINIA MUSEUM OF FINE ARTS FOUNDATION 51-0205333 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes ┌ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2			
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election			
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN			
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN			
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly					
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	Total lobbying expenditures to influence a legislative body (direct lobbying)							
c	Total lobbying expenditures (add lines 1a and 1b	o)							
d	O ther exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1c								
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:						
	Not over \$500,000	20% of the amount on li	ne 1e						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000					
	Over \$17,000,000	\$1,000,000							
	Grassroots nontaxable amount (enter 25% of lin	e 1f)							
_	Subtract line 1g from line 1a If zero or less, ente	•		-					
i	Subtract line 1f from line 1c If zero or less, ente			-					
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1			
-	section 4911 tax for this year?					┌ Yes ┌ No			
_	4-Voor Av	veraging Period U	Inder Section	F01/b)					
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five			
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1			
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total			
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots nontavable amount								

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)).

		(ă	(a)			(b)		
activ	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying vity.	Yes	No	'	A mou	nt		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of							
а	Volunteers?		Νo					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo					
С	Media advertisements?		Νo					
d	Mailings to members, legislators, or the public?		Νo					
е	Publications, or published or broadcast statements?		Νo					
f	Grants to other organizations for lobbying purposes?		No					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No					
i	O ther activities?	Yes				2,061		
j	Total Add lines 1c through 1i					2,061		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo					
b	If "Yes," enter the amount of any tax incurred under section 4912							
С	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?							
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5),	or s	ectio	n		
					Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?			1				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3				
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Iine 3, is answered "Yes."							
1	Dues, assessments and similar amounts from members	1						
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).							
а	Current year	2a						
h	Carryover from last year	2h						

#### political expenditure next year?

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

c Total

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

I dentifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	,	THE FOUNDATION PAID AN ATTORNEY TO ASSIST IN REPRESENTING THE MUSEUM'S INTERESTS ON BUDGETARY ISSUES BEFORE THE STATE LEGISLATURE RELATED TO ITS ANNUAL OPERATING APPROPRIATION

2c

3

4

5

DLN: 93493064003304

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

Internal Revenue Service		► Attach to For	Inspection					
	me of the organ	ization FINE ARTS FOUNDATION		Employer identification number				
ATK	COLINIA INDOCUM UF	THE WELD I COMPATION		51-0205333				
Pa				unds or Accounts. Complete if the				
	organi	zation answered "Yes" to Form 990	, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts				
1	Total number a	at end of year	(a) Donor advised funds	(b) Funds and other accounts				
2		tributions to (during year)						
3		nts from (during year)						
4		ue at end of year						
5	Did the organi	zation inform all donors and donor adviso organization's property, subject to the or	<del>-</del>	or advised Yes No				
6	Did the organi used only for c	zation inform all grantees, donors, and d charitable purposes and not for the benef	onor advisors in writing that grant funds	ny other purpose				
D-		ermissible private benefit?	the arrangement of the state of	Yes No				
		ervation Easements. Complete if		o Form 990, Part IV, line 7.				
1		conservation easements held by the org on of land for public use (e g , recreation		historically important land area				
		of natural habitat		certified historic structure				
	Preservation	on of open space						
2		s 2a through 2d if the organization held a the last day of the tax year	a qualified conservation contribution in t	he form of a conservation				
				Held at the End of the Year				
а	Total number o	of conservation easements		2a				
b	Total acreage	restricted by conservation easements		2b				
C	Number of con	servation easements on a certified histo	oric structure included in (a)	2c				
d		servation easements included in (c) acc ure listed in the National Register	juired after 8/17/06, and not on a	2d				
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	ed by the organization during				
	the tax year ►	·						
4	Number of stat	tes where property subject to conservat	ion easement is located ►	<u></u>				
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and <b>Yes No</b>				
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the year				
_	A mount of exp	——— penses incurred in monitoring, inspecting	ı, and enforcing conservation easements	s during the year				
7	•	renses meanea m memering, mapeering	,, and emoremy conservation casements	s daming the year				
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı)				
9		lescribe how the organization reports coi , and include, if applicable, the text of th						
Par		on's accounting for conservation easement nizations Maintaining Collection		or Other Similar Assets.				
		ete if the organization answered "Y						
1a	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furtherance of public				
b	works of art, h	ition elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,					
	(i) Revenues i	included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets inc	luded in Form 990, Part X		<b>▶</b> \$				
2	If the organiza	ition received or held works of art, histor unts required to be reported under SFAS		'				
а	_	uded in Form 990, Part VIII, line 1		<b>▶-</b> \$				
	Mayanada man	adda iir i diiii 550,1 dic viii, iiile i		· ·				

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	<u>liections of Ar</u>	t, HIS	storicai i	reasures, or c	<u>rtne</u>	<u>r Similar As</u>	<b>sets</b> (continuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that	are a	sıgnıfıcant use	ofits
а	Public exhibition		d	┌ Loan	or exchange prog	rams		
b	Scholarly research		e	┌ Othe	r			
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expl	ain ho	w they furth	er the organization	n's ex	empt purpose	ın
5	During the year, did the organization solicit							
	assets to be sold to raise funds rather than t		-					☐ Yes ☐ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					ea "Y	es" to Form S	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			•		setsı	not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing table	_			
							An	nount
С	Beginning balance				_	1c		
d	Additions during the year				_	1d		
e	Distributions during the year				_	1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•				┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in l	art >	KIII	Г
Pa	rt V Endowment Funds. Complete							
	D	(a)Current year 196,720,137	(b)	Prior year 159,032,705	<b>b (c)</b> Two years back	_	Three years back 124,428,369	(e)Four years back 164,638,416
1a L	Beginning of year balance	11,118,538		48,697,427			2,470,325	1,657,238
b	Contributions	11,110,550		40,037,427	1,233,70	1	2,470,323	1,037,230
С	Net investment earnings, gams, and losses	25,473,873		-3,045,769	31,951,24		15,831,515	-31,622,895
d	Grants or scholarships							
e	Other expenditures for facilities and programs	10,409,215		7,964,226	9,762,77	,	7,119,676	10,244,390
f	Administrative expenses							
g	End of year balance	222,903,333		196,720,137	159,032,70	5	135,610,533	124,428,369
2	Provide the estimated percentage of the cur	rent vear end balan	ce (lır	ne 1a. colur	nn (a)) held as		· ·	
а	Board designated or quasi-endowment	2 510 %		<b>3</b> ,	(,,			
ь	Permanent endowment ► 97 490 %							
c	Temporarily restricted endowment >-							
·	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%						
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that are he	d and administere	d for	the	
	organization by  (i) unrelated organizations						20/	Yes No
	(ii) related organizations		•			•	3a(	
ь	If "Yes" to 3a(II), are the related organization					٠.	31	<del></del>
4	Describe in Part XIII the intended uses of th							
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	90, Pa				_	
	Description of property			(a) Cost of basis (inve			(c) Accumulate depreciation	d (d) Book value
1a	Land							
b	Buildings		-		1,99	0,232	1,414,3	575,841
С	Leasehold improvements							
	Equipment		•					
					10(-)			
Iota	<b>I.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	quai Form 990, Part	χ, colι	ımn (B), line	: 10(c).)		<u> ►</u>	575,841

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.	
(a) Description of security or category	( <b>b)</b> Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	122 224 027		-
(A) LIMITED PARTNERSHIPS AND HEDGE FUNDS	133,334,927		F
	_		
-			
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	, ,		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>-  </u>		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
-			
	5.)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15			
Part X Other Liabilities. See Form 990, Part >	K, line 25.		
Part X Other Liabilities. See Form 990, Part >	K, line 25.		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes	K, line 25. (b) Book value		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE	(, line 25. (b) Book value 5,103,084		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE	(, line 25. (b) Book value 5,103,084		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability  Federal income taxes  ANNUITIES PAYABLE  INTEREST RATE SWAP PAYABLE	(, line 25. (b) Book value 5,103,084 253,520		

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	39,425,607
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	19,886,420
3	Subtract line <b>2e</b> from line <b>1</b>	3	19,539,187
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	915,831
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	20,455,018
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	16,681,873
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	37,700
3	Subtract line <b>2e</b> from line <b>1</b>	3	16,644,173
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		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	915,831
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I line 18.)		17 560 004

#### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Information		
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE FOUNDATION'S ENDOWMENT CONSISTS OF VARIOUS INDIVIDUAL FUNDS THAT WERE ESTABLISHED FOR A VARIETY OF PURPOSES THE FOUNDATION SPENDS IN ACCORDANCE WITH A BOARD ADOPTED POLICY BASED UPON ACCUMULATED EARNINGS AS DIRECTED BY DONORS AND ACTIONS OF THE BOARD OF DIRECTORS THE PRIMARY OBJECTIVE OF THE ENDOWMENT FUNDS IS LONG-TERM CAPITAL APPRECIATION AND TOTAL RETURN
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE FINE ARTS FOUNDATION HAS RECEIVED A FAVORABLE 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, 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN FMV OF TRUSTS AND ANNUITIES AND INTEREST RATE SWAP (NET) 1,933,136 REPORTED ON VIRGINIA MUSEUM REAL ESTATE FOUNDATION 990EZ 104,797
PART XI, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS 915,831
PART XII, LINE 2D - OTHER ADJUSTMENTS		REPORTED ON VIRGINIA MUSEUM REAL ESTATE FOUNDATION 990EZ 37,700
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES NETTED AGAINST INCOME ON FINANCIAL STATEMENTS 915,831
		Schedule D (Form 990) 2012

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

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

OMB No 1545-0047

DLN: 93493064003304

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Employer identification number

51-0205333

Does the organization main the selection criteria used t	cam records to subs to award the grants	or assistance?	ne grants or assistance	e, the grantees eligibili	ty for the grants or a	ssistance, and	✓ Yes
Describe in Part IV the orga							,,
		Governments and recipient that receive					d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA MUSEUM OF FINE ARTS 200 NORTH BOULEVARD RICHMOND,VA 23220	54-6001804	501 (C)(3)	14,261,630				TO ASSIST IN IMPLEMENTING AND FUNDING PROGRAMS, PROJECTS, AND OPERATIONS OF THE VIRIGNIA MUSEUM OF FINE ARTS FOR THE YEAR ENDED JUNE 30, 2013, ASSISTANCE WAS USED FOR CURATORIAL, MUSEUM EXPANSION, EDUCATION AND OUTREACH, AND MANAGEMENT AND GENERAL EXPENSES
+							
+							

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

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION WAS FORMED FOR THE PURPOSE OF IMPLEMENTING AND FUNDING PROGRAMS, PROJECTS AND OPERATIONS OF THE VIRGINIA MUSEUM OF FINE ARTS, WHICH ARE AUTHORIZED AND APPROVED BY THE BOARD OF TRUSTESS OF THE VIRGINIA MUSEUM OF FINE ARTS

DLN: 93493064003304

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization VIRGINIA MUSEUM OF FINE ARTS FOUNDATION **Employer identification number** 

51-0205333

Pa	rt I Questions Regarding Compensati	ion				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	ᅜ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direc			2	Yes	
		icor, rogare			res	
3	Indicate which, if any, of the following the filing orgonization's CEO/Executive Director Check all used by a related organization to establish compe	l that apply				
	Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	0, Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only i	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		No
8	Were any amounts reported in Form 990, Part VII	I, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described		tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follows section 53 4958-6(c)?	the rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of  (i) Base compensation	f W-2 and/or 1099-MIS  (ii) Bonus &  Incentive  compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported as deferred in prior Form 990
(1)DAVID B BRADLEY SEC & DEP DIR VMFAF ADM	(i) (ii)	157,343 0	0	0	20,307	17,239 0	194,889 0	0
(2)ALEXANDER L NYERGES CHIEF OPERATING OFFICER	(i) (ii)	66,863 0	44,191 0	180,442	9,458 0	0	300,954 0	0
(3)LINDA LIPSCOMB DEPUTY DIRECTOR OF DEVELOPMENT	(i) (ii)	180,959	0	0	23,221	7,774 0	211,954 0	0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Also complete this part for any additi	ional information	
Identifier	Return Reference	Explanation
	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 \$9,458 TO A NON-QUALIFIED RETIREMENT PLAN FOR THE BENEFIT OF ALEXANDER L NYERGES, THE FOUNDATION'S CHIEF OPERATING OFFICER SINCE THE COO IS FULLY VESTED IN THESE CONTRIBUTIONS, THE RELATED AMOUNTS HAVE BEEN REPORTED ON FORM 990, PART VII, SECTION A AND SCHEDULE J ALSO DURING THE 6/30/12 FISCAL YEAR END THE FOUNDATION ESTABLISHED A 457(B) PLAN AND A SUPPLEMENTAL BENEFIT AGREEMENT FOR THE BENEFIT OF THE FOUNDATION'S COO THE FOUNDATION ACCRUED A \$2,500 LIABILITY RELATED TO THE 457(B) PLAN AND A \$97,500 LIABILITY RELATED TO THE SUPPLEMENTAL BENEFIT AGREEMENT THESE AMOUNTS ARE NOT REPORTED IN PART VII, SECTION A OR SCHEDULE J
SUPPLEMENTAL INFORMATION	PART III	DURING FISCAL YEAR 2011, THE FOUNDATION ENTERED INTO AN OPERATING AGREEMENT WITH THE VIRGINIA MUSEUM OF FINE ARTS, AN UNRELATED ORGANIZAITON 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 AS PART OF A SUPPLEMENTAL SUPPORT AGREEMENT BETWEEN THE FOUNDATION AND THE COO, THE FOUNDATION MAKES PAYMENTS TO THE MUSEUM FOR SUPPLEMENTAL SALARY AMOUNTS WHICH ARE PAID BY THE MUSEUM TO THE COO AS PART OF HIS SALARY THESE AMOUNTS TOTALED \$145,642 FOR THE YEAR IN ADDITION, THE FOUNDATION ALSO PROVIDES A HOUSING BENEFIT TO THE COO ESTIMATED TO BE VALUED AT \$2,900 PER MONTH BOTH THE SALARY SUPPLEMENT AND HOUSING BENEFIT PROVIDED TO THE COO BY THE FOUNDATION WERE INCLUDED AS TAXABLE COMPENSTATION IN THE COO'S W-2 FROM THE MUESUM

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DLN: 93493064003304 OMB No 1545-0047

2012

## **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 VI. ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Employer identification number

	e of the organization	EOUNDATION									Employer identification number					
V I K	GINIA MUSEUM OF FINE ARTS	FOUNDATION								51	-02053	33				
P	art I Bond Issues	Τ		1												
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue	price	(f	<b>f)</b> Descriptio	n of purpose	( <b>g)</b> De	(g) Defeased		altot i ''		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	VIRGINIA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928104JL3	08-25-2005	30,00	0,000		FINANCING OF MUSEUM RENOVATIONS			x		x		Х	
В	VIRGINIA SMALL BUSINESS FINANCING AUTHORITY	54-1300845	928104KM9	08-28-2008	20,000,000 FINANCING OF MUSEUM RENOVATIONS			Х		х		Х				
Pa	Proceeds				_			<b>.</b>								
								В			С		D			
1	A mount of bonds legally defeased					10,000	,000,	1	10,000,000							
3	Total proceeds of issue					30,000	,000,	2	20,000,000							
4	Gross proceeds in reserve fun-															
_5	Capitalized interest from proce															
6	Proceeds in refunding escrows															
7	Issuance costs from proceeds					309	,244	344,139								
8	Credit enhancement from proc															
9	Working capital expenditures f															
10	Capital expenditures from proc	ceeds				29,690	,756	1	19,655,861							
11	O ther spent proceeds															
12	O ther unspent proceeds															
13	Year of substantial completion	1			20	10		20	10							
					Yes	No	<b>&gt;</b>	Yes	No	Yes	N N	lo	Yes		No	
14	Were the bonds issued as part	of a current refund	ing issue?			Х			Х							
15	Were the bonds issued as part	of an advance refu	nding issue?			Х			Х							
16	Has the final allocation of proc	eeds been made?			Х			Х								
17	Does the organization maintail allocation of proceeds?	n adequate books a	nd records to supp	ort the final	Х			Х								
Pa	t IIII Private Business U	se														
					<i>Y</i> = -			B			<u>C</u>			D		
4	Was the organization a partner	r in a nartnership o	ra member of an U	IC which owned	Yes	No	<b>^</b>	Yes	No	Yes	N	lo	Yes	+	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owne				I	l x			Х		1					

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Χ

Sche	dule K (Form 990) 2012									Page <b>2</b>
Par	Private Business Use (Continued)									
				A		В		<u>C</u>		D
3a	Are there any management or service contracts that may result in private	husiness use	Yes	No	Yes	No	Yes	No	Yes	No
<b>J</b> a	of bond-financed property?			Х		Х				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fina property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		×		×				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government			%		%		%		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe (c)(3) organization, or a state or local government			%		%		º/o		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?			X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х		х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all non- bonds of the issue are remediated in accordance with the requirements und Regulations sections 1 141-12 and 1 145-2?		×		Х					
Par	t IV Arbitrage							<u>'</u>	•	•
		Α			В				D	
	Heathan and God Farm 0020 TO	Yes	No	Yes	No	Yes	;	No	Yes	No
1	Has the issuer filed Form 8038-T?	Х			X					
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Х		X					
b	Exception to rebate?		Х		X					
С	No rebate due?		Χ		X					
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?	Х		Х						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х		Х						
ь	Name of provider	WELLS FARGO	) 	WELLS FAR	RG0					
С	Term of hedge	1 16500	0000000	1 165	00000000	0				
d	Was the hedge superintegrated?		Χ		Х					
е	Was a hedge terminated?		Х		Х					
									_	

Part IV Arbitrage (Continued)

**Identifier** 

**Return Reference** 

5a		Yes							
5a		165	No	Yes	No	Yes	No	Yes	No
	Were gross proceeds invested in a guaranteed investment contract (GIC)?		×		х				
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х				
7	Has the organization established written procedures to monitor the requirements of section 148?	х		х					
Par	rt V Procedures To Undertake Corrective Action	•							
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		Х		Х				

Schedule K (Form 990) 2012

**Explanation** 

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Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Employer identification number

				L	51-0205333			
Рa	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	Method of c noncash contri	determi		ts
				1 g				
1	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
_	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	28	163 267	FAIR MARKET VA	LIIF		
	Securities—Closely held stock .		20	103,207	TAIR MARKET VA	LUL		
	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ► ()							
	O ther ► ()							
	Other ► () Number of Forms 8283 received	by the even	l	r for contributions				
29	for which the organization comple		<del>-</del> ,		29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti	re holding p	period?			30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
31	Does the organization have a gif	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part	les or related organizations	to solicit, process, or sell i	noncash • • •	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	: in column (c) for a type of	property for which column (	a) is checked,			

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	· · · · · · - <b>,</b> · ·	THE FOUNDATION USES STOCK BROKERS TO SELL GIFTS OF PUBLICLY TRADED STOCK

Schedule M (Form 990) (2012)

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DLN: 93493064003304

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

	Employer ident if i	cation number
VIRGINIA MUSEUM OF FINE ARTS FOUNDATION		
	51-0205333	

Identifier Return Reference	Explanation e
FORM 990, PART V, LI 4A	DURING CALENDAR YEAR 2012, 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 FINANCIAL ACCOUNTS IRS NOTICE 2010-23 ALSO STATES THAT "PROVIDED THE 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	TERMS FOR DIRECTORS WAS CHANGED FROM 3 YEARS TO 4 YEARS AND NO MORE THAN A QUARTER OF THE BOARD WILL ROTATE EACH YEAR INSTEAD OF A THIRD

Identifier	Return Reference	Explanation					
	FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT OF THE 990 RETURN WAS INITIALLY REVIEWED BY THE CFO 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					

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY, WITH A COMPLAINT PROCEDURE WAS ADOPTED IN 2004 AND WAS STRENGTHENED IN 2009 WITH THE INCLUSION OF A SEPARATE WHISTLE BLOWERS POLICY AND QUESTIONNAIRE ALL DIRECTORS AND STAFF MEMBERS HAVE BEEN BRIEFED ON THEIR OBLIGATIONS UNDER THE POLICY ANNUALLY THE DIRECTORS AND STAFF MEMBERS ARE REQUIRED TO COMPLETE THE QUESTIONNAIRE AND DISCLOSE ANY CONFLICT THEY HAVE IN ADDITION, THE CORPORATE SECRETARY AND GENERAL COUNSEL ARE PREPARED TO RESPOND TO INQUIRIES AND VIOLATIONS TO THE POLICY AND RESPOND ACCORDINGLY

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S BUDGET COMPENSATION COMMITTEE REVIEWS AND APPROVES THE SALARY OF OFFICERS AND KEY EMPLOYEES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS PROVIDED UPON REQUEST

ldentifier	Return Reference	Explanation
COMPENSATION FROM ANY UNRELATED ORGANIZATION	FORM 990, PART VII, LINE 5	DURING FISCAL YEAR 2011, THE FOUNDATION ENTERED INTO AN OPERATING AGREEMENT WITH THE VIRGINIA MUSEUM OF FINE ARTS, AN UNRELATED ORGANIZAITON 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 AS PART OF A SUPPLEMENTAL SUPPORT AGREEMENT BETWEEN THE FOUNDATION AND THE COO, THE FOUNDATION MAKES PAYMENTS TO THE MUSEUM FOR SUPPLEMENTAL SALARY AMOUNTS WHICH ARE PAID BY THE MUSEUM TO THE COO AS PART OF HIS SALARY THESE AMOUNTS TOTALED \$145,642 FOR THE YEAR IN ADDITION, THE FOUNDATION ALSO PROVIDES A HOUSING BENEFIT TO THE COO ESTIMATED TO BE VALUED AT \$2,900 PER MONTH BOTH THE SALARY SUPPLEMENT AND HOUSING BENEFIT PROVIDED TO THE COO BY THE FOUNDATION WERE INCLUDED AS TAXABLE COMPENSTATION IN THE COO'S W-2 FROM THE MUESUM

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CHANGE IN FAIR MARKET VALUE OF TRUSTS AND ANNUITIES 1,758,664 CHANGE IN FAIR MARKET VALUE OF INTEREST RATE SWAP 174,471 CHANGE IN DONOR RESTRICTIONS 53,745

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THERE ARE NO REPORTABLE CHANGES TO THE ORGANIZATION'S OVERSIGHT PROCESS FROM THE PRIOR TAX YEAR

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DLN: 93493064003304

Related Organizations and Unrelated Partnerships

2012

Open to Public Inspection

**Employer identification number** 

51-0205333

Department of the Treasury Internal Revenue Service

Name of the organization

VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

(Form 990)

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

Part I Identification of Disregarded Entities (Comp	lete if the organization	answered "Yes" t	o Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	<b>izations</b> (Complete ıf the tax year.)	the organization a	inswered "Yes"	to Form 990, Pa	art IV, line 34 because it	had or	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)	atus Direct controlling (3)) entity	Section (13) co ent	ontrolle tity?
(1) VIRGINIA MUSEUM REAL ESTATE FOUNDATION  200 N BOULEVARD  RICHMOND, VA 232204007 54-1630084	REAL ESTATE MANAGEMENT RELATED TO REAL PROPERTY HELD IN SUPPORT OF VMFA	VA	501(C)(3)	LINE 11A, I	VIRGINIA MUSEUM OF FINE ARTS FOUNDATION	Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 99	0.	Cat No 501	35Y	<u> </u>	Schedule R (Form	990) 2	012

(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- -year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule							No	
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)						No	
C	c Gift, grant, or capital contribution from related organization(s)							
d								
e	e Loans or loan guarantees by related organization(s)							
	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No No	
i	i Exchange of assets with related organization(s)							
j	ease of facilities, equipment, or other assets to related organization(s)				1j		No	
k Lease of facilities, equipment, or other assets from related organization(s)								
I	I Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses								
q Reimbursement paid by related organization(s) for expenses							No	
r Other transfer of cash or property to related organization(s)							No	
s Other transfer of cash or property from related organization(s)							No	
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	overed relationships	and transaction thresholds				
	(a)	(b)	(c)	(d)				
	Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount in	ivolved		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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)

egardıng exclu	ision for c	ertaın ınvestr	nent	partnerships								
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under section 512-	org	section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets			amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentag ownership
		314)	Yes	No			Yes	No		Yes	No	
									<del> </del>		1	I
	egarding exclu	(b) Primary activity Primary activity Legal domicile (state or foreign	(b) (c) (d) Primary activity Legal domicile (state or foreign country) (country) (country)	(b) (c) (d) Primary activity Legal domicile (state or foreign country) (related, excluded from tax under section 512-	regarding exclusion for certain investment partnerships  (b) (c) (d) (e)  Primary activity Legal domicile (state or foreign country) excluded from tax under section 512-	(b) (c) Legal domicile (state or foreign country) (related, excluded from tax under section 512-	(b) (c) Legal domicile (state or foreign country) (related, excluded from tax under section 512-	(b) (c) Legal domicile (state or foreign country) (related, excluded from tax under section 512-	(b) (c) Legal domicile (state or foreign country) (related, country) (	(b) CC Legal domicile (state or foreign country) (related, excluded from tax under section 512-	(b) CC Legal domicile (state or foreign country) (related, country) (related, country) (related, country) (related) (excluded from tax under section 512-	(b) Code V—UBI amount in come (related, country) (rountry) (rountry) (rountry) (c) Legal domicile (state or foreign country) (rountry) (c) Legal domicile (state or foreign country) (rountry) (roun

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 51-0205333

Name: VIRGINIA MUSEUM OF FINE ARTS FOUNDATION

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)								
Identifier	Return Reference	Explanation						
•								