

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MINT MUSEUM OF ART, INC.</b>		<b>D</b> Employer identification number <b>56-0670666</b>
	Doing Business As		<b>E</b> Telephone number <b>(704) 337-2000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>2730 RANDOLPH ROAD</b>		<b>G</b> Gross receipts \$ <b>10,873,927.</b>
City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28207</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: <b>KATHLEEN JAMESON</b> <b>2730 RANDOLPH ROAD, CHARLOTTE, NC 28207</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>WWW.MINTMUSEUM.ORG</b>		<b>H(c)</b> Group exemption number <b>▶</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>▶</b>		<b>L</b> Year of formation: <b>1936</b>	<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MINT MUSEUM IS A LEADING, INNOVATIVE MUSEUM OF INTERNATIONAL ART AND DESIGN COMMITTED TO</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>89</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,043,196.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>242,345.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,179,749.</b>	<b>Current Year</b> <b>7,501,188.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>318,069.</b>	<b>350,421.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,316,574.</b>	<b>717,950.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,301,671.</b>	<b>1,153,042.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,116,063.</b>	<b>9,722,601.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,564,086.</b>	<b>3,392,328.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 830,480.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>7,044,407.</b>	<b>5,863,731.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,608,493.</b>	<b>9,256,059.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-3,492,430.</b>	<b>466,542.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>105,989,455.</b>	<b>End of Year</b> <b>110,933,689.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>560,412.</b>	<b>765,781.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>105,429,043.</b>	<b>110,167,908.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	<b>KATHLEEN JAMESON, EXECUTIVE DIRECTOR</b> Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JANICE A. RATICA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN <b>P00358837</b>
	Firm's name <b>▶ CHERRY BEKAERT LLP</b>	Firm's EIN <b>▶ 56-0574444</b>		Phone no. <b>704-377-1678</b>
Firm's address <b>▶ 1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204</b>				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MINT MUSEUM IS A LEADING, INNOVATIVE MUSEUM OF INTERNATIONAL ART AND DESIGN COMMITTED TO ENGAGING AND INSPIRING ALL MEMBERS OF OUR GLOBAL COMMUNITY. THE MINT MUSEUM IS DEDICATED TO LEADERSHIP IN COLLECTING, EXHIBITING, CONSERVING, RESEARCHING, PUBLISHING,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 6,875,665. including grants of \$ ) (Revenue \$ 422,790. ) THE MINT MUSEUM COLLECTS, DISPLAYS, AND PRESERVES ART AND ARTIFACTS FOR PRESENTATION TO THE GENERAL PUBLIC. THE MINT OFFICIALLY OPENED ON OCTOBER 22, 1936, AS THE FIRST ART MUSEUM IN NORTH CAROLINA, IN THE FACILITY NOW KNOWN AS MINT MUSEUM RANDOLPH. MINT MUSEUM UPTOWN OPENED TO THE PUBLIC IN OCTOBER 2010 AS PART OF THE LEVINE CENTER FOR THE ARTS. TOGETHER THE TWO FACILITIES COMPRISE THE MINT MUSEUM. THE MINT IS DEDICATED TO COLLECTING, PRESERVING, EXHIBITING AND INTERPRETING ITS COLLECTION THAT TOTALS MORE THAN 35,000 OBJECTS. THESE COLLECTIONS ARE HELD IN TRUST FOR THE GENERAL PUBLIC AND ARE THE FOUNDATION UPON WHICH EDUCATIONAL PROGRAMS, SCHOLARLY PRESENTATIONS, AND PUBLICATIONS ARE BUILT, AS WELL AS BEING PART OF AN ENVIRONMENT FOR ARTISTIC LEARNING AND GRATIFICATION BY INDIVIDUALS OF ALL AGES, BELIEFS, AND ECONOMIC AND

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,875,665.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and reporting requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (24), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NC
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE BUSINESS OFFICE OF THE MINT MUSEUM - (704)337-2000 2730 RANDOLPH ROAD, CHARLOTTE, NC 28207

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(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 (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MRS. MARGARET BALLANTYNE MEMBER	1.00	X					0.	0.	0.	
(2) DR. KIM BLANDING MEMBER	1.00	X					0.	0.	0.	
(3) MR. R. ALFRED BRAND MEMBER	1.00	X					0.	0.	0.	
(4) MRS. KATHRYN ("KATHY") BUFANO MEMBER	1.00	X					0.	0.	0.	
(5) DR. RONALD L. CARTER MEMBER	1.00	X					0.	0.	0.	
(6) MRS. SUSAN COLE MEMBER	1.00	X					0.	0.	0.	
(7) MR. JESSE CURETON MEMBER	1.00	X					0.	0.	0.	
(8) MR. WALTER DOLHARE MEMBER	1.00	X					0.	0.	0.	
(9) MRS. SARA GARCES-ROSELLI MEMBER	1.00	X					0.	0.	0.	
(10) MR. ROBERT E. JAMES, JR. MEMBER	1.00	X					0.	0.	0.	
(11) MRS. CHANDRA JOHNSON MEMBER	1.00	X					0.	0.	0.	
(12) MRS. ASHLEY LARKIN MEMBER	1.00	X					0.	0.	0.	
(13) MR. NEILL MCBRYDE MEMBER	1.00	X					0.	0.	0.	
(14) MS. SONJA NICHOLS MEMBER	1.00	X					0.	0.	0.	
(15) MRS. MARY ANNE (MA) ROGERS MEMBER	1.00	X					0.	0.	0.	
(16) MR. JOHN A. SWITZER MEMBER	1.00	X					0.	0.	0.	
(17) MS. LAURA VINROOT POOLE MEMBER	1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. ROBERT H. ("TREY") SHERIDAN MEMBER	1.00	X						0.	0.	0.
(19) MR. RICHARD "STICK" T. WILLIAMS MEMBER	1.00	X						0.	0.	0.
(20) WESTON M. ANDRESS MEMBER	1.00	X						0.	0.	0.
(21) MR. JAY EVERETTE CHAIR	1.00	X		X				0.	0.	0.
(22) MRS. JO ANN PEER VICE CHAIR	1.00	X		X				0.	0.	0.
(23) MRS. SANDI O. THORMAN TREASURER	1.00	X		X				0.	0.	0.
(24) MR. SAMUEL B. BOWLES SECRETARY	1.00	X		X				0.	0.	0.
(25) TONI L. FREEMAN CHIEF OPERATING OFFICER	40.00			X				136,274.	0.	8,857.
(26) KATHLEEN V. JAMESON PRESIDENT AND CHIEF EXECUTIVE OFFICE	40.00			X				181,942.	0.	10,283.
<b>1b Sub-total</b>								318,216.	0.	19,140.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								318,216.	0.	19,140.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**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) Name and business address	(B) Description of services	(C) Compensation
SUNSTATES SECURITY, LLC, 801 CORPORATE DRIVE, SUITE 110, RALEIGH, NC 27607	SECURITY	643,869.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,087,001.					
	<b>b</b> Membership dues .....	<b>1b</b> 970,062.					
	<b>c</b> Fundraising events .....	<b>1c</b> 127,000.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 133,894.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 5,183,231.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,988,334.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	7,501,188.				
	<b>Program Service Revenue</b>	<b>2 a</b> MUSEUM ADMISSIONS	<b>Business Code</b> 900099	316,003.	316,003.		
<b>b</b> EDUCATION PROGRAMS		611710	34,418.	34,418.			
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		▶	350,421.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	278,542.			278,542.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	1,062,247.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	1,062,247.				
	<b>d</b> Net rental income or (loss) .....	▶	1,062,247.		1,043,196.	19,051.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,163,029.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	723,621.				
		<b>c</b> Gain or (loss) .....	439,408.				
	<b>d</b> Net gain or (loss) .....	▶	439,408.			439,408.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 127,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	54,700.				
		<b>b</b> Less: direct expenses .....	82,530.				
<b>c</b> Net income or (loss) from fundraising events .....		▶	-27,830.			-27,830.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....						
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	391,431.					
	<b>b</b> Less: cost of goods sold .....	345,175.					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶	46,256.			46,256.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS	900099	72,369.	72,369.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	72,369.				
<b>12 Total revenue.</b> See instructions. ....	▶	9,722,601.	422,790.	1,043,196.	755,427.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	337,356.	238,848.	48,917.	49,591.
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	2,517,608.	1,782,466.	365,053.	370,089.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	323,363.	228,941.	46,888.	47,534.
10 Payroll taxes	214,001.	151,513.	31,030.	31,458.
11 Fees for services (non-employees):				
a Management				
b Legal	4,590.		4,590.	
c Accounting	52,327.		52,327.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	127,777.		127,777.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,521,406.	1,193,827.	309,238.	18,341.
12 Advertising and promotion	141,381.		1,903.	139,478.
13 Office expenses	420,750.	175,663.	211,269.	33,818.
14 Information technology				
15 Royalties				
16 Occupancy	207,808.	201,366.	3,118.	3,324.
17 Travel	27,771.	19,662.	4,027.	4,082.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,040,269.	1,981,101.	30,604.	28,564.
23 Insurance	94,168.	21,049.	69,569.	3,550.
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.)				
a GOVT. APPROPRIATIONS	488,689.	473,540.	7,330.	7,819.
b RECEPTION/PHOTOGRAPHY/A	298,784.	210,405.		88,379.
c EXHIBIT RENTAL & EXPANS	126,295.	126,295.		
d EDUCATION & LIBRARY	65,218.	65,218.		
e All other expenses	246,498.	5,771.	236,274.	4,453.
25 Total functional expenses. Add lines 1 through 24e	9,256,059.	6,875,665.	1,549,914.	830,480.
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**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	749,097.	<b>1</b>	1,543,463.
	<b>2</b> Savings and temporary cash investments .....	1,260,694.	<b>2</b>	3,008,363.
	<b>3</b> Pledges and grants receivable, net .....	740,129.	<b>3</b>	712,028.
	<b>4</b> Accounts receivable, net .....	614,818.	<b>4</b>	173,249.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	230,979.	<b>8</b>	220,219.
	<b>9</b> Prepaid expenses and deferred charges .....	53,597.	<b>9</b>	98,551.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 62,319,339.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,163,435.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	42,033,410.	<b>12</b>	46,911,354.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,182,358.	<b>15</b>	3,110,558.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	105,989,455.	<b>16</b>	110,933,689.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	456,537.	<b>17</b>	668,441.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	103,875.	<b>19</b>	97,340.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	560,412.	<b>26</b>	765,781.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	7,207,678.	<b>27</b>	6,775,738.
	<b>28</b> Temporarily restricted net assets .....	61,724,076.	<b>28</b>	66,876,674.
	<b>29</b> Permanently restricted net assets .....	36,497,289.	<b>29</b>	36,515,496.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	105,429,043.	<b>33</b>	110,167,908.	
<b>34</b> Total liabilities and net assets/fund balances .....	105,989,455.	<b>34</b>	110,933,689.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,722,601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,256,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	466,542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,429,043.
5	Net unrealized gains (losses) on investments	5	1,484,821.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,787,502.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,167,908.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

<b>Name of the organization</b> <p style="text-align:center;">MINT MUSEUM OF ART, INC.</p>	<b>Employer identification number</b> <p style="text-align:center;">56-0670666</p>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6606996.	64767646.	4312295.	4179749.	7501888.	87368574.
<b>2</b> 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 .....	154,363.	714,559.	881,160.	852,801.	350,421.	2953304.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	1609392.	1826683.	1606960.	1657213.	1641852.	8342100.
<b>6 Total.</b> Add lines 1 through 5 .....	8370751.	67308888.	6800415.	6689763.	9494161.	98663978.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	1000000.	1057470.	232,700.	50,250.	25,000.	2365420.
<b>b</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 .....	98,435.		222,280.	136,732.	2360927.	2818374.
<b>c</b> Add lines 7a and 7b .....	1098435.	1057470.	454,980.	186,982.	2385927.	5183794.
<b>8 Public support</b> (Subtract line 7c from line 6.)						93480184.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....	8370751.	67308888.	6800415.	6689763.	9494161.	98663978.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	942,589.	1318911.	1487900.	1393830.	1340789.	6484019.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	942,589.	1318911.	1487900.	1393830.	1340789.	6484019.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	218,007.	234,064.	128,099.	179,779.	72,369.	832,318.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9531347.	68861863.	8416414.	8263372.	10907319.	105980315

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	88.21 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	85.23 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	6.12 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	5.62 %

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

MINT MUSEUM OF ART, INC.

Employer identification number

56-0670666

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

<b>Name of organization</b>  MINT MUSEUM OF ART, INC.	<b>Employer identification number</b>  56-0670666
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,087,001.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 68,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>MINT MUSEUM OF ART, INC.</b>	<b>Employer identification number</b>  <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 25,080.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 28,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  <b>MINT MUSEUM OF ART, INC.</b>	<b>Employer identification number</b>  <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> MINT MUSEUM OF ART, INC.	<b>Employer identification number</b> 56-0670666
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 182,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 2,470,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number <b>56-0670666</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 2,000,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 6,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 82,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 45,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number  <b>56-0670666</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
44	STOCK _____ _____ _____	\$ 2,000,000.	04/23/14
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MINT MUSEUM OF ART, INC.</b>	Employer identification number <b>56-0670666</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: MINT MUSEUM OF ART, INC. Employer identification number: 56-0670666

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes/No, 6 Did the organization inform all grantees... Yes/No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution...
Table with 2 columns: Held at the End of the Tax Year, rows 2a, 2b, 2c, 2d.
3 Number of conservation easements modified...
4 Number of states where property subject to conservation easement is located...
5 Does the organization have a written policy regarding the periodic monitoring...
6 Staff and volunteer hours devoted to monitoring...
7 Amount of expenses incurred in monitoring...
8 Does each conservation easement reported on line 2(d) above satisfy the requirements...
9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition...
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c 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 Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	32,735,737.	29,692,731.	32,359,787.	25,578,728.	22,583,242.
b Contributions	10,000.	147,779.	130,000.	50,945.	58,498.
c Net investment earnings, gains, and losses	5,182,996.	4,576,499.	-438,145.	7,475,917.	3,608,475.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,493,379.	1,681,272.	2,358,911.	745,803.	671,487.
f Administrative expenses					
g End of year balance	36,435,354.	32,735,737.	29,692,731.	32,359,787.	25,578,728.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.00 %
  - b Permanent endowment  87.74 %
  - c Temporarily restricted endowment  12.26 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		61,207,382.	6,336,560.	54,870,822.
c Leasehold improvements				
d Equipment		1,111,957.	826,875.	285,082.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 55,155,904.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>BENEFICIAL INTEREST IN</b>		
(B) <b>TRUSTS</b>	27,143,256.	END-OF-YEAR MARKET VALUE
(C) <b>BONDS</b>	1,063,152.	END-OF-YEAR MARKET VALUE
(D) <b>EQUITY FUNDS</b>	2,866,045.	END-OF-YEAR MARKET VALUE
(E) <b>ENDOWMENT</b>	15,838,901.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>46,911,354.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,149,202.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	1,484,821.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	1,641,852.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	427,705.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,554,378.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,594,824.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	127,777.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	127,777.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,722,601.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	11,197,839.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	1,641,852.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	427,705.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,069,557.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,128,282.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	127,777.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	127,777.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,256,059.

**Part XIII Supplemental Information.**

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.

**PART III, LINE 4:**

**EXPLANATION: THE MINT MUSEUM COMPRISES TWO FACILITIES - MINT MUSEUM RANDOLPH AND MINT MUSEUM UPTOWN - AND HAS MORE THAN 35,000 OBJECTS IN ITS COLLECTION, ONE OF THE LARGEST COLLECTIONS IN THE SOUTHEAST. MINT MUSEUM RANDOLPH WAS ORIGINALLY CONSTRUCTED IN 1936 AND HOUSES THE MINT'S DECORATIVE ARTS, HISTORIC COSTUME AND FASHIONABLE DRESS, ART OF THE ANCIENT AMERICAS, AND EUROPEAN, AFRICAN, ASIAN, AND NATIVE AMERICAN COLLECTIONS. THE MINT'S CERAMICS HOLDINGS ARE REGARDED AS ONE OF THE PREMIER COLLECTIONS IN THE COUNTRY, FEATURING ANCIENT CHINESE CERAMICS, 18TH-CENTURY EUROPEAN AND ENGLISH WARES, AMERICAN ART, AND NORTH CAROLINA POTTERY, SPAN THE PERIOD FROM ANTIQUITY TO THE MID-20TH CENTURY. THE ART OF THE ANCIENT AMERICAS COLLECTION ENCOMPASSES NEARLY 2,000 OBJECTS**



**Part XIII** Supplemental Information *(continued)*

SPANNING MORE THAN 4,500 YEARS, INCLUDING CERAMIC VESSELS AND SCULPTURE, STONE SCULPTURE, BODY ADORNMENTS AND TOOLS, PRECIOUS AND SEMI-PRECIOUS METAL ORNAMENTS, AND TEXTILES. THE HISTORIC COSTUME AND FASHIONABLE DRESS COLLECTION CONTAINS MORE THAN 9,000 ITEMS OF WOMEN'S, MEN'S, AND CHILDREN'S CLOTHING AND ACCESSORIES THAT SPAN FROM 18TH-CENTURY ROYAL COURT GARMENTS THROUGH HAUTE COUTURE BY CONTEMPORARY DESIGNERS.

THE MINT MUSEUM UPTOWN HOUSES THE INTERNATIONALLY-RENOWNED MINT MUSEUM OF CRAFT + DESIGN, AS WELL AS OUTSTANDING COLLECTIONS OF AMERICAN, CONTEMPORARY, AND EUROPEAN ART. DESIGNED BY MACHADO AND SILVETTI ASSOCIATES OF BOSTON, THE FIVE-STORY, 145,000-SQUARE-FOOT FACILITY COMBINES INSPIRING ARCHITECTURE WITH GROUNDBREAKING EXHIBITIONS TO PROVIDE VISITORS WITH UNPARALLELED EDUCATIONAL AND CULTURAL EXPERIENCES. LOCATED IN THE HEART OF UPTOWN CHARLOTTE, THE MINT MUSEUM UPTOWN IS AN INTEGRAL PART OF LEVINE CENTER FOR THE ARTS, A CULTURAL CAMPUS THAT INCLUDES THE BECHTLER MUSEUM OF MODERN ART, THE HARVEY B. GANTT CENTER FOR AFRICAN-AMERICAN ARTS + CULTURE, THE KNIGHT THEATER, AND THE DUKE ENERGY CENTER.

BUILDING ITS ACCESSIONS IS A TOP PRIORITY FOR THE MINT IN MAINTAINING ITS EXCELLENCE AND RELEVANCE IN THE FIELD. THE MINT'S COLLECTION INITIATIVE, SOFTLY LAUNCHED IN 2013, CONTINUES THE MUSEUM'S STRONG COMMITMENT TO THE CARE AND DEVELOPMENT OF ITS COLLECTIONS. NOTABLE ACCESSIONS ACROSS ALL COLLECTION AREAS INCLUDE: PROJECT TEN TEN TEN COMMISSION CRISTINA CORDOVA, PRELUDIOS Y PARTIDAS, 2012; POTTER'S MARKET INVITATIONAL ACQUISITIONS BENJAMIN W. OWEN LLL, EDO JAR, 2013 AND ERIC SERRITELLA, TEAPOT, 2012; ROMARE BEARDEN SOCIETY ACQUISITION LOIS MAILOU JONES, FISHER FOLK, LULY, HAITI, 1985. IN THE CRAFT, DESIGN, & FASHION DEPARTMENT: HOSS HALEY, WHITE

**Part XIII** Supplemental Information *(continued)*

RIPPLE, 2013; REBECCA MEDEL, HORIZON, 1999. IN THE DECORATIVE ARTS DEPARTMENT: PLATE FROM THE OKEOVER SERVICE, 1739-1743, FROM JINGDEZHEN, CHINA, QIANLONG PERIOD; PUNCHBOWL, CIRCA 1755, FROM JINGDEZHEN, CHINA, QIANLONG PERIOD; GROSJEAN AND WOODWARD, TEA SERVICE, CIRCA 1855. IN THE AMERICAN, MODERN, & CONTEMPORARY ART DEPARTMENT: BLANCHE LAZZELL, UNTITLED, 1917; STANTON MACDONALD-WRIGHT. AMERICAN, TRUMPET FLOWERS, 1919; WALTER ROSENBLUM, BOY ON ROOF, PITT STREET, NEW YORK, 1938; VIVIAN CHERRY, WATCHING AN AIRPLANE, HARLEM, CIRCA 1940-50; SAM FRANCIS, UNTITLED (SEAFIRST), 1979; MATTIA BIAGI, BEFORE MIDNIGHT, 2012; BEVERLY MCIVER, DORA'S DANCE, 2002; SONIA HANDELMAN MEYER, LOVE, HARLEM, CIRCA 1946-50.

ADDITIONALLY, THE MINT'S CONTRIBUTIONS OF SCHOLARSHIP TO THE FIELD ADD TO ITS ACADEMIC CONTRIBUTIONS ALONG WITH FURTHERING THE ACCESSIBILITY TO ITS COLLECTIONS. BEARING WITNESS: THE NEW YORK PHOTO LEAGUE AND SONIA HANDELMAN MEYER, A FULLY-ILLUSTRATED 96-PAGE EXHIBITION CATALOGUE. THIS CATALOGUE OFFERED SIGNIFICANT NEW SCHOLARSHIP ON THE NEW YORK PHOTO LEAGUE AND THE WORK OF SONIA HANDELMAN MEYER IN PARTICULAR, INCLUDING ESSAYS BY THE EXHIBITION CURATOR, AS WELL AS GUEST ESSAYIST LILI CORBUS GEER, PH.D., AN ART HISTORIAN WHO IS CONSIDERED A LEADING EXPERT IN THE FIELD AND AUTHORITY ON THIS PARTICULAR TOPIC. THIS GROUNDBREAKING PUBLICATION ILLUSTRATED MAJOR THEMES AND CONCERNS NEVER BEFORE ADDRESSED IN OTHER SCHOLARLY OUTLETS THOUGH A DISCUSSION OF SPECIFIC WORKS INCLUDED IN THE EXHIBITION AND REPRODUCED - IN MANY CASES FOR THE FIRST TIME EVER - IN THIS EXHIBITION CATALOGUE.

ADDITIONALLY, THE MINT HAS FOCUSED ITS EFFORTS ON BUILDING ITS ONLINE AND SOCIAL MEDIA PRESENCE BY HIRING A DIGITAL MEDIA MANAGER, AND EMPLOYING MANY DIFFERENT CHANNELS FOR BOTH MARKETING AND VISIBILITY PURPOSES.

**Part XIII** Supplemental Information *(continued)*

FINALLY, AS THE FIRST ART MUSEUM IN NORTH CAROLINA, AND WITH A HISTORY THAT DATES TO THE 19TH CENTURY, THE MUSEUM'S ARCHIVES PROJECT, LAUNCHED IN 2012 WITH A GRANT FROM THE NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION, ALLOWED THE MINT TO ADD THE POSITION OF ARCHIVIST, A ROLE DEVOTED TO DEVELOPING AND IMPLEMENTING A PROGRAM TO ORGANIZE AND PRESERVE THE INSTITUTION'S RECORDS OF PERMANENT VALUE. THE MINT MUSEUM ARCHIVES COMPRISES A SEARCHABLE ARCHIVES PAGE ON THE MINT'S WEBSITE, WITH ARCHIVAL RECORDS AVAILABLE IN WORLDCAT, THE GLOBAL CATALOG OF LIBRARY COLLECTIONS. THIS PROJECT NOT ONLY SHARES THE VALUABLE CULTURAL HISTORY OF THE INSTITUTION AND THE REGION WITH THE PUBLIC, BUT ALSO HEIGHTENS VISIBILITY FOR THE MUSEUM'S CURRENT - AND HISTORICAL - COLLECTIONS.

PART V, LINE 4:

EXPLANATION: THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR A VARIETY OF PURPOSES TO SUPPORT THE MINT'S PROGRAMS.

PART X, LINE 2:

EXPLANATION: THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN ACCORDANCE WITH IRC REGULATIONS, THE MUSEUM IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE MUSEUM. THE MUSEUM ACCOUNTS FOR TAX UNCERTAINTIES BASED ON A MORE LIKELY THAN NOT RECOGNITION THRESHOLD WHEREBY TAX BENEFITS ARE ONLY RECOGNIZED WHEN THE MUSEUM BELIEVES THAT THEY HAVE A GREATER THAN 50% LIKELIHOOD OF BEING SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE MUSEUM HAS EVALUATED ALL ITS TAX POSITIONS AND DETERMINED THAT IT HAS NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2014 AND 2013. INCOME TAX

**Part XIII** Supplemental Information (continued)

RETURNS FOR THE 2011 TAX YEAR AND AFTERWARDS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	82,530.
COGS SHOWN NET OF REVENUE	345,175.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	427,705.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	82,530.
COGS SHOWN NET OF REVENUE	345,175.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	427,705.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**  
 Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
 Attach to Form 990 or Form 990-EZ.  
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form 990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2013**  
**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**MINT MUSEUM OF ART, INC.**

Employer identification number  
**56-0670666**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081  
09-12-13

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL SPRING GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	181,700.		181,700.
	2	Less: Contributions	127,000.		127,000.
	3	Gross income (line 1 minus line 2)	54,700.		54,700.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	82,530.		82,530.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			82,530.
11	Net income summary. Subtract line 10 from line 3, column (d)			-27,830.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

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Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MINT MUSEUM OF ART, INC.**

Employer identification number

**56-0670666**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2013



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

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

**Note.** The sum of columns (B)(i)-(iii) 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KATHLEEN V. JAMESON PRESIDENT AND CHIEF EXECUTIVE OFFICE	(i)	181,942.	0.	0.	3,403.	6,880.	192,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **MINT MUSEUM OF ART, INC.** Employer identification number **56-0670666**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	X	16	988,334.	INSURANCE VALUATION/
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	2,000,000.	STOCK QUOTE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **2**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** 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.

SCHEDULE M, LINE 33:

EXPLANATION: A ZERO AMOUNT WAS REPORTED IN FORM 990, PART VIII,  
STATEMENT OF REVENUES BECAUSE THE MUSEUM DID NOT CAPITALIZE ITS  
COLLECTIONS AS PERMITTED BY SFAS 116.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

MINT MUSEUM OF ART, INC.

Employer identification number

56-0670666

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGING AND INSPIRING ALL MEMBERS OF OUR GLOBAL COMMUNITY. THE MINT

MUSEUM IS DEDICATED TO LEADERSHIP IN COLLECTING, EXHIBITING,

CONSERVING, RESEARCHING, PUBLISHING, INTERPRETING, AND SHARING ART AND

DESIGN FROM AROUND THE WORLD. THESE COMMITMENTS ARE CENTRAL TO THE

MUSEUM'S CORE VALUES OF LEADERSHIP, INTEGRITY, INCLUSIVENESS,

KNOWLEDGE, STEWARDSHIP, AND INNOVATION, PROMOTING UNDERSTANDING OF AND

RESPECT FOR DIVERSE PEOPLES AND CULTURES. MUSEUM ADMISSION, SPECIAL

EVENTS, LEARNING AND ENGAGEMENT PROGRAMS, AND OUTREACH INITIATIVES

DEEPEN THE RELATIONSHIP BETWEEN THE ARTS AND CULTURE SECTOR AND THE

DIVERSE COMMUNITY WE SERVE - REACHING OVER 500,000 PEOPLE THROUGH

VISITATION AND ONLINE CHANNELS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERPRETING, AND SHARING ART AND DESIGN FROM AROUND THE WORLD. THESE

COMMITMENTS ARE CENTRAL TO THE MUSEUM'S CORE VALUES OF LEADERSHIP,

INTEGRITY, INCLUSIVENESS, KNOWLEDGE, STEWARDSHIP, AND INNOVATION,

PROMOTING UNDERSTANDING OF AND RESPECT FOR DIVERSE PEOPLES AND

CULTURES. MUSEUM ADMISSIONS, SPECIAL EVENTS, EDUCATION EVENTS, AND

OUTREACH PROGRAMS DREW ATTENDANCE OF NEARLY 200,000 PEOPLE IN FISCAL

2014.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HISTORIC BACKGROUNDS. THE COLLECTION HAS NOT BEEN ASSEMBLED FOR

FINANCIAL GAIN NOR ECONOMIC MOTIVES BUT RATHER AS A SOURCE OF CULTURAL

ENRICHMENT. IT IS A REPOSITORY THAT ALLOWS INDIVIDUALS TO EXPERIENCE

Name of the organization MINT MUSEUM OF ART, INC.	Employer identification number 56-0670666
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THE ARTISTIC CREATIVITY OF OTHERS FROM BOTH THE PAST AND PRESENT. THE MINT COLLECTS WORKS OF ART OF THE HIGHEST QUALITY AND MERIT REFLECTING GREAT DIVERSITY OF ARTISTIC ENDEAVOR. ITS SIX LARGEST COLLECTIONS ARE DECORATIVE ARTS, FASHION, AMERICAN ART, ART OF THE ANCIENT AMERICAS, MODERN & CONTEMPORARY ART, AND CRAFT + DESIGN.

EACH YEAR THE MINT PROVIDES A COMPELLING SLATE OF EXHIBITIONS FOR THE PUBLIC WHICH ARE EITHER ORGANIZED BY THE MINT OR ARE TRAVELING EXHIBITIONS ORGANIZED BY OTHER MUSEUMS. THESE EXHIBITIONS HAVE BEEN RECOGNIZED BY THE PUBLIC AND IN LOCAL, REGIONAL, AND NATIONAL MEDIA FOR THEIR EXCELLENCE. THE EXHIBITIONS ARE SUPPORTED BY A WIDE RANGE OF EDUCATIONAL PROGRAMMING AND PRINTED PUBLICATIONS SUCH AS CATALOGUES, BROCHURES, AND OTHER MARKETING MATERIALS. IN ADDITION, THE MINT'S EXHIBITIONS, COLLECTIONS, AND PROGRAMMING ARE PUBLICIZED THROUGH A ROBUST MARKETING AND ADVERTISING PROGRAM TARGETING ALL DIVERSE SEGMENTS OF THE COMMUNITY.

THE EXHIBITION SCHEDULE FOR FY14 PRESENTED A NUMBER OF WORLD-RENOWNED ARTISTS AND A DIVERSITY OF STYLES. HIGHLIGHTS INCLUDE: BEARING WITNESS: THE NEW YORK PHOTO LEAGUE AND SONIA HANDELMAN MEYER; ALLURE OF FLOWERS: BOTANICAL MOTIFS IN CRAFT, DESIGN, & FASHION; DIOR, BALMAIN, SAINT LAURENT: ELEGANCE AND EASE; AMERICAN GLASS; AND ARTS OF AFRICA. IN ADDITION TO MINT-ORGANIZED EXHIBITIONS, THE MUSEUM ALSO HOSTED LOAN EXHIBITIONS, INCLUDING: EYES ON AMERICA: THE GENIUS OF RICHARD CATON WOODVILLE (ORGANIZED BY THE WALTERS ART MUSEUM, BALTIMORE); INVENTING THE MODERN WORLD: DECORATIVE ARTS AT THE WORLD'S FAIRS 1851-1939 (CO-ORGANIZED BY CARNEGIE MUSEUM OF ART, PITTSBURGH, AND THE NELSON-ATKINS MUSEUM OF ART, KANSAS CITY); AND WOMEN OF VISION:

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NATIONAL GEOGRAPHIC PHOTOGRAPHERS ON ASSIGNMENT (ORGANIZED BY THE NATIONAL GEOGRAPHIC MUSEUM IN WASHINGTON, D.C.). ONGOING FY14

MINT-ORGANIZED EXHIBITIONS FROM THE PERMAMENT COLLECTION INCLUDE:

FASHIONABLE SILHOUETTES; THE TRANSFORMED SELF: PERFORMANCE MASKS OF MEXICO; HERITAGE GALLERY; CLASSICALLY INSPIRED: EUROPEAN CERAMICS CIRCA 1800; AMERICAN CERAMICS, 1825-1875; JENNIFER STEINKAMP: ORBIT 12; STILL LIVES: EARLY WORKS BY SHARON CORE; NORTH CAROLINA POTTERY, THEN AND NOW; AND EUROPEAN ART.

STUDENTS, CHILDREN, TEENS, FAMILIES, AND ADULTS ENJOYED POPULAR FAVORITES AS WELL AS EXCITING NEW LEARNING AND ENGAGEMENT PROGRAMS IN FY14. CURRICULUM-BASED TOURS, STUDENT ARTIST (STAR) GALLERY EXHIBITIONS, TRAVELING KITS, ARTISTS RESIDENCIES IN SCHOOLS, AND TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS SERVED K-12 STUDENTS AND TEACHERS FROM PUBLIC, PRIVATE, INDEPENDENT, AND CHARTER SCHOOLS. SCHOOL TOURS INTEGRATED VISUAL ART WITH LANGUAGE ARTS, HISTORY, AND STEM, AND SPECIAL EXHIBITIONS SUCH AS THE WORLD'S FAIRS, BEARING WITNESS AND WOMEN OF VISION WERE POPULAR LEARNING EXPERIENCES WITH SOME TOURS INCORPORATING A HANDS-ON COMPONENT CONDUCTED BY THE MINT'S SCHOOL PROGRAMS DIRECTOR, JOEL SMELTZER. WITH THE SUPPORT FROM TWO LOCAL FOUNDATIONS, AN ARTIST RESIDENCY WITH 6TH AND 7TH GRADE VISUAL ART AND LANGUAGE ARTS STUDENTS AT RANSON MIDDLE SCHOOL, A PROJECT L.I.F.T. SCHOOL, INTEGRATED ART, READING AND WRITING, AND HONED STUDENTS' CRITICAL THINKING SKILLS USING THE MUSEUM'S CONTEMPORARY ART COLLECTION AS A CATALYST. ARTIST FELICIA VAN BORK CONDUCTED THE WEEKLONG RESIDENCY AT RANSON. IN ADDITION, THROUGH THE ASC'S PROVIDER DIRECTORY, ARTISTS THROUGH CLAYWORKS LED MINI ARTIST RESIDENCIES BASED ON THE MINT'S RENOWNED CRAFT + DESIGN COLLECTION AT SEVERAL SCHOOLS.

Name of the organization MINT MUSEUM OF ART, INC.	Employer identification number 56-0670666
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MANY ADULT PROGRAMS CORRELATED WITH SPECIAL EXHIBITIONS. HIGHLIGHTS INCLUDE LECTURES BY JASON BUSCH AND CATHERINE FUTTER, CURATORS OF WORLD'S FAIRS, AND THE ARCHIVIST WITH TIFFANY & CO., ANNAMARIE SANDECKI. THIS EXHIBITION ALSO SPARKED AN INNOVATIVE PANEL EXAMINING INVENTIONS THAT WILL CHANGE CONTEMPORARY LIVING IN THE FIELDS OF HEALTHCARE, ENERGY, TECHNOLOGY, AND DESIGN. SONIA HANDELMAN MEYER, WHOSE WORKS WERE FEATURED IN BEARING WITNESS, SPOKE SEVERAL TIMES, INCLUDING AS PART OF A PANEL WITH PHOTOGRAPHER CAROLYN DEMERITT AND HISTORIAN DR. LILI CORBUS. THE NATIONAL GEOGRAPHIC PHOTOJOURNALIST AMY TOENSING DREW A CROWD WHEN SHE SPOKE ABOUT WOMEN OF VISION. THE CONTEMPORARY ARCHITECTURE + DESIGN (CAD) SERIES AGAIN BROUGHT RENOWNED ARCHITECTS AND DESIGNERS TO THE MUSEUM. TWO HIGHLIGHTS WERE BEN FRY OF FATHOM DESIGN, AN ACCLAIMED BOSTON-BASED FIRM THAT EXPRESSES COMPLEX DATA IN VISUAL FORM, AND INTERNATIONAL FABRIC DESIGNER SHERRI DONGHIA.

BOTH SUNDAY FUN DAYS AND ARTFUSION DROP-IN PROGRAMS CONSISTENTLY DRAW LARGE AND DIVERSE AUDIENCES EACH MONTH, AND EXCEEDED THE PREVIOUS YEAR'S ATTENDANCE OVERALL. THE FORMER PROVIDES AN OPPORTUNITY TO MAKE ART TOGETHER AS A FAMILY AND BE ACTIVE THROUGH GAMES AND MOVEMENT. FOR EXAMPLE, ONE SUNDAY FUN DAY FOCUSED ON A NEW ADDITION TO THE CRAFT + DESIGN COLLECTION BY FIRST NATION ARTIST SUSAN POINT, AND ALLOWED FAMILIES TO LEARN ABOUT AREA NATIVE CULTURES AND MAKE A CIRCLE OF LIFE FRIENDSHIP BRACELET WITH LUMBEE ARTIST BARBARA LOCKLEAR. THESE SUNDAYS ROUTINELY DRAW 350 FAMILIES. ARTFUSIONS ARE ALSO CROSS-DISCIPLINARY, THEME-BASED PROGRAMS THAT INVOLVE ARTISTS' DEMOS, PERFORMANCES, TASTINGS, AND GALLERY EXPERIENCES. PARTICIPANTS ARE ALL AGES BUT THE PROGRAMS ARE ATTRACTING YOUNGER ADULTS ESPECIALLY. THESE INFORMAL FREE



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NIGHTS ARE EXCELLENT INTRODUCTIONS TO ART AND ART MUSEUMS FOR NOVICE AUDIENCES, AND ATTRACT HUNDREDS OF PEOPLE EACH MONTH.

THE FIRST FULL YEAR OF THE LATINO INITIATIVE ATTRACTED AND ENGAGED A DIVERSE AUDIENCE OF FAMILIES AND ADULTS. HIGHLIGHTS FROM THE YEAR INCLUDE BILINGUAL STORYTIMES FOR YOUNG FAMILIES, A BILINGUAL SUMMER ART CAMP WITH SCHOLARSHIPS, PARTICIPATION IN THE PUBLIC LIBRARY'S DIA DE LOS NINOS/DIA DE LOS LIBROS (CHILDREN'S DAY/ BOOKS DAY, MINT TO MOVE CULTURAL DANCE NIGHTS, MUSICAL PERFORMANCES, POETRY IN THE ANCIENT AMERICAN GALLERIES, AND A CELEBRATION OF AREA ARTISTS CALLED CON A DE ARTE (A IS FOR ART.) A NEW PARTNERSHIP WITH THE LATIN AMERICAN COALITION SHOWCASED FIRST-RUN CONTEMPORARY LATIN AMERICAN FILMS AT MINT MUSEUM RANDOLPH. THE AUDIENCE RESPONSE TO CINEMAS WAS OVERWHELMINGLY POSITIVE AND MINT STAFF LOOKS FORWARD TO FUTURE DEVELOPMENTS IN FY15.

SUCCESSFUL ART CLASSES FOR ADULTS IN FY14 INCLUDE: FIGURE DRAWING AND PAINTING WITH HAGIT BARKAI OF DAVIDSON COLLEGE, CERAMIC BOTANICAL FORMS WITH ALICE BALLARD, PHOTOGRAPHY WITH CAROLYN DEMERITT, METAL JEWELRY WITH DEAN JOHNS, AND CERAMIC TILE DESIGN WITH MARINA BOSETTI. THE ATTACHED ARTISTIC COLLABORATORS LIST OUTLINES THE MINT'S INDIVIDUAL PARTNERS. ORGANIZATIONAL PARTNERS INCLUDE: ARTSI; ARTS & SCIENCE COUNCIL; BECHTLER MUSEUM OF MODERN ART; THE BETHLEHEM CENTER; CENTRAL PIEDMONT COMMUNITY COLLEGE; CHARLOTTE CHAPTER OF THE LINKS, INC.; CHARLOTTE-MECKLENBURG SCHOOLS; CHARLOTTE MECKLENBURG LIBRARY; CHARLOTTE SYMPHONY; DAVIDSON COLLEGE; DISCOVERY PLACE; HARVEY B. GANTT CENTER FOR AFRICAN-AMERICAN ARTS + CULTURE; IMAGINON; JOHNSON C. SMITH UNIVERSITY; LATIN AMERICAN CHAMBER OF COMMERCE OF CHARLOTTE; LATIN AMERICAN COALITION; LATIN AMERICAN WOMEN'S ASSOCIATION; LEVINE MUSEUM OF THE NEW

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SOUTH; THE LIGHT FACTORY; MCCOLL CENTER FOR VISUAL ART; NORTH CAROLINA  
DANCE THEATRE; ON Q PRODUCTIONS; QUEENS UNIVERSITY; UNC CHARLOTTE;  
WINTHROP UNIVERSITY; AND WTVI.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION HAS TWO CLASSES OF MEMBERS. THE DESIGNATION  
OF SUCH CLASSES AND THE QUALIFICATIONS AND RIGHTS OF THE MEMBERS ARE AS  
FOLLOWS: (1) GENERAL MEMBERSHIP - SHALL BE AVAILABLE TO ALL PERSONS WHO PAY  
THE ANNUAL MEMBERSHIP FEES PRESCRIBED BY THE BOARD OF TRUSTEES AND (2) LIFE  
& HONORARY MEMBERS - MAY BE GRANTED BY A VOTE OF TWO-THIRDS OF THE MEMBERS  
OF THE BOARD OF TRUSTEES PRESENT. THE GENERAL QUALIFICATION OF SUCH MEMBERS  
SHALL BE THE RENDITION OF HIGHLY MERITORIOUS SERVICE OR HIGHLY SIGNIFICANT  
CONTRIBUTIONS TO THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: EACH MEMBER, REGARDLESS OF CLASS SHALL BE ENTITLED TO ONE VOTE  
ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE BOARD RECEIVES A COPY OF THE FORM 990. THE FORM 990 IS  
INITIALLY REVIEWED AT A FINANCE COMMITTEE MEETING OF THE BOARD OF  
DIRECTORS. A COPY OF THE FORM 990 IS ALSO REVIEWED BY THE FULL BOARD OF  
DIRECTORS PRIOR TO SUBMITTING IT TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: IN THE EVENT OF A CONFLICT, THAT MEMBER WILL RECUSE  
HIMSELF/HERSELF FROM ALL DISCUSSIONS AND VOTE ON THE MATTER IN QUESTION.

Name of the organization MINT MUSEUM OF ART, INC.	Employer identification number 56-0670666
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## FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: EACH POSITION WITHIN THE MUSEUM IS EVALUATED AND ASSIGNED A "GRADE," WHICH IS IN TURN ASSOCIATED WITH A SALARY RANGE THAT IS UPDATED ANNUALLY BASED ON INFLATION AND OTHER ECONOMIC FACTORS. COMPENSATION FOR ALL STAFF POSITIONS FOR THE MUSEUM IS EVALUATED ANNUALLY THROUGH A PROCESS OF BENCHMARKING JOB DESCRIPTIONS/RESPONSIBILITIES WITH SIMILAR POSITIONS FOUND IN THE ASSOCIATION OF ART MUSEUM DIRECTORS' SALARY SURVEY, WHICH IS UPDATED ANNUALLY AND/OR THE "WAGE AND SALARY SURVEY" PUBLISHED BY THE EMPLOYERS' ASSOCIATION BIANNUALLY. THE PRESIDENT & CEO AND COO THEN REVIEW EACH POSITION'S COMPENSATION AS IT RELATES TO THE SALARY SURVEYS AND MAKES ADJUSTMENTS TO THE PAY ACCORDINGLY. THE PRESIDENT AND CEO'S SALARY AND BENEFITS PACKAGE IS ADJUSTED AND APPROVED BY THE FULL BOARD OF TRUSTEES AND DOCUMENTED IN THE MEETING MINUTES.

## FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE MUSEUM'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, POLICIES AND PROCEDURES AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

## FORM 990, PART IX, LINE 11G, OTHER FEES:

## OTHER FEES:

PROGRAM SERVICE EXPENSES	700,820.
MANAGEMENT AND GENERAL EXPENSES	181,534.
FUNDRAISING EXPENSES	3,409.
TOTAL EXPENSES	885,763.

## SECURITY:

PROGRAM SERVICE EXPENSES	493,007.
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Name of the organization MINT MUSEUM OF ART, INC.	Employer identification number 56-0670666
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MANAGEMENT AND GENERAL EXPENSES	127,704.
FUNDRAISING EXPENSES	14,932.
TOTAL EXPENSES	635,643.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,521,406.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTERESTS IN TRUSTS	2,787,502.
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FORM 990, PART XI, LINE 2C

EXPLANATION: THE MUSEUM HAS SEPARATE FINANCE AND AUDIT COMMITTEES. THE AUDIT COMMITTEE SELECTS AND MEETS WITH THE AUDITORS TO DISCUSS THE AUDIT ENGAGEMENT AND AT THE CONCLUSION OF THE AUDIT. THE AUDIT COMMITTEE CHAIR, WHO IS A MEMBER OF THE BOARD OF TRUSTEES, PRESENTS THE AUDIT TO THE FULL BOARD FOR REVIEW.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

# 2013

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>MINT MUSEUM OF ART, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>2730 RANDOLPH ROAD</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>CHARLOTTE, NC 28207</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>56-0670666</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>532000</b></p>
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**C** Book value of all assets at end of year: **110933689.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **FACILITIES RENTAL**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **THE BUSINESS OFFICE OF THE MINT MU** Telephone number ▶ **(704) 337-2000**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <span style="float: right;"><b>c</b> Balance</span>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Form 8949 and Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b> 1,043,196.		1,043,196.
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 1,043,196.		1,043,196.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	186,851.
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	79,609.
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	89,678.
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	89,678.
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	24.
<b>25</b> Employee benefit programs	<b>25</b>	16,997.
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <span style="float: right;"><b>SEE STATEMENT 1</b></span>	<b>28</b>	426,692.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	799,851.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	243,345.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	243,345.
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	242,345.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ _____ (2) \$ _____ (3) \$ _____	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
<b>c</b> Income tax on the amount on line 34		<b>35c</b> 77,765.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>
<b>37 Proxy tax.</b> See instructions		<b>37</b>
<b>38 Alternative minimum tax</b>		<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies		<b>39</b> 77,765.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	77,765.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	77,765.
<b>44a</b> Payments: A 2012 overpayment credited to 2013	<b>44a</b>	2,675.
<b>b</b> 2013 estimated tax payments	<b>44b</b>	25,000.
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	7,500.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	35,175.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	122.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	42,712.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2014 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year		

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (att. schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>				

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **EXECUTIVE DIRECTOR**  
 Title \_\_\_\_\_

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

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JANICE A. RATICA**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00358837**  
 Firm's name: **CHERRY BEKAERT LLP** Firm's EIN: **56-0574444**  
 Firm's address: **1111 METROPOLITAN AVE. STE. 1000**  
**CHARLOTTE, NC 28204** Phone no. **704-377-1678**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**  
**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8 .....			<b>0.</b>	<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.



**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2013**

Name <b>MINT MUSEUM OF ART, INC.</b>		Employer identification number <b>56-0670666</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b>	Taxable income or (loss) before net operating loss deduction .....	<b>242,345.</b>
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property .....	<b>20,516.</b>
<b>b</b>	Amortization of certified pollution control facilities .....	
<b>c</b>	Amortization of mining exploration and development costs .....	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) .....	
<b>e</b>	Adjusted gain or loss .....	
<b>f</b>	Long-term contracts .....	
<b>g</b>	Merchant marine capital construction funds .....	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	
<b>i</b>	Tax shelter farm activities (personal service corporations only) .....	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) .....	
<b>k</b>	Loss limitations .....	
<b>l</b>	Depletion .....	
<b>m</b>	Tax-exempt interest income from specified private activity bonds .....	
<b>n</b>	Intangible drilling costs .....	
<b>o</b>	Other adjustments and preferences .....	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>262,861.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions .....	<b>262,861.</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>0.</b>
<b>c</b>	Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>262,861.</b>
<b>6</b>	Alternative tax net operating loss deduction (see instructions) .....	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>262,861.</b>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>112,861.</b>
<b>b</b>	Multiply line 8a by 25% (.25) .....	<b>28,215.</b>
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>11,785.</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>251,076.</b>
<b>10</b>	Multiply line 9 by 20% (.20) .....	<b>50,215.</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>50,215.</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit .....	<b>77,765.</b>
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>0.</b>

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....		1	262,861.
2 ACE depreciation adjustment:			
a AMT depreciation .....	2a	558,331.	
b ACE depreciation:			
(1) Post-1993 property .....	2b(1)	558,331.	
(2) Post-1989, pre-1994 property .....	2b(2)		
(3) Pre-1990 MACRS property .....	2b(3)		
(4) Pre-1990 original ACRS property .....	2b(4)		
(5) Property described in sections 168(f)(1) through (4) .....	2b(5)		
(6) Other property .....	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	2b(7)	558,331.	
c ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income .....	3a		
b Death benefits from life insurance contracts .....	3b		
c All other distributions from life insurance contracts (including surrenders) .....	3c		
d Inside buildup of undistributed income in life insurance contracts .....	3d		
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	3e		
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received .....	4a		
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 .....	4b		
c Dividends paid to an ESOP that are deductible under section 404(k) .....	4c		
d Nonpatronage dividends that are paid and deductible under section 1382(c) .....	4d		
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	4e		
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs .....	5a		
b Circulation expenditures .....	5b		
c Organizational expenditures .....	5c		
d LIFO inventory adjustments .....	5d		
e Installment sales .....	5e		
f Total other E&P adjustments. Combine lines 5a through 5e .....		5f	
6 Disallowance of loss on exchange of debt pools .....		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts .....		7	
8 Depletion .....		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....		9	
10 <b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....		10	262,861.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION	AMOUNT
SPECIAL EVENTS	114,823.
PARKING	6,429.
SECURITY	54,628.
UTILITIES	59,523.
TRAVEL	1,492.
TRAINING	1,487.
LEGAL & ACCOUNTING	3,073.
INSURANCE	2,514.
CONTRACT SERVICES	71,325.
HOUSEKEEPING	26,114.
BUILDING OPERATIONS	848.
COMPUTER	14,239.
OFFICE EXPENSE	46,376.
MAINTENANCE	5,386.
AUTO EXPENSE	871.
BOARD/VOLUNTEER SUPPORT	1,322.
MISCELLANEOUS	16,242.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	426,692.

**Depreciation and Amortization 990-T**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>MINT MUSEUM OF ART, INC.</b>	Business or activity to which this form relates <b>FORM 990-T PAGE 1</b>	Identifying number <b>56-0670666</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2013	<b>17</b>	578,847.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

**Part IV Summary** (See instructions.)

21 Listed property. Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	578,847.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2013 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2013 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44