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Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements							Inspection		
_			ar vear.	or tax year beginning , 2009, and en		, 20			
_		pplicable	Please	C Name of organization		oyer id	lent i	fication number	
	Address c		use IRS label or	South County Museum, Inc.		. 0	5-0	309038	
_	Name cha	-	surte E Teler	phone n	umb	er			
=	Initial retu		print or type.	Number and street (or P.O box, if mail is not delivered to street address) Room/s P. O. Box 709		401-783-5400			
=	Terminate		See Specific	City or town, state or country, and ZIP + 4					
=	Amended		Instruc- tions		F Gro	up Exe nber l	•	ion	
<u>u</u>		on pending		Narragansett, RI 02882-0709				10	
	• Seci	tion 501(c)(3)		ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).	Other (specify		Ц	Cash 🗹 Accrual	
			a cor			`			
							e organization is not		
	Vebsit			nuntymuseum.org			cne	dule B (Form 990,	
				ly one) — ✓ 501(c) (3) ◀ (insert no.)	990-EZ, or 99	<u>_</u>			
	Check •			ation is not a section 509(a)(3) supporting organization and its gross receip					
_				um is not required, but if the organization chooses to file a return, be sure					
				9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo		<u> </u>		57,733.91	
	art I			enses, and Changes in Net Assets or Fund Balances (Se	e the instru		STC		
	1		-	s, grants, and similar amounts received		1_		43,004.80	
	2	Program s	ervice i	evenue including government fees and contracts		2_		6,935.00	
	3	Membersh	ip dues	and assessments		3_			
	4	Investment	t incom			4		3,248.77	
	5a	Gross amo	ount fro	n sale of assets other than inventory 5a			i		
	b	Less [,] cost							
-	С	Gain or (los	5c						
Ę	6	Special event	s and act	rities (complete applicable parts of Schedule G). If any amount is from gaming, che	ck here ► 🗌				
ĕ	a	Gross reve	enue (no	t including \$ 495.00 of contributions					
Revenue		reported o							
	Ь	Less: direc	t expe	ses other than fundraising expenses 6b	2,341.76				
	C	Net income	e or (lo:	s) from special events and activities (Subtract line 6b from line 6a))	6c		1,643.24	
	7a	Gross sale	-	235.34					
	ь	Less cost		· · · · · · · · · · · · · · · · · · ·	24.40				
	c		•	s) from sales of inventory (Subtract line 7b from line 7a)		7c		209.94	
	8	Other reve)	8		325.00	
	9		•	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	. •	9		55,366.75	
	10					10			
	11			for members		11			
Ø	12	-		ppensation, and employee benefits	S	12		17,976.71	
38	13			and other payments to independent contract WAY .1 .3 .2010	Ö	13	\vdash	1,432.00	
penses	14			itilities, and maintenance	S.	14		29,229.39	
ᄍ	15			ns postage and shipping	اهرا	15		1,456.47	
	16			escribe Buildings Depreciation OGDEN, UT		16	_	18,615.51	
	17			dd lines 10 through 16	, ,	17		68,710.08	
_	18			for the year (Subtract line 17 from line 9)	_ _	18		(13,343.33)	
ets	19			I balances at beginning of year (from line 27, column (A)) (must	agree with	··-		(10,010.00)	
SS	'			reported on prior year's return)		19		433,121.51	
Net Assets	20	-	_	net assets or fund balances (attach explanation)	•	20		5,083.14	
ž	21		_		_	21		424,861.32	
P	art II			balances at end of year. Combine lines 18 through 20			ad c		
	للحديد			(See the instructions for Part II.)	(A) Beginning of			(B) End of year	
22		ach counce	and in	- ' -		86.27	22	26,301.33	
23		•		estments		93.35	_	281,077.84	
				► Endowment Fund (Investment Securities)		59.35		121,128.87	
24		tner assets (c otal assets .				38.97		428,508.40	
25				ibe ► Accounts Payable & Accrued Expenses		17.46	_		
26 27			•	alances (line 27 of column (B) must agree with line 21)	_	21.51	Ī		
~1				(, .			,	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2009)



•	555 EE (E555)			_		, ugo -		
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
Nha	t is the organization's primary exempt purpose?	Rural Rhode Island History	Museum		(Required for section			
Desc	cribe what was achieved in carrying out the org	janization's exempt purpo	ses. In a clear a	nd concise				
	ner, describe the services provided, the number of				organizations and section 4947(a)(1) trusts, optional			
	program title.	•				hers)		
28	South County Museum was opened to it's members	and the general public to ins	nirer wonder and a	better				
20	understand of agricultural and rural village life before							
		e the effergence of suburbar						
	Rhode island.					F0 004 53		
	(Grants \$) If this amount	includes foreign grants, ch	<u>еск nere</u>	<u>. ▶ ⊔_</u>	28a	50,094.57		
29								
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 📙	29a			
30								
	**************************************	includes foreign grants, ch		<u></u> -	30a			
31	Other program services (attach schedule)							
	(Grants \$) If this amount		eck here	. ▶ □	31a			
32	Total program service expenses (add lines 28a				32	50,094.57		
	List of Officers, Directors, Trustees, and Key							
سيد		(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense		
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and		
D	I A Andrean	devoted to position	enter -o)	delerred comper	isation	other allowances		
	A. Anderson	President / Volunteer			_			
	an Street, Narragansett, RI 02882		-0-		-0-	-0-		
	s Manganaro	1st V President/Volunteer						
	randville Court- Unit 1104, Wakefield, RI 02879		-0-		-0-			
	ert Burford	2nd V President/Volunteer						
13 S	assafras Trail, Narragansett, RI 02882	2nd v President volunteer	-0-		-0-	-0-		
Fran	ces Brazil-Kelleher	Sanatani (Maliintaan						
55 H	amilton Avenue, Jamestown, RI 02835	Secretary / Volunteer	-0-		-0-	-0-		
Rich	ard B. Blake							
104 [Bethany Lane, North Kingstown, RI 02852	Treasurer / Volunteer	-0-		-0-	-0-		
	ne P. Durfee, Ph. D.							
	ridgetown Road, Saunderstown, RI 02874	Director / Volunteer	-0-	. .		-0-		
	io Gould							
	Box 789, Narragasett, RI 02882	Director / Volunteer	-0-		-0-	-0-		
	- Nahia- Di- D				-0-			
		Director / Volunteer				•		
	ast Pond Road, Narragansett, RI 02882		-0-		-0-			
	ard L Shunney	Director / Volunteer	_					
	ast Shore Road, Narragansett, RI 02882		-0-		-0-	-0-		
	es Transue	Director / Volunteer						
51 E	arles Court, Narragansett, RI 02882		-0-		-0-			
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Manufacturation (Note the etotoment requirements in the instructions for Port V)			
Other information (Note the statement requirements in the instructions for Part V.)		Yes	No
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	100	√
	34		✓
If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
Did the organization file Form 1120-POL for this year?	37b		
If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	Joan		V
Gross receipts, included on line 9, for public use of club facilities			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
List the states with which a copy of this return is filed. ► NONE			
Located at ► 104 BETHAN LANE, NORTH KINGSTOWN, RI ZIP + 4 ►			
		Yes	No
account)?	42b		√
If "Yes," enter the name of the foreign country: NA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	. 1	- □
	1	Yes	No
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			<u>/</u>
	description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T actach as tatement explaining why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(9) notice, reporting, and proxy tax requirements? If "Yes," has filed a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NA Did the organization life Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA Gross receipts, included on line 9, for public use of club facilities Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 And is section 4911 ▶ NA is section 4912 ▶ NA is section 4955 ▶ NA Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in any excetion 4956 where transaction in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. And organization shal	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-T, and that a statement explaining why the organization don terport the nome on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? If "Yes," has filled a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NA Did the organization borow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L. Part II and enter the total amount involved 38b NA Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9 NA Section 501(c)(3) and capital contributions included on line 9 NA section 501(c)(3) and sol1(c)(4) organizations. Did the organization during the year under: section 4915 № NA section 501(c)(3) and 501(c)(4) organizations. Did the organization and prove year, and that the transaction has not been reported on any of the organization spinor by any and that the transaction has not been reported on any of the organization organization and provear, and that the transaction has not been reported on any of the organization organization and provear, and that the transaction has not been reported on any of the organization organization s	Yes Were any changes in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on form 990-T, attach a statement explaining why the organization don to report due more on Form 990-T. Did the organization had neome from business gross income of \$1,000 or more or was it subject to section 603(s)e) notice, reporting, and proxy tax requirements? Section 403(s) entire, reporting, and proxy tax requirements? Section 403(s) entire, reporting, and proxy tax requirements? Section 403(s) entire, reporting, and proxy tax requirements? Section 501(c)(4) organization die Form 1120-POL for this year? Section 501(c)(7) organization section 4912 Section 501(c)(8) organization berow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 Na. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 Na. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization with a disqualified person in a prior year, and that the ransaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule I., Part I. Section 501(c)(3) and 501(c)(4) organizations. Did the organization aparty to a prohibited tax shelter transaction 501(c)(3) and 501(c)(4) organizations. Did the organization aparty to a prohibited tax shelter transaction 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization in care of **

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 7(a)(1) nonexempt cha d 51.	exempt charita ritable trusts mu	ble trusts only. A st answer questio	ll sec ns 46	tion ^ 5-49t)
46	Did the organization engage in direct or indirect	political campaign activi	ties on behalf of o	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete S				46		<u>√</u>
	Did the organization engage in lobbying activities				47		<u> </u>
	Is the organization a school as described in section				48		-/-
	Did the organization make any transfers to an ex				49a 49b		<u>√</u>
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high employees) who each received more than \$100,0	ghest compensated empl	oyees (other than	officers, directors, t	ruste	es and one."	d key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) ac	Expension and allowa	nd
NONE							
			_				
				+			—
		<u> </u>					
			1				
	Total number of other employees paid over \$100						
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			ype of service	(c) Cor	mpensa	
NONE	(a) Name and address of each independent contractor	paid more than \$100,000	(6)	ype of service	(0) 001	препза	
NONE							
d	Total number of other independent contractors e	ach receiving over \$100 (000				
u	Total number of other independent contractors o	don receiving ever 4100,					
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	d this return, including accompa of preparer (other than officer) is	nying schedules and s based on all information	tatements, and to the bes on of which preparer has a	t of my any kno	knowle	edge
Sign Here	Signature of officer Signature of officer	Juas.		05/10/201 Date	0		
	RICHARD B. BLAKE, TREASURER						
	Type or print name and title					_	
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nun	nber (Se	e instruct	iions)
Prepare Use On	Film Shame (or						
	address, and ZIP + 4			Phone no 🕨	1		
May th	e IRS discuss this return with the preparer shown	above? See instructions	<u> </u>	▶ [Yes		No.
				Foi	m 99	0-EZ	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 0309038 South County Museum, Inc. 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я ☐ An organization that normally receives: (1) more than 33⅓ % 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% % 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.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. c Type III-Functionally integrated d Type III-Other a Type I **b** Type II e Dy 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) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting П Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11<u>g(ii)</u> 11g(iii)

		ation about the suppo		anization	(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?			organizat (i) organi	s the ion in col. zed in the S?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	_
									
	··· ·								
Total									

Page 2 Schedule A (Form 990 or 990-EZ) 2009 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) **Public Support** Section A. (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not 40.870 61,106 39,977 43.004 237.600 52,642 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 61,106 43,004 237,600 52.642 40,870 39.977 Total. Add lines 1 through 3 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 34,395 shown on line 11, column (f) 203,205 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 40,870 61,106 39,977 43,004 237,600 52,642 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,474 2301 2890 3,574 11,925 1,686 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 100 100 (Explain in Part IV.) 249,625 Total support. Add lines 7 through 10 . 11 87.597 Gross receipts from related activities, etc. (see instructions) 12 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 81.40 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 73.02 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/4 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/4 % or more, check this box 331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . , .

10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the

Page 3

Schedule A (Form 990 or 990-EZ) 2009

Pa	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					<u> </u>	_
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		1				
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b					ļ	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>					
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	-		
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·				T .= T	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			ne 13, column		15 16	<u>%</u>
	tion D. Computation of Investmen				<u> </u>	101	<u> %</u>
17	Investment income percentage for 200			d by line 13 c	olumn (fl)	17	%
18	Investment income percentage from 20	•	• • • • • • • • • • • • • • • • • • • •	-		18	%
19a	33% % support tests—2009. If the organization of the support tests—2009, if the support tests—2009,	anization did n ox and stop h e	ot check the b ere. The organ	ox on line 14, a zation qualifies	and line 15 is i as a publicly	supported	organization 🕨 🗀
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and se	e instructions 🕨 🗀

Page 4	4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.									
Part II, Line 10, b. Year 2005 - Other Income: \$ 100.00									
Misc. Income - Reimbursement for printing So. Co. Collaborative brochure	\$	100.00							
·· .									
									

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Expenses - Line 16 - Other Expenses (describe) - Building Depreciation

South County Museum Building Depreciation Schedule

Year Acquired	Year Acquired Type		Cost		Basis	Method	Accumulated Deprecation 12/31/2008		Depreciation 2009			Accumulated Deprecation 12/31/2009	
1986	Building	\$	286,778 00	\$	286,778 00	STL - 31 years	\$	212,792 00	\$	9,252 00	\$	222,044 00	
1987	Building, Imp	\$	39,174 38	\$	39,174 38	STL - 31 years	\$	27,803 80	\$	1,263 65	\$	29,067 45	
1988	Building, Imp	\$	3,500 70	\$	3,500 70	STL - 31 years	\$	2,372 40	\$	112 95	\$	2,485 35	
1989	Building, Imp	\$	929 45	\$	929 45	STL - 31 years	\$	600 00	\$	30 00	\$	630 00	
1990	Building, Imp	\$	21,773 82	\$	21,773 82	STL - 31 years	\$	13,342 80	\$	702 40	\$	14,045 20	
1994	Visitor Center	\$	95,085 09	\$	95,085 09	STL - 39 years	\$	34,132 48	\$	2,438 04	\$	36,570 52	
1995	Sheds & Barn	\$	72,885 94	\$	72,885 94	STL - 39 years	\$	26,166 00	\$	1,869 00	\$	28,035 00	
1996	Blksmth Forge	\$	7,879 08	\$	7,879 08	STL - 39 years	\$	2,424 96	\$	202 08	\$	2,627 04	
2000	Building, Imp	\$	35,623 00	\$	35,623 00	STL - 39 years	\$	7,307 28	\$	913 41	\$	8,220 69	
2001	Building, Imp	\$	3,013 00	\$	3,013 00	STL - 39 years	\$	540 82	\$	77 26	\$	618 08	
2003	Building, Imp	\$	34,300 00	\$	34,300 00	STL - 39 years	\$	4,397 01	\$	879 38	\$	5,276 39	
2004	Building, Imp	\$	34,131 80	<u>\$</u>	34,131 80	STL - 39 years	\$	3,501 36	\$_	875 34	\$	4,376 70	
		\$_	635,074 26	\$	635,074 26		\$	335,380 91	\$_	18,615 51	<u>\$</u>	353,996 42	

Depreciated value of Building \$ 299,693 35 \$ 281,077 84

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Net Assets - Line 20 - Other changes in net assets or fund balances

Endowment Fund Securities - Gain or (Loss) from Reevaluation at FMV* \$ 5,039 94

* Stock value based at close of New York Stock Exchange on December 31, 2009

Profit/loss - exhange 150 shares Wachovia Corp for 29 shares Wells Fargo & Co - New \$ 43 20

TOTAL CHANGES IN FUND BALANCES \$ 5,083 14

Part II Balance Sheet - Line 24 - Other Assets (Describe)

South County Museum Endowment Fund @ CITI Smith Barney

Investments Sec	unties	Silitii Barriey				31-Dec-09	31-Dec-09		2009	
	Endowment Fd Securities	# of Shares	20	2008Value Share Price* Total Value		Change in Value				
Common Stock	E I Du Pont De Memours	8	\$	202 40	\$	33 67	\$	269 36	\$	66 96
Common Stock	Hewlett Packard	63	\$	2,286 27	\$	51 51	\$	3,245 13	\$	958 86
Common Stock	Home Depot Inc	150	\$	3,453 00	\$	28 93	\$	4,339 50	\$	886 50
Common Stock	Pfizer Inc	300	\$	5,313 00	\$	18 19	\$	5,457 00	\$	144 00
Common Stock	Procter & Gamble Co (Gillette C	39	\$	2,410 98	\$	60 63	\$	2,364 57	\$	(46 41)
Common Stock	Wells Fargo & Co - New	29	\$	831 00	\$	26 99	\$	782 71	\$	(66 17)
		Total Securities	\$	14,496 65			\$	16,458 27	\$	1,943 74
		2009 S	ecı	ırities Inves	tme	ents				
PerferredStock	Bank One Capital TR VI	390	\$	8,223 50	\$	25 13	\$	9,800 70		1577 20
Cert of Deposit	Discover Bank 10,000 CD		\$	10,000 00			\$	10,156 50		156 50
Cert of Deposit	CIT Bank - UT 10,000 CD		\$	10,000 00			\$	9,960 20		-39 80
Corporate Bond	Comcast Corp 10,000 Bond		\$	10,249 10			\$	11,203 50		954 40
Corporate Bond	Goldman Sachs 10,000 Bond		\$	10,194 90			\$	10,180 20		-14 70
Corporate Bond	Du Pont, 10,000 Bond		\$	10,549 20			\$	10,772 50		223 30
Corporate Bond	AT&T 10,000 Bond		\$	10,225 10			\$	10,479 60		254 50
Corporate Bond	Boeing Co 10,000 Bond		\$	10,607 80			\$	10,851 60		243 80
Corporate Bond	CocaCola Co 10,000 Notes		\$	10,824 80			\$	10,772 20		-52 60
Mortgage Backed Ginnie Mae 10,000 Bond			\$	10,700 00			\$	10,493 60		-206 40
		Total Value	of E	Endowment	Fu	nd Securities	\$	121,128 87		
Endowment Fund Securities - Gain or Loss from Reevaluation at FMV* \$ 5,039 9										5,039 94