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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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.*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SOUTH COUNTY MUSEUM, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P. O. BOX 709

City or town, state or country, and ZIP + 4
NARRAGANSETT, RI 02882-0709

D Employer identification number
05-0309038

E Telephone number
401 783 5400

F Group Exemption Number ▶

G Accounting Method. ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I **Website:** ▶ **www.southcountymuseum.org**

J **Tax-exempt status** (check only one) – ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ **85,407.23**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	70,593.53
	2	Program service revenue including government fees and contracts		2	6,289.50
	3	Membership dues and assessments		3	
	4	Investment income		4	5,723.75
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ **5,000.00** of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	**1,787.59**	
	c	Less: direct expenses from gaming and fundraising events	6c	**1,375.11**	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	**412.48**
	7a	Gross sales of inventory, less returns and allowances	7a	**187.86**	
	b	Less: cost of goods sold	7b	**64.29**	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	**123.57**
	8	Other revenue (describe in Schedule O)		8	**825.00**
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	**83,967.83**
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	**18,419.42**
	13	Professional fees and other payments to independent contractors		13	**1,256.00**
	14	Occupancy, rent, utilities, and maintenance		14	**26,194.18**
	15	Printing, publications, postage, and shipping		15	**1,720.47**
	16	Other expenses (describe in Schedule O)		16	**7,839.45**
	17	**Total expenses.** Add lines 10 through 16 ▶		17	**55,429.52**
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	**28,538.31**
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	**424,861.32**
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	**(15,338.06)**
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	**438,061.57**

Ga 21

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	147,430.20	22	177,336.54
23	Land and buildings	281,077.84	23	262,462.33
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	428,508.04	25	439,798.87
26	**Total liabilities** (describe in Schedule O)	3,646,72	26	1,737.30
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	424,861.32	27	438,061.57

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **Rural Rhode Island History Museum**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **South County Museum was opened to it's members and the general public to inspirer wonder and a better understand of agricultural and rural village life before the emergence of suburban communities in costal Rhode Island.**

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a **$ 53,815.52**

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 **$ 53,815.52**

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Daryl A. Anderson **7 Jean Street, Narragansett, RI 02882**	**President / Volunteer**	-0-	-0-	-0-
Doris Manganaro **56 Grandville Court- Unit 1104, Wakefield, RI 02879**	**1st V President / Volunteer**	-0-	-0-	-0-
Robert Burford **13 Sassafras Trail, Narragansett, RI 02882**	**2nd V President / Volunteer**	-0-	-0-	-0-
Frances Brazil-Kelleher **55 Hamilton Avenue, Jamestown, RI 02835**	**Secrectary / Volunteer**	-0-	-0-	-0-
Richard B. Blake **104 Bethany Lane, North Kingstown, RI 02852**	**Treasurer / Volunteer**	-0-	-0-	-0-
Wayne P. Durfee, Ph. D. **44 Bridgetown Road, Saunderstown, RI 02874**	**Director / Volunteer**	-0-	-0-	-0-
Bernie Gould **P. O. Box 789, Narragasett, RI 02882**	**Director / Volunteer**	-0-	-0-	-0-
Daine Nobles, Ph. D. **17 East Pond Road, Narragansett, RI 02882**	**Director / Volunteer**	-0-	-0-	-0-
Edward L. Shunney **53 East Shore Road, Narragansett, RI 02882**	**Director / Volunteer**	-0-	-0-	-0-
James Transue **51 Earles Court, Narragansett, RI 02882**	**Director / Volunteer**	-0-	-0-	-0-
James Crothers **953 Tuckertown Road, Wakefield, RI 02879**	**Key Employee, 20 hrs/week**	**$ 15.00 per hour**	-0-	-0-

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	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, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NA			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	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 tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b NA			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a NA			
b	Gross receipts, included on line 9, for public use of club facilities 39b NA			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 , section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	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 ▶ NA			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ NA			
e	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		✓
41	List the states with which a copy of this return is filed ▶ **NONE**			
42a	The organization's books are in care of ▶ **RICHARD B. BLAKE** Telephone no. ▶ **401-884-2936**			
	Located at ▶ **104 Bethany Lane, North Kingstown, RI** ZIP + 4 ▶ **02852-1305**			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial 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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If "Yes," enter the name of the foreign country ▶ **NA**	42c		✓
43	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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here

▶ Richard B Blake, Treas. — Signature of officer — Date 05/12/2011

▶ **TREASURER** — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
SOUTH COUNTY MUSEUM, INC.	**05-0309038**

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 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 33⅓% 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–Other

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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,870	61,106	39,977	43,004	46,594	231,551
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	40,870	61,106	39,977	43,004	46,594	231,551
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						40,995
6 **Public support.** Subtract line 5 from line 4						190,556

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	40,870	61,106	39,977	43,004	46,594	231,551
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,474	2,301	2,890	3,574	6,549	16,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						248,339

12 Gross receipts from related activities, etc. (see instructions) 12 54,591

13 **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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 76.73 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 81.40 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
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						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on 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						
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.)						

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

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶ ☐

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. Also complete this part for any additional information. (See instructions).

NONE

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SOUTH COUNTY MUSEUM, INC.

Employer identification number
05-0309038

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

REVENUE:

LINE 8: Other revenue (describe in Schedule O)

1. Rental of Museum Facilities for Private Functions	$ 825.00

EXPENSES:

LINE 16: Other expenses (describe in Schedule O)

1. Museum's Collection: Exhibits, Collection Maintenance and Insurance	$1,042.57
2. Museum's Collection: Purchase of Printing Press for Museum's Print Shop's Collection	$1,300.00
3. Feed and Care of Museum's farm animals	$3,075.86
4. Museum public Lectures and Workshops	$ 807.02
3. Donation designated for Alzheimer's Disease Association	$ 114.00
3. Donation designated for the SCM's Endowment Funds held by The R. I. Foundation	$1,500.00
Total Other Expenses	$7,839.45

NET ASSESTS:

LINE 20: Other changes in net assets or fund balances (explain in Schedule O)

1. Building Depreciation (see Schedule 1 on page 2)	($18,615.51)
2. SCM Endowment Fund - Loss at maturity on Goldman Sachs $10,000.00 Bond with a 2009 FVM of $10,180.20	($ 180.20)
3. SCM Endowment Fund - Gain base on Fair Market Value as of December 31, 2010 (see Schedule 2 on page 2)	$ 3,457.65
Total other changes in net assets or fund balances	($15,338.07)

PART II Balance Sheets

LINE 26: Total liabilities (describe in Schedule O)

3. Accounts Payable	$1,737.30

Name of the organization: **SOUTH COUNTY MUSEUM, INC.**

Employer identification number: **05-0309038**

PART I - NET ASSESTS: LINE 20: Other changes in net assets or fund balances.

SCHEDULE 1: Item 1. BUILDING DEPRICIATION

South County Museum Building Depreciation Schedule

Year Acquired	Type	Cost	Basis	Method	Accumulated Deprecation	Depreciation 2010	Accumulated Deprecation
1986	Building	$286,778 00	$286,778 00	STL - 31 years	$222,044 00	$ 9,252 00	$ 231,296 00
1987	Building, Imp	$ 39,174 38	$ 39,174 38	STL - 31 years	$ 29,067 45	$ 1,263 65	$ 30,331 10
1988	Building, Imp	$ 3,500 70	$ 3,500 70	STL - 31 years	$ 2,485 35	$ 112 95	$ 2,598 30
1989	Building, Imp	$ 929 45	$ 929 45	STL - 31 years	$ 630 00	$ 30 00	$ 660 00
1990	Building, Imp	$ 21,773 82	$ 21,773 82	STL - 31 years	$ 14,045 20	$ 702 40	$ 14,747 60
1994	Visitor Center	$ 95,085 09	$ 95,085 09	STL - 39 years	$ 36,570 52	$ 2,438 04	$ 39,008 56
1995	Sheds & Barn	$ 72,885 94	$ 72,885 94	STL - 39 years	$ 28,035 00	$ 1,869 00	$ 29,904 00
1996	Blksmth Forge	$ 7,879 08	$ 7,879 08	STL - 39 years	$ 2,627 04	$ 202 08	$ 2,829 12
2000	Building, Imp	$ 35,623 00	$ 35,623.00	STL - 39 years	$ 8,220 69	$ 913 41	$ 9,134 10
2001	Building, Imp	$ 3,013 00	$ 3,013 00	STL - 39 years	$ 618 08	$ 77 26	$ 695 34
2003	Building, Imp	$ 34,300 00	$ 34,300 00	STL - 39 years	$ 5,276 39	$ 879 38	$ 6,155 77
2004	Building, Imp	$ 34,131 80	$ 34,131 80	STL - 39 years	$ 4,376 70	$ 875 34	$ 5,252 04
	Totals	$635,074 26	$635,074 26		$353,996 42	$ 18,615 51	$ 372,611 93
				Depreciated value of Buildings	$281,077 84		$ 262,462 33

SCHEDULE 2: Item 3. SCM ENDOWMENT FUNDS

Fair Market Value as of December 31, 2010

Endowment Fund Investments

Stock Portfolio

Shares	Security Holdings	2009 FMV*	Share Price*	2010 FMV*	Change in Value
8	E I Du Pont De Memours	$ 269 36	$ 49 88	$ 399 04	$ 129 68
63	Hewlett Packard	$ 3,245 13	$ 42 10	$ 2,652 30	$ (592 83)
150	Home Depot Inc.	$ 4,339 50	$ 35 06	$ 5,259 00	$ 919 50
300	Pfizer Inc.	$ 5,457 00	$ 17 51	$ 5,253 00	$ (204 00)
39	Procter & Gamble Co. (Gillette Co.)	$ 2,364 57	$ 64 33	$ 2,508 87	$ 144 30
29	Wells Fargo Co. @ 29.272/sh	$ 782 71	$ 30 99	$ 898 71	$ 116 00
	Total Endowment Fund Stock Portfolio	$ 16,458 27		$ 16,970 92	$ 512 65
	Frances & Joe Miller Endowment		(Maturities) / Purchases		
390	Bank One Capital TR VI, preferred stock	$ 9,800 70		$ 9,948 90	$ 148 20
	Discover Bank 10,000 CD	$ 10,156 50		$ 10,315 50	$ 159 00
	CIT Bank - UT 10,000 CD	$ 9,960 20		$ 10,226 80	$ 266 60
	Comcast Corp 10,000 Bond	$ 11,203 50		$ 11,387 30	$ 183 80
	Du Pont, 10,000 Bond	$ 10,772 50		$ 10,937 70	$ 165 20
	AT&T 10,000 Bond	$ 10,479 60		$ 11,157 40	$ 677 80
	Boeing Co. 10,000 Bond	$ 10,851 60		$ 11,505 20	$ 653 60
	Coca Cola Co 10,000 Notes	$ 10,772 20		$ 11,314 20	$ 542 00
	Ginnie Mae 10,000 Bond	$ 10,493 60		$ 10,954 50	$ 460 90
	Goldman Sachs 10,000 Bond	$ 10,180 20	$ (10,180 20)	$ -	
	GE Cap CP Int Notes 10,000	$ -	$ 10,155 00	$ 9,842 90	$ (312 10)
	Total Frances & Joe Miller Endowment	$ 94,490 40		$107,590 40	$ 2,945 00

SCM Endowment Funds - Gain from Reevaluation at FMV* $ 3,457 65

*Fair Market Value based on the closing market price per share as reported on the New York Stock Exchange, Inc Composite Transactions Reporting System for December 31, 2010