See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, 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
115 STRATHMORE STREET, P. O. BOX 709

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

D Employer identification number
05-0309038

E Telephone number
401-783-5400

F Group Exemption Number ▶ NA

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

I Website: ▶ www.southcountymuseum.org

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

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ $ 61,995.00

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 41,240.11
	2	Program service revenue including government fees and contracts			2 5,881.00
	3	Membership dues and assessments			3 -0-
	4	Investment income			4 5,903.22
	5a	Gross amount from sale of assets other than inventory	5a	-0-	
	b	Less: cost or other basis and sales expenses	5b	-0-	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c -0-
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	-0-	
	b	Gross income from fundraising events (not including $ 4,300.00 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	4,520.40	
	c	Less: direct expenses from gaming and fundraising events	6c	4,193.77	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 326.63
	7a	Gross sales of inventory, less returns and allowances	7a	100,27	
	b	Less: cost of goods sold	7b	16.57	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 84.70
	8	Other revenue (describe in Schedule O)			8 4,350.00
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9 57,784.66
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 -0-
	11	Benefits paid to or for members			11 -0-
	12	Salaries, other compensation, and employee benefits			12 20,171.32
	13	Professional fees and other payments to independent contractors			13 1,296.00
	14	Occupancy, rent, utilities, and maintenance			14 30,523.60
	15	Printing, publications, postage, and shipping			15 2,210.74
	16	Other expenses (describe in Schedule O)			16 30,647.82
	17	**Total expenses.** Add lines 10 through 16			▶ 17 84,849.48
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 (27,064.82)
	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)			19 438,061.57
	20	Other changes in net assets or fund balances (explain in Schedule O)			20 (17,141.08)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶ 21 393,855.67

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P 12

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	177,336.54	22	154,127.76
23	Land and buildings	262,462.13	23	243,846.82
24	Other assets (describe in Schedule O)	-0-	24	-0-
25	**Total assets**	439,798.87	25	397,974.58
26	**Total liabilities** (describe in Schedule O)	1,737.30	26	4,118.91
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	438,061.57	27	393,855.67

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? **History museum of rural Rhode Island**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	**With over 20,000 artifacts, South County Museum is a research and educational institution that preserves the history and heritage of rural and coastal life in southern Rhode Island, which gives meaning to our present and illuminates our path to the future. Over 3,000 people visit the museum and it's grounds annually.** (Grants $ -0-) If this amount includes foreign grants, check here ▶ ☐	28a	59,843.48
29	(Grants $ -0-) If this amount includes foreign grants, check here ▶ ☐	29a	-0-
30	(Grants $ -0-) If this amount includes foreign grants, check here ▶ ☐	30a	-0-
31	Other program services (describe in Schedule O) (Grants $ -0-) If this amount includes foreign grants, check here ▶ ☐	31a	-0-
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	59,843.48

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Daryl A. Anderson 7 Jean Street, Narragansett, RI 02882	President/Director Volunteer	-0-	-0-	-0-
Doris Manganaro 57 Grandville Court - Unit 1102, Wakefield, RI 02879	1st V.P./Director Volunteer	-0-	-0-	-0-
Bernie Gould 50 Canonchet Way, PO Box 789, Narragansett, RI 02882	2nd V.P.//Director Volunteer	-0-	-0-	-0-
Frances Brazil-Kelleher 55 Hamilton Avenue, Jamestown, RI 02835	Secretary/Director Volunteer	-0-	-0-	-0-
Richard B. Blake 104 Bethany Lane, North Kingstown, RI 02852	Treasurer/Director Volunteer	-0-	-0-	-0-
Wayne Durfee, Ph. D. 44 Bridgetown Road, Saunderstown, RI 02874	Director Volunteer	-0-	-0-	-0-
Mary Ellen Halloran 45 Victoria Lane, South Kingstown, RI 02879	Director Volunteer	-0-	-0-	-0-
Diane Nobles, Ph. D. 17 East Pond Road, Narragansett, RI 02882	Director Volunteer	-0-	-0-	-0-
Edward 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 S. Crothers 953 Tuckertown Road, Wakefield RI 02879	Key Employee Museum Dir. 20 hrs	13,882.50	-0-	-0-

Part V **Other Information** (Note the Schedule A and personal benefit contract 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 significant 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		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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 ▶ NA ; section 4912 ▶ NA ; section 4955 ▶ NA			
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, Treasurer Telephone no. ▶ 401-884-2936			
	Located at ▶ 104 Bethany Lane, North Kingstown, Rhode Island 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 the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ NA			
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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)	45b		✓

			Yes	No
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 or have a section 501(h) election in effect during the tax year? 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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, Texas. — Signature of officer — Date: May 17, 2012

▶ RICHARD B. BLAKE, 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

2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	61,106.	39,977.	43,004.	45,594.	41,240.	230,921.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	-0-	-0-	-0-	-0-	-0-	-0-
3 The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4 **Total.** Add lines 1 through 3	61,106.	39,977.	43,004.	45,594.	41,240.	230,921.
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)						38,698.
6 **Public support.** Subtract line 5 from line 4.						192,223.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	61,106.	39,977.	43,004.	45,594.	41,240.	230,921.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,301.	2,890.	3,574.	6,549.	10,253.	25,567.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11 **Total support.** Add lines 7 through 10						256,488.
12 Gross receipts from related activities, etc. (see instructions)					12	51,172.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	74.94 %
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	76.73 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2011.** 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—2010.** 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

2011

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 and grounds for Private Functions	$ 4,350.00

EXPENSES:

LINE 16: Other expenses (describe in Schedule O)

1. Dues and Subscriptions	$ 600.00
2. Museum's Collection: Exhibits, Collection Maintenance & Insurance	$ 1,607.79
3. Feed and Care of Museum's farm animals	$ 2,792.46
4. Museum's public lectures and Workshops	$ 641.47
5. Education/Administration Building Roof Repairs (2010 Champlin Foundation Grant)	$ 25.006.00
TOTAL OTHER EXPENSE:	$ 30,647.82

NET ASSETS:

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

1. Transferred donation designated for the SCM's Endowment Funds held by The Rhode Island Foundation	$ (3,000.00)
2. Building Depreciation (see Schedule 1 on page 2)	$ (18,615.51)
3. SCM Endowment Fund - Gain based on Fair Market Value as of December 31, 2011 (see schedule 2 on page 2)	$ 4,474.43
TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES:	$ (17,141.08)

PART II: BALANCE SHEET

LINE 26: Total liabilities (describe in Schedule O)

1. Accounts payable/accrued expenses	$ 3,504.57
2. Payroll Taxes Payable	$ 614.34
TOTAL LIABILITIES:	$ 4,118.91

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 12/31/2010	Depreciation 2011	Accumulated Deprecation 12/31/2011
1986	Building	$ 286,778 00	$ 286,778 00	STL - 31 years	$ 231,296 00	$ 9,252 00	$ 240,548 00
1987	Building, Imp	$ 39,174 38	$ 39,174 38	STL - 31 years	$ 30,331 10	$ 1,263 65	$ 31,594 75
1988	Building, Imp	$ 3,500 70	$ 3,500 70	STL - 31 years	$ 2,598 30	$ 112 95	$ 2,711 25
1989	Building, Imp	$ 929 45	$ 929 45	STL - 31 years	$ 660 00	$ 30 00	$ 690 00
1990	Building, Imp	$ 21,773 82	$ 21,773 82	STL - 31 years	$ 14,747 60	$ 702 40	$ 15,450 00
1994	Visitor Center	$ 95,085 09	$ 95,085 09	STL - 39 years	$ 39,008 56	$ 2,438 04	$ 41,446 60
1995	Sheds & Barn	$ 72,885 94	$ 72,885 94	STL - 39 years	$ 29,904 00	$ 1,869 00	$ 31,773 00
1996	Blksmth Forge	$ 7,879 08	$ 7,879 08	STL - 39 years	$ 2,829 12	$ 202 08	$ 3,031 20
2000	Building, Imp	$ 35,623 00	$ 35,623 00	STL - 39 years	$ 9,134 10	$ 913 41	$ 10,047 51
2001	Building, Imp	$ 3,013 00	$ 3,013 00	STL - 39 years	$ 695 34	$ 77 26	$ 772 60
2003	Building, Imp	$ 34,300 00	$ 34,300 00	STL - 39 years	$ 6,155 77	$ 879 38	$ 7,035 15
2004	Building, Imp	$ 34,131 80	$ 34,131 80	STL - 39 years	$ 5,252 04	$ 875 34	$ 6,127 38
	Totals	$ 635,074 26	$ 635,074 26		$ 372,611 93	$ 18,615 51	$ 391,227 44
				Depreciated value of Buildings	$ 262,462 33		$ 243,846 82

SCHEDULE 2: Item 3. SCM ENDOWMENT FUNDS

Fair Market Value as of December 31, 2011

Endowment Fund Investments

Stock Portfolio

Shares	Security Holdings	2010 FMV*	Share Price*	2011 FMV*	Change in Value
8	E I Du Pont De Memours	$ 399 04	$ 45 78	$ 366 24	$ (32 80)
63	Hewlett Packard	$ 2,652 30	$ 25 76	$ 1,622 88	$ (1,029 42)
150	Home Depot Inc.	$ 5,259 00	$ 42 04	$ 6,306 00	$ 1,047 00
300	Pfizer Inc.	$ 5,253 00	$ 21 64	$ 6,492 00	$ 1,239 00
39	Procter & Gamble Co. (Gillette Co.)	$ 2,508 87	$ 66 71	$ 2,601 69	$ 92 82
29	Wells Fargo Co. @ 29.272/sh	$ 898 71	$ 27 56	$ 799 24	$ (99 47)
	Total Endowment Fund Stock Portfolio	$ 16,970 92		$ 18,188 05	$ 1,217 13
Frances & Joe Miller Endowment					
390	Bank One Capital TR VI, preferred stock	$ 9,948 90		$ 9,945 00	$ (3 90)
	AT&T 10,000 Bond	$ 11,157 40		$ 11,619 50	$ 462 10
	Boeing Co. 10,000 Bond	$ 11,505 20		$ 12,128 20	$ 623 00
	CIT Bank - UT 10,000 CD	$ 10,226 80		$ 10,075 00	$ (151 80)
	Coca Cola Co 10,000 Notes	$ 11,314 20		$ 12,005 20	$ 691 00
	Comcast Corp 10,000 Bond	$ 11,387 30		$ 11,336 40	$ (50 90)
	Discover Bank 10,000 CD	$ 10,315 50		$ 10,394 30	$ 78 80
	Du Pont, 10,000 Bond	$ 10,937 70		$ 10,623 20	$ (314 50)
	GE Cap CP Int Notes 10,000	$ 9,842 90		$ 10,069 90	$ 227 00
	Ginnie Mae 10,000 Bond	$ 10,954 50		$ 12,651 00	$ 1,696 50
	Total Frances & Joe Miller Endowment	$ 107,590 40		$ 110,847 70	$ 3,257 30
				SCM Endowment Funds - Gain from Reevaluation at FMV*	$ 4,474 43

*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, 2011

Name of the organization: SOUTH COUNTY MUSEUM, INC.

Employer identification number: 05-0309038

REASONS FOR FILLING AN AMENDED RETURN:

CORRECTION #1

PART III LINE 28a Dollar amount was incorrectly typed as 559,843.48, amended return corrects that typing error to read 59,843.48.

CORRECTION #2

SCHEDULE 0, Page 2, SCHEDULE 2: Item 3. SCM ENDOWMENT FUNDS:

Correction #2a

Under "Frances & Joe Miller Endowment", the security "AT&T 10,000 Bond" 2011 FMV was incorrectly typed as $ 11,619.00,

with a change in value of $ 461.60, the amended return corrects the 2011 FMV to read $ 11,619.50, with a "change in value" of $ 462.10.

Correction #2b

With the 2 changes of Correction #2a, the total 2011 FMV value of the "Frances & Joe Miller Endowment" was amended from $ 110,847.20

to read $ 110,847.70, and the total "change in value" was amended from $ 3,256.80 to read $ 3,257.30.

Correction #2c

Based on Corrections #2a and #2b, the "SCM Endowment Funds - Gain from Reevaluation at FMV" was amended from $ 4,473.93 to read

$ 4,474.43, which matches the amount reported on SCHEDULE O, Page 1 under heading NET ASSETS: LINE 20: Other changes in net asset

or fund balances: Line 3: SCM Endowment Fund - Gain based on Fair Market Value as of December 31, 2011 . . . $ 4,474.43.

Name of the organization: SOUTH COUNTY MUSEUM, INC.

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