

Federal Information Form 990

Public Inspection Copy

(not for IRS Filing)

Return of Organization Exempt From Income Tax

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

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

A For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SOUTH FLORIDA SCIENCE MUSEUM, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4801 DREHER TRAIL City or town, state or country, and ZIP + 4 WEST PALM BEACH, FL 33405 F Name and address of principal officer: LEWIS CRAMPTON SAME AS C ABOVE	D Employer identification number 59-0915177 E Telephone number 561-832-1988 G Gross receipts \$ 1,787,438. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SFSM.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1959 M State of legal domicile: FL	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EXCITE CURIOSITY AND FURTHER THE UNDERSTANDING AND APPRECIATION OF SCIENCE AND TECHNOLOGY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of employees (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	121
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,062,605.	Current Year 753,094.
	9 Program service revenue (Part VIII, line 2g)	866,721.	655,383.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,325.	3,929.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	268,331.	300,267.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,199,982.	1,712,673.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,276,256.	893,490.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 324,314.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,406,711.	936,896.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,682,967.	1,830,386.	
19 Revenue less expenses. Subtract line 18 from line 12	-482,985.	-117,713.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,570,306.	End of Year 1,355,775.
	21 Total liabilities (Part X, line 26)	425,025.	328,207.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,145,281.	1,027,568.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	LEWIS CRAMPTON, CEO			
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶ (561) 689-6000
HOLYFIELD & THOMAS, LLC				
125 BUTLER STREET				
WEST PALM BEACH, FL 33407				

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO EXCITE CURIOSITY AND FURTHER THE UNDERSTANDING AND APPRECIATION OF SCIENCE AND TECHNOLOGY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 626,280. including grants of \$) (Revenue \$ 339,069.) WELCOMED OVER 100,000 VISITORS TO THE SCIENCE CENTER OFFERING PERMANENT AND TRAVELING EXHIBITIONS, SALT AND FRESH WATER AQUARIUMS, PLANETARIUM, PERFORMANCE THEATER, AND OUTDOOR SCIENCE THEMED TRAIL.

4b (Code:) (Expenses \$ 377,242. including grants of \$) (Revenue \$ 316,314.) PROVIDED EDUCATIONAL SCIENCE-BASED PROGRAMMING TO PRE K-12 STUDENTS AT SFSM, AND HELD SUMMER SCIENCE CAMPS FOR AGES 6-12 YEARS.

4c (Code:) (Expenses \$ 201,461. including grants of \$) (Revenue \$ 94,632.) PROVIDED GUEST SERVICES, MUSEUM STORE, MEMBERSHIP TO ENHANCE THE VISITOR EXPERIENCE. HOSTED MONTHLY SCIENCE THEMED COMMUNITY EVENTS INCLUDING ADULT LECTURES.

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

4e Total program service expenses \$ 1,204,983.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	X	
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a		25	
b	Enter the number of voting members that are independent		
1b		25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CARRIE LACHANCE - (561) 832-1988**
4801 DREHER TRAIL NORTH, WEST PALM BEACH, FL 33405

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MATTHEW B. LORENTZEN CHAIRMAN	6.00	X		X				0.	0.	0.
FRANCES FISHER VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
MARK STEVENS VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
HARVEY OYER SECRETARY	2.00	X		X				0.	0.	0.
DAN FOUNTAIN TREASURER	2.00	X		X				0.	0.	0.
DR. MONROE BENAIM TRUSTEE	1.00	X						0.	0.	0.
MARY BRANDENBURG TRUSTEE	1.00	X						0.	0.	0.
DANIEL CANE TRUSTEE	1.00	X						0.	0.	0.
DR. ROBERT FISHEL TRUSTEE	1.00	X						0.	0.	0.
FRANCES FISHER TRUSTEE	1.00	X						0.	0.	0.
JANIE FOGT TRUSTEE	1.00	X						0.	0.	0.
DANIEL FOUNTAIN TRUSTEE	1.00	X						0.	0.	0.
ROBERT GOTTLIEB TRUSTEE	1.00	X						0.	0.	0.
DALE HEDRICK TRUSTEE	1.00	X						0.	0.	0.
JOHN KIME TRUSTEE	1.00	X						0.	0.	0.
SYDELLE MEYER TRUSTEE	1.00	X						0.	0.	0.
NANCY MEYERS TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F. NIBLACK TRUSTEE	1.00	X						0.	0.	0.
STEVEN ORAM TRUSTEE	1.00	X						0.	0.	0.
DR. A. CARTER POTTASH TRUSTEE	1.00	X						0.	0.	0.
JULIE RUDOLPH TRUSTEE	1.00	X						0.	0.	0.
MARK STEVENS TRUSTEE	1.00	X						0.	0.	0.
KATHRYN VECELLIO TRUSTEE	1.00	X						0.	0.	0.
STEPHEN VOGELSANG TRUSTEE	1.00	X						0.	0.	0.
RHYS WILLIAMS TRUSTEE	1.00	X						0.	0.	0.
LEWIS CRAMPTON (HIRED JUN/10) CEO	40.00			X				0.	0.	0.
RACHEL DOCEKAL DEPUTY DIRECTOR	40.00			X				104,654.	0.	0.
1b Total								255,784.	0.	0.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues	86,652.				
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	285,892.				
	f	All other contributions, gifts, grants, and similar amounts not included above	380,550.				
	g	Noncash contributions included in lines 1a-1f: \$	7,500.				
	h	Total. Add lines 1a-1f	753,094.				
	Program Service Revenue	2 a	EDUCATION PROGRAMS	611710 316,314.	316,314.		
b		ADMISSIONS	713990 295,119.	295,119.			
c		PLANETARIUM	611710 43,950.	43,950.			
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	655,383.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,929.		3,929.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	204,243.			
		Less: direct expenses	b	33,515.			
		Net income or (loss) from fundraising events		170,728.			170,728.
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	117,742.				
	Less: cost of goods sold	b	41,250.				
	Net income or (loss) from sales of inventory		76,492.	76,492.			
Miscellaneous Revenue			Business Code				
11 a	MISC. REVENUE	900099	34,907.			34,907.	
b	BIRTHDAY PARTIES	722320	18,140.	18,140.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		53,047.				
12	Total revenue. See instructions.		1,712,673.	750,015.	0.	209,564.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	216,054.	121,964.	48,497.	45,593.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	555,944.	331,283.	74,603.	150,058.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	52,660.	29,485.	18,063.	5,112.
10 Payroll taxes	68,832.	40,611.	11,013.	17,208.
11 Fees for services (non-employees):				
a Management				
b Legal	1,693.	830.	863.	
c Accounting	83,062.	39,987.	38,949.	4,126.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	110,675.	41,631.	17,383.	51,661.
12 Advertising and promotion	53,077.	50,489.		2,588.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,451.	1,038.	6,009.	2,404.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,354.		8,354.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,125.	65,971.	8,154.	
23 Insurance	77,089.	68,609.	8,480.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MATERIALS & SUPPLIES	189,785.	189,785.		
b EXHIBIT FEES	94,493.	94,493.		
c UTILITIES	51,878.	51,878.		
d MAINTENANCE & REPAIRS	26,196.	26,196.		
e OTHER COSTS	25,293.		25,293.	
f All other expenses	131,725.	50,733.	35,428.	45,564.
25 Total functional expenses. Add lines 1 through 24f	1,830,386.	1,204,983.	301,089.	324,314.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	60,844.	1	2,231.	
	2 Savings and temporary cash investments	489,459.	2	210,212.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	67,115.	4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	9,710.	8	9,006.	
	9 Prepaid expenses and deferred charges	34,130.	9	69,949.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,203,559.			
	b Less: accumulated depreciation	10b 1,613,696.	441,534.	10c 589,863.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	467,514.	15	474,514.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,570,306.	16	1,355,775.		
Liabilities	17 Accounts payable and accrued expenses	175,025.	17	78,207.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	250,000.	24	250,000.	
25 Other liabilities. Complete Part X of Schedule D		25			
26 Total liabilities. Add lines 17 through 25	425,025.	26	328,207.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	593,266.	27	756,025.	
	28 Temporarily restricted net assets	524,015.	28	243,543.	
	29 Permanently restricted net assets	28,000.	29	28,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,145,281.	33	1,027,568.		
34 Total liabilities and net assets/fund balances	1,570,306.	34	1,355,775.		

Part XI Financial Statements and Reporting

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

Form 990 (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

2009

Open to Public Inspection

Name of the organization **SOUTH FLORIDA SCIENCE MUSEUM, INC.** Employer identification number **59-0915177**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2205486.	2260433.	1635150.	1062605.	753,094.	7916768.
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	100,000.	100,000.	100,000.	100,000.	100,000.	500,000.
4 Total. Add lines 1 through 3	2305486.	2360433.	1735150.	1162605.	853,094.	8416768.
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)						230,737.
6 Public support. Subtract line 5 from line 4.						8186031.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2305486.	2360433.	1735150.	1162605.	853,094.	8416768.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,086.	16,232.	18,690.	2,325.	3,929.	59,262.
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.)	73,586.	75,829.	62,061.	32,629.	53,047.	297,152.
11 Total support. Add lines 7 through 10						8773182.
12 Gross receipts from related activities, etc. (see instructions)					12	6,849,250.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.31	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.50	%
16a 33 1/3% support test - 2009. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. 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	<input type="checkbox"/>		
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	<input type="checkbox"/>		
b 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

SOUTH FLORIDA SCIENCE MUSEUM, INC.

59-0915177

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Employer identification number

59-0915177

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several numbered questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b about reporting, and question 2 about financial gain, with associated dollar amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,061,696.	663,739.	397,957.
c Leasehold improvements				
d Equipment		528,421.	448,463.	79,958.
e Other		613,442.	501,494.	111,948.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				589,863.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,712,673.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,830,386.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-117,713.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-117,713.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,787,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	74,765.
e	Add lines 2a through 2d	2e	74,765.
3	Subtract line 2e from line 1	3	1,712,673.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,712,673.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,905,151.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	74,765.
e	Add lines 2a through 2d	2e	74,765.
3	Subtract line 2e from line 1	3	1,830,386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,830,386.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 4: THE MUSEUM CAPITALIZES ITS EXHIBITS AND COLLECTIONS

WHICH ARE HELD FOR PUBLIC EXHIBITION AND EDUCATIONAL PURPOSES.

PART X: THE MUSEUM IS EXEMPT FROM INCOME TAXES UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS

PUBLICALLY SUPPORTED ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS UNDER

SECTION 509(A) OF THE CODE. INCOME DETERMINED TO BE UNRELATED BUSINESS

TAXABLE INCOME (UBTI) WOULD BE TAXABLE. THERE WAS NO UBTI FOR THE YEAR

Part XIV Supplemental Information (continued)

ENDED SEPTEMBER 30, 2010. ACCORDINGLY THERE IS NO PROVISION FOR INCOME TAXES REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ON OCTOBER 1, 2009, THE MUSEUM ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THIS PRONOUNCEMENT SEEKS TO REDUCE THE DIVERSITY IN PRACTICE ASSOCIATED WITH CERTAIN ASPECTS OF MEASUREMENT AND RECOGNITION IN ACCOUNTING FOR INCOME TAXES. IT PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION THAT AN ENTITY TAKES OR EXPECTS TO TAKE IN A TAX RETURN. AN ENTITY MAY ONLY RECOGNIZE OR CONTINUE TO RECOGNIZE TAX POSITIONS THAT MEET A "MORE LIKELY THAN NOT" THRESHOLD. THE MUSEUM ASSESSES ITS INCOME TAX POSITIONS BASED ON MANAGEMENT'S EVALUATION OF THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE REPORTING DATE. THE MUSEUM USES THE PRESCRIBED "MORE LIKELY THAN NOT" THRESHOLD WHEN MAKING ITS ASSESSMENT. AT ADOPTION, THE MUSEUM DID NOT RECORD ANY CUMULATIVE EFFECT ADJUSTMENT, AND THE MUSEUM DID NOT ACCRUE ANY INTEREST EXPENSE OR PENALTIES RELATED TO TAX POSITIONS. THERE ARE CURRENTLY NO OPEN FEDERAL OR STATE TAX YEARS UNDER AUDIT.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES: 41250.

SPECIAL EVENT EXPENSES: 33515.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES: 33515.

COST OF SALES: 41250.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization **SOUTH FLORIDA SCIENCE MUSEUM, INC.** Employer identification number **59-0915177**

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

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

- | | |
|---|--|
| <input type="checkbox"/> a Mail solicitations | <input type="checkbox"/> e Solicitation of non-government grants |
| <input type="checkbox"/> b Internet and email solicitations | <input type="checkbox"/> f Solicitation of government grants |
| <input type="checkbox"/> c Phone solicitations | <input type="checkbox"/> g Special fundraising events |
| <input type="checkbox"/> d In-person solicitations | |

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	4 (total number)	
Revenue	1	Gross receipts	202,928.	1,315.	204,243.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	202,928.	1,315.	204,243.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	20,779.	256.	21,035.
	8	Entertainment	2,400.		2,400.
	9	Other direct expenses	9,184.	896.	10,080.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(33,515)
11	Net income summary. Combine line 3, column (d), and line 10			170,728.	

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Employer identification number

59-0915177

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MARY SELLERS	(i)	151,130.	0.	0.	0.	0.	151,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Employer Identification number
59-0915177

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY SELLERS PAST CEO	40.00			X	X			151,130.	0.	0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Employer identification number

59-0915177

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS THAT
ATTEND AND PARTICIPATE IN BOARD MEETINGS.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF TRUSTEES NOMINATE
TRUSTEES TO SERVE THREE YEAR TERMS AND THE MAJORITY OF MEMBERS PRESENT AT
THE ANNUAL MEETING ELECT THE NOMINEES, EXCEPT THAT ONE MEMBER OF THE BOARD
IS NOMINATED BY THE JUNIOR LEAGUE OF THE PALM BEACHES.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF TRUSTEES EMPOWERED THE
EXECUTIVE COMMITTEE TO REVIEW AND APPROVE THE 990 FOR SUBMISSION. THE
EXECUTIVE COMMITTEE APPROVES THE 990 AND PROVIDES A COPY OF THE FINAL FORM
TO THE BOARD PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS THE
CONFLICT OF INTEREST POLICY BY WAY OF AN ANNUAL REVIEW BY THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD APPROVES THE SALARY OF
THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI LINE 2C

AUDIT REPORT REVIEW PROCESS

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SOUTH FLORIDA SCIENCE MUSEUM, INC.

Employer identification number

59-0915177

THE AUDIT REPORT IS REVIEWED AT THE ANNUAL AUDIT REPORT REVIEW MEETING
AS PRESENTED BY THE INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED
FROM PRIOR YEARS.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
67	MUSEUM HALL							
	100160	SL	40.00	16	188,296.		188,296.	0.
68	PLANETARIUM							
	100193	SL	40.00	16	62,764.		62,764.	0.
69	EXHIBIT HALL							
	100169	SL	40.00	16	167,375.		167,375.	0.
70	OBSERVATORY							
	100160	SL	40.00	16	13,104.		13,104.	0.
71	LANDSCAPING							
	100162	SL	25.00	16	15,364.		15,364.	0.
72	PAVING							
	010164	SL	5.00	16	2,711.		2,711.	0.
73	FENCING							
	100173	SL	5.00	16	2,259.		2,259.	0.
74	ROOF REPAIRS							
	100179	SL	40.00	16	18,435.		18,435.	0.
75	ROOF REPAIRS							
	100179	SL	40.00	16	6,100.		6,100.	0.
76	DECK & AWNING							
	100186	SL	40.00	16	6,131.		4,112.	153.
77	NEW BUILDING							
	100186	SL	40.00	16	30,000.		17,250.	750.
78	AIR CONDITIONER							
	040189	SL	10.00	16	12,640.		12,640.	0.
79	FENCING							
	100189	SL	40.00	16	5,900.		3,253.	148.
80	GLASS DOORS-NATIVE PLANT							
	100189	SL	40.00	16	1,264.		602.	32.
81	30 TON A/C YORK #CAA360							
	100189	SL	10.00	16	13,495.		13,495.	0.
82	IMPROVEMENTS							
	100191	SL	40.00	16	1,302.		561.	33.
83	VARIOUS							
	100193	SL	40.00	16	1,851.		736.	46.
84	30 TON AIR HANDLER							
	043092	SL	10.00	16	9,540.		9,378.	0.
85	KIOSK 3-SIDED INFO DISPLAY							
	100190	SL	7.00	16	1,900.		1,900.	0.
86	SIGN							
	100194	SL	40.00	16	10,000.		3,750.	250.
87	ROOF							
	040195	SL	40.00	16	1,685.		609.	42.
88	AIR CONDITIONER							
	040195	SL	10.00	16	13,004.		13,000.	0.
148	FRONT AND REAR ENTRIES							
	070196	SL	40.00	16	8,004.		2,650.	200.
165	OUTSIDE IMPROV'S - ELECTRICAL							
	010197	SL	5.00	16	20,000.		20,000.	0.
173	FIRE ALARM SYSTEM							
	020198	SL	20.00	16	28,841.		5,462.	1,442.
174	CLASSROOM/EDUCATION DOORS							
	050198	SL	10.00	16	2,160.		2,160.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
186	1999 BLDG IMPROV'TS - ELECTRICAL							
	09/01/99	SL	40.00	16	1,415.		353.	35.
203	NEW CEILING TILE							
	08/01/99	SL	10.00	16	6,462.		6,462.	0.
210	SOUND SYSTEM - TRAIL							
	05/31/00	SL	10.00	16	4,257.		3,976.	281.
211	PBC OUTDAOOR TRAIL - OTHER							
	05/31/00	SL	20.00	16	19,006.		8,867.	950.
220	EXT WALL REPAIR							
	06/30/01	SL	15.00	16	4,600.		2,533.	307.
234	ROOF REPAIRS							
	05/02/02	SL	15.00	16	1,434.		712.	96.
235	HANDICAP ACCESS RAMPS & RAILINGS							
	07/26/02	SL	15.00	16	2,886.		1,376.	192.
236	NEW SPEAKERS AND WIRING TRAIL							
	07/01/02	SL	5.00	16	894.		761.	0.
237	HANDICAP BATHROOMS							
	07/10/02	SL	15.00	16	30,805.		14,891.	2,054.
251	ROOF							
	09/30/03	SL	10.00	16	2,391.		1,845.	239.
268	FENCING							
	12/30/03	SL	5.00	16	471.		471.	0.
296	ROOF REPAIRS							
	11/01/04	SL	40.00	16	45,618.		5,605.	1,140.
297	PANEL REPLACEMENT							
	06/01/05	SL	5.00	16	889.		771.	118.
298	JRR SCHOOL OUTFITTERS							
	06/01/05	SL	5.00	16	1,430.		1,239.	191.
299	50% DEP. DECK AWNING							
	07/01/05	SL	5.00	16	1,188.		1,011.	177.
300	MAIN HALL GLASS PANE							
	10/01/04	SL	5.00	16	1,550.		1,550.	0.
301	RETURN STATION PLUMBING GEM							
	10/01/04	SL	5.00	16	1,046.		1,046.	0.
302	REPLACE EXHIBIT HALL GLASS							
	03/01/05	SL	5.00	16	1,550.		1,421.	129.
303	A/C ROOF REPAIR							
	10/30/04	SL	5.00	16	1,225.		1,205.	20.
304	CONVERT GARAGE INTO OFFICE							
	11/01/04	SL	10.00	16	4,526.		2,227.	453.
305	CARPET TILE							
	06/01/05	SL	5.00	16	2,589.		2,245.	344.
355	STAIRS & RAMPS-4 SETS							
	07/03/07	SL	5.00	16	2,000.		900.	400.
382	BUILDING ADDITIONS							
	09/30/08	SL	5.00	16	4,880.			976.
387	BUILDING ADDITIONS							
	09/30/09	SL	5.00	16	70,369.			3,108.
391	BUILDING ELECTRICAL IMPROVEMENTS							
	09/30/10	SL	5.00	16	5,168.			0.
	* 990 PAGE 10 TOTAL BUILDINGS							
					862,774.	0.	649,433.	14,306.
	FURNITURE & FIXTURES							

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
10	SPECIMANS							
	09/30/84	SL	5.00	16	530.		530.	0.
17	AQUARIUM							
	09/30/84	SL	5.00	16	33,888.		33,888.	0.
18	MISCELLANEOUS							
	09/30/87	SL	5.00	16	11,124.		11,124.	0.
19	MISCELLANEOUS							
	09/30/84	SL	5.00	16	270.		270.	0.
20	OFFICE FURNITURE							
	09/30/87	SL	5.00	16	5,000.		5,000.	0.
24	TANK							
	09/30/85	SL	5.00	16	1,000.		1,000.	0.
26	CARPET							
	09/30/85	SL	5.00	16	6,670.		6,670.	0.
29	DISPLAY CASE BASES							
	08/18/90	SL	5.00	16	2,050.		2,050.	0.
33	1/3 OF SHELL CABINETS							
	08/01/91	SL	5.00	16	1,523.		1,523.	0.
34	AQUARIUM I.D. PLAQUES							
	08/01/91	SL	5.00	16	420.		420.	0.
35	NAVIGATION WALL EXHIBIT							
	08/01/91	SL	5.00	16	1,258.		1,258.	0.
38	TWO LETTER BOARDS							
	04/01/91	SL	5.00	16	394.		394.	0.
46	SIX-DRAWER TOOL CASE							
	10/01/90	SL	5.00	16	154.		154.	0.
47	2/3 OF SHELL CABINETS							
	09/01/91	SL	5.00	16	3,045.		3,045.	0.
51	CARPET-OBSERVATORY							
	03/19/92	SL	5.00	16	258.		258.	0.
53	LAMINATOR 12"							
	08/01/92	SL	5.00	16	267.		267.	0.
54	THEATRE							
	10/01/92	SL	5.00	16	15,750.		15,750.	0.
55	AQUARIUM SET-UP							
	10/01/92	SL	5.00	16	15,947.		15,947.	0.
56	ADDITIONS							
	04/01/94	SL	5.00	16	18,442.		18,442.	0.
57	FLAG POLE							
	04/01/95	SL	5.00	16	1,140.		1,140.	0.
58	GLASS ENCLOSURE							
	04/01/95	SL	5.00	16	2,890.		2,890.	0.
59	STEEL SHELVING							
	04/01/95	SL	5.00	16	963.		963.	0.
149	1996 FURNITURE ADDITIONS							
	07/01/96	SL	5.00	16	1,849.		1,849.	0.
150	REBUILD AQUARIUM							
	11/01/95	SL	5.00	16	2,572.		2,572.	0.
155	COMPOUND MICROSCOPE W/ CCD VIDEO							
	04/01/97	SL	5.00	16	2,995.		2,995.	0.
156	1997 FURNITURE ADDITIONS							
	08/01/97	SL	5.00	16	3,680.		3,680.	0.
169	CABINET FOR REEF TANK							
	09/01/97	SL	5.00	16	2,000.		2,000.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
170	2 MICROSCOPE CABINETS							
	09/01/97	SL	5.00	16	2,200.		2,200.	0.
175	FLORESENT FIXTURES 1998							
	07/01/98	SL	10.00	16	2,140.		2,140.	0.
187	1999 FURNITURE ADDITION - SIGN							
	02/01/99	SL	5.00	16	1,080.		1,080.	0.
188	1999 FURNITURE ADDITION - ELECTRICAL							
	12/01/98	SL	5.00	16	1,565.		1,565.	0.
191	1999 AQUARIUM IMPROVMENTS							
	06/01/99	SL	5.00	16	12,724.		12,724.	0.
202	AQUARIUM HOLDING HOSPITAL							
	08/01/99	SL	10.00	16	4,000.		4,000.	0.
216	CARPET - STORE							
	09/30/00	SL	7.00	16	1,035.		1,035.	0.
217	CHAIRS - EDUC DEPT							
	08/31/00	SL	7.00	16	1,034.		1,034.	0.
221	CARPET							
	06/30/01	SL	7.00	16	4,390.		4,390.	0.
269	STORAGE CABINETS							
	12/30/03	SL	2.00	16	814.		814.	0.
324	JRR BOMBAY CO. JRR OFFICE FURNITURE							
	10/01/04	SL	5.00	16	2,422.		2,422.	0.
325	JRR ARON RENTS OFFICE FURNITURE							
	10/01/04	SL	5.00	16	1,609.		1,621.	0.
326	DEVELOPMENT OFFICE FURNITURE							
	05/01/05	SL	5.00	16	2,026.		1,789.	237.
327	FINANCE OFFICE FURNITURE							
	03/01/05	SL	5.00	16	450.		413.	37.
328	FILE CABINET 4/1/05							
	04/01/05	SL	5.00	16	200.		180.	20.
329	LATERAL FILE							
	05/01/05	SL	5.00	16	320.		283.	37.
330	COMPUTER STATION							
	05/01/05	SL	5.00	16	320.		283.	37.
331	FURNITURE							
	08/01/05	SL	5.00	16	290.		242.	48.
332	EDUCATION FURNITURE							
	08/01/05	SL	5.00	16	865.		721.	144.
333	EDUCATION DESK							
	05/01/05	SL	5.00	16	200.		177.	23.
383	FURNITURE & FIXTURES ADDITIONS							
	04/30/08	SL	5.00	16	19,631.			2,327.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES							
					195,394.	0.	175,192.	2,910.
	MACHINERY & EQUIPMENT							
1	SURGE PROTECTOR							
	09/30/84	SL	5.00	16	450.		450.	0.
2	SOFTWARE							
	09/30/84	SL	5.00	16	695.		695.	0.
4	LETTERING MACHINE							
	09/30/87	SL	5.00	16	2,999.		2,999.	0.
5	COMPUTER							
	09/30/85	SL	5.00	16	4,481.		4,481.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
6	PROJECTOR							
	093084	SL	5.00	16	310.		310.	0.
7	TAPE RECORDER							
	093084	SL	5.00	16	140.		140.	0.
9	EQUIPMENT							
	093085	SL	5.00	16	1,515.		1,515.	0.
11	TYPEWRITER							
	093084	SL	5.00	16	960.		960.	0.
13	FILE CABINET							
	093084	SL	5.00	16	571.		571.	0.
14	TAPE RECORDER							
	093084	SL	5.00	16	999.		999.	0.
15	TAPE HEAD							
	093084	SL	5.00	16	202.		202.	0.
16	COMPUTERS							
	093084	SL	5.00	16	18,606.		18,606.	0.
21	COMPUTER							
	093085	SL	5.00	16	2,000.		2,000.	0.
22	TAPE PLAYER							
	093084	SL	5.00	16	69.		69.	0.
23	TURN TABLE							
	093084	SL	5.00	16	60.		60.	0.
25	PHONES							
	093085	SL	5.00	16	6,615.		6,615.	0.
27	CASH REGISTER							
	093088	SL	5.00	16	993.		993.	0.
28	SYLANIA CAMCORDER							
	093090	SL	5.00	16	949.		949.	0.
30	PANASONIC 1624 PRINTER							
	083190	SL	5.00	16	375.		375.	0.
31	RICOH RF-810 FAX							
	051690	SL	5.00	16	749.		749.	0.
32	PANASONIC 6210 VACUUM							
	051690	SL	5.00	16	195.		195.	0.
37	PANASONIC KXP1180 PRINTER							
	040191	SL	5.00	16	169.		168.	0.
39	MICROSOFT SOFTWARE							
	020191	SL	5.00	16	110.		110.	0.
40	4600 SLIDE PROJECTOR							
	020191	SL	5.00	16	400.		400.	0.
41	POWER SUPPLY							
	020191	SL	5.00	16	375.		375.	0.
42	HYUNDAI 386SE COMPUTER							
	020191	SL	5.00	16	2,219.		2,219.	0.
43	PANASONIC KXP1124 PRINTER							
	010191	SL	5.00	16	344.		344.	0.
44	COMPUTER MONITOR							
	010191	SL	5.00	16	84.		84.	0.
45	SPL CALCULATOR							
	100190	SL	5.00	16	150.		150.	0.
49	PANASONIC 4410 LASER PRINTER							
	081192	SL	5.00	16	649.		649.	0.
50	PIONEER #67154 CD PLAYER							
	032492	SL	5.00	16	210.		210.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
52	MICROPHONES FOR PA							
	03/30/92	SL	5.00	16	120.		120.	0.
60	FORKLIFT							
	10/01/90	SL	5.00	16	3,500.		3,500.	0.
63	ADDITIONS							
	04/01/94	SL	5.00	16	13,971.		13,971.	0.
89	ADDITIONS							
	10/01/94	SL	5.00	16	5,000.		5,000.	0.
147	1995 ADDITIONS							
	03/01/95	SL	5.00	16	7,349.		7,349.	0.
151	PLANETARIUM SOUND SYSTEM							
	06/01/96	SL	5.00	16	3,750.		3,750.	0.
152	COMPUTERS							
	02/01/96	SL	5.00	16	4,850.		4,850.	0.
153	VIDEO MICROSCOPE							
	09/01/96	SL	5.00	16	1,697.		1,697.	0.
154	CASH REGISTER							
	09/01/96	SL	5.00	16	1,050.		1,050.	0.
157	P-110 DIGITAL VIDEO PROJECTOR							
	01/01/97	SL	5.00	16	3,099.		3,099.	0.
158	HAND TOOLS							
	09/01/97	SL	5.00	16	1,300.		1,300.	0.
159	COPY MACHINE							
	09/01/97	SL	5.00	16	6,495.		6,495.	0.
160	COMPUTER DESK TOP							
	09/01/97	SL	5.00	16	1,964.		1,964.	0.
161	LAPTOP COMPUTER							
	08/01/97	SL	5.00	16	2,295.		2,295.	0.
162	MACINTOSH COMPUTER							
	09/01/97	SL	5.00	16	2,310.		2,310.	0.
163	4-VCR'S							
	09/01/97	SL	5.00	16	800.		800.	0.
164	VOICE MAIL SYSTEM							
	09/01/97	SL	5.00	16	5,370.		5,370.	0.
167	WENTZ SCOPE							
	09/01/97	SL	5.00	16	2,244.		2,244.	0.
168	4 TV'S							
	09/01/97	SL	5.00	16	1,000.		1,000.	0.
171	ELECTRON MICROSCOPE							
	09/01/97	SL	5.00	16	1,518.		1,518.	0.
172	2 WAY RADIOS							
	09/01/97	SL	5.00	16	1,350.		1,350.	0.
176	COMPUTERS - 4							
	11/01/97	SL	5.00	16	2,710.		2,710.	0.
177	LASER SYSTEM							
	06/01/98	SL	10.00	16	19,500.		19,500.	0.
189	1999 EQUIPMENT - CASH CONTROL							
	11/01/98	SL	5.00	16	2,150.		2,150.	0.
190	1999 EQUIPMENT - CARD PRODUCTS							
	04/01/99	SL	5.00	16	1,510.		1,510.	0.
193	BROCK MICROSCOPES 12							
	10/01/98	SL	5.00	16	1,200.		1,200.	0.
194	STEREO MICROSCOPES 12							
	10/01/98	SL	5.00	16	3,600.		3,600.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
195	SWIFT COMPOUND MICROSCOPES 6							
	100198	SL	5.00	16	1,800.		1,800.	0.
196	DISECTING MICROSCOPES 18							
	100198	SL	5.00	16	1,350.		1,350.	0.
197	WOLFE COMPOUND MICROSCOPES 12							
	100198	SL	5.00	16	2,400.		2,400.	0.
198	GOOSENECK VIDEO MICROSCOPES 2							
	100198	SL	5.00	16	2,000.		2,000.	0.
212	2 GATEWAY COMPUTERS - ED DEPT							
	013100	SL	5.00	16	2,406.		2,406.	0.
213	PROXIMA LX1 PROJECTOR							
	083100	SL	5.00	16	3,450.		3,450.	0.
214	GATEWAY COMPUTER = EXHIBIT DEPT							
	103199	SL	5.00	16	2,479.		2,479.	0.
215	BACKUP GENERATOR							
	093000	SL	7.00	16	12,748.		12,748.	0.
223	COMPUTER NETWORK							
	123100	SL	5.00	16	5,417.		5,417.	0.
224	2001 GMC SAVANA							
	013101	SL	5.00	16	26,543.		26,543.	0.
225	1999 CHEV. ASTRO VAN							
	013101	SL	5.00	16	11,000.		11,000.	0.
226	A/C COMPRESSOR							
	043001	SL	5.00	16	6,050.		6,050.	0.
227	OTHER 2001 EQUIPMENT							
	093001	SL	5.00	16	5,560.		5,560.	0.
228	THEATRE PROJECTOR & LENS							
	083101	SL	5.00	16	8,384.		8,384.	0.
238	HEAT PUMP							
	051502	SL	7.00	16	5,896.		5,896.	0.
239	COMPUTER-ADMIN							
	121701	SL	5.00	16	546.		546.	0.
241	HP PRINTER-FINANCE							
	021902	SL	5.00	16	1,100.		1,100.	0.
242	SURGE PROTECTOR-FINANCE							
	021902	SL	5.00	16	347.		347.	0.
243	COMPUTER-PLANETARIUM							
	043002	SL	5.00	16	770.		770.	0.
244	COMPUTER-EDUCATION							
	042402	SL	5.00	16	698.		698.	0.
245	AIR COMPRESSOR & CONDENSOR							
	092302	SL	7.00	16	3,998.		3,998.	0.
246	PHONE CARD EXTENSION							
	052002	SL	5.00	16	3,186.		3,186.	0.
247	MIP FINANCIAL SOFTWARE							
	111501	SL	5.00	16	2,385.		2,385.	0.
248	VISTA RESERVATION SOFTWARE-EDUC							
	011702	SL	5.00	16	5,825.		5,825.	0.
252	A/C							
	093003	SL	5.00	16	6,508.		6,508.	0.
253	COMPRESSOR							
	093003	SL	5.00	16	1,026.		1,026.	0.
254	COMPUTER							
	093003	SL	5.00	16	505.		505.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
255	FRONT DESK SYSTEM (TICKETING)							
	09/30/03	SL	5.00	16	17,718.		17,718.	0.
256	LD-GATEWAY							
	09/30/03	SL	5.00	16	908.		908.	0.
257	SECURITY CAMERAS							
	09/30/03	SL	5.00	16	1,031.		1,031.	0.
258	SERVER							
	09/30/03	SL	5.00	16	742.		742.	0.
259	TELEPHONE INSTALLATION							
	09/30/03	SL	5.00	16	973.		973.	0.
260	GAS TANK & LINE							
	09/30/03	SL	5.00	16	1,757.		1,757.	0.
270	EQUIPMENT							
	10/01/03	SL	5.00	16	1,086.		1,086.	0.
271	MS OFFICE FOR MACHINTOSH							
	11/12/03	SL	5.00	16	400.		400.	0.
272	APPLE CINEMA DISPLAY							
	11/12/03	SL	5.00	16	1,548.		1,548.	0.
273	POWER MAC G5							
	11/12/03	SL	5.00	16	4,049.		4,049.	0.
274	EXHIBIT MASTER PLANNING							
	11/26/03	SL	5.00	16	1,310.		1,310.	0.
275	COMPUTER PRINTERS							
	01/30/04	SL	5.00	16	1,398.		1,398.	0.
276	ALL BRAND VACUUMS							
	04/16/04	SL	5.00	16	499.		499.	0.
277	A/C UNIT							
	12/30/03	SL	5.00	16	3,652.		3,652.	0.
278	COMPUTER PRINTER/FAX							
	12/30/03	SL	5.00	16	1,686.		1,686.	0.
279	COMPUTER EQUIPMENT							
	12/30/03	SL	5.00	16	950.		950.	0.
280	COMPUTER EQUIPMENT							
	12/30/03	SL	5.00	16	1,070.		1,070.	0.
281	TELEPHONE EQUIPMENT							
	12/30/03	SL	5.00	16	718.		718.	0.
282	DIGITAL CAMERA							
	12/30/03	SL	5.00	16	260.		260.	0.
283	SIGN MAKING COMPUTER							
	12/30/03	SL	5.00	16	2,615.		2,615.	0.
284	COMPUTER							
	12/30/03	SL	5.00	16	450.		450.	0.
285	PRINTER							
	12/30/03	SL	5.00	16	2,979.		2,979.	0.
286	WEB CAMS							
	12/30/03	SL	5.00	16	372.		372.	0.
287	TIME CLOCK & PAPER SHREDDER							
	12/30/03	SL	5.00	16	684.		684.	0.
288	COMPUTER EQUIPMENT							
	12/30/03	SL	5.00	16	1,687.		1,687.	0.
289	POINT OF SALE SYSTEM							
	12/30/03	SL	5.00	16	950.		950.	0.
290	CAMERA							
	12/30/03	SL	5.00	16	215.		215.	0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
291	PHONE							
	12/30/03	SL	5.00	16	293.		293.	0.
292	PHONE EQUIPMENT							
	12/30/03	SL	5.00	16	120.		120.	0.
293	PROJECTOR							
	12/30/03	SL	5.00	16	273.		273.	0.
308	JRR COMP USA EDUC. COMPUTERS							
	11/01/04	SL	5.00	16	593.		585.	8.
309	JRR DELL MARKETING COMPUTER							
	11/01/04	SL	5.00	16	2,666.		2,621.	45.
310	PRINTERS							
	01/01/05	SL	5.00	16	2,388.		2,270.	118.
311	COMPUTERS 02/4/05							
	02/01/05	SL	5.00	16	776.		723.	53.
312	COMPUTERS 02/18/05							
	02/01/05	SL	5.00	16	2,085.		1,946.	139.
313	INVOICE 45136441							
	03/01/05	SL	5.00	16	719.		660.	59.
314	A/C REPLACEMENT							
	04/01/05	SL	5.00	16	7,882.		7,092.	790.
315	REPLACE MOTORS							
	03/01/05	SL	5.00	16	1,114.		1,022.	92.
316	ED. COMPUTERS							
	12/01/04	SL	5.00	16	698.		676.	22.
317	COMPUTERS 03/05/05							
	03/01/05	SL	5.00	16	599.		550.	49.
318	EXHIBIT TECH COMPUTER							
	03/01/05	SL	5.00	16	2,167.		1,985.	182.
319	ED. COMPUTERS 07/19/05							
	07/01/05	SL	5.00	16	1,824.		1,551.	273.
320	MONITOR 9/27/05							
	09/01/05	SL	5.00	16	713.		584.	129.
321	LD PINCH A PENNY PUMP							
	10/01/04	SL	5.00	16	1,304.		1,304.	0.
322	LP TANK PURCHASE							
	08/01/05	SL	5.00	16	2,469.		2,058.	411.
323	LD-ABT ELECTRONICS							
	09/01/05	SL	5.00	16	810.		662.	148.
339	AQ GENERATOR							
	05/24/06	SL	5.00	16	3,395.		2,263.	679.
340	RUUD AIR CONDITIONER							
	07/17/06	SL	5.00	16	2,200.		1,393.	440.
341	VOICEMAIL SYSTEM							
	11/09/05	SL	5.00	16	1,725.		1,351.	345.
342	HITACHI PROJECTOR							
	10/17/05	SL	5.00	16	799.		626.	160.
343	DATAFILE CAMERA							
	10/06/05	SL	5.00	16	5,600.		4,219.	1,120.
344	DELL INSPIRON 1330 LAPTOP							
	10/10/06	SL	5.00	16	608.		366.	122.
345	PANASONIC WIRELESS PROJECTOR							
	03/01/06	SL	5.00	16	1,299.		932.	260.
346	DELL DIMENSION 1100 COMPUTER							
	03/29/06	SL	5.00	16	449.		315.	90.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
347	DELL DIMENSION 1100 DESKTOP COMPUTER							
	03/29/06	SL	5.00	16	449.		315.	90.
348	DELL DIMENSION 3100 COMPUTER							
	07/12/06	SL	5.00	16	638.		416.	128.
349	DELL DIMENSION 3000 COMPUTER							
	05/15/06	SL	5.00	16	780.		533.	156.
350	DELL INSPIRON 1300 LAPTOP							
	02/27/06	SL	5.00	16	702.		502.	140.
351	COIN CHANGER							
	10/04/05	SL	5.00	16	850.		680.	170.
352	TRANSFER SWITCH FOR AQ GEN							
	06/17/06	SL	5.00	16	723.		471.	145.
353	SAFE							
	12/08/05	SL	5.00	16	1,000.		767.	200.
356	20 HP LCD MONITORS							
	08/20/07	SL	5.00	16	189.		82.	38.
357	HP TOWER							
	08/20/07	SL	5.00	16	459.		199.	92.
358	HP TOWER							
	08/20/07	SL	5.00	16	459.		199.	92.
359	20 LCD DISPLAY MONITOR							
	08/20/07	SL	5.00	16	189.		79.	38.
360	HP POS SYS RP 50000							
	06/27/07	SL	5.00	16	2,848.		1,330.	570.
361	HP LASERJET PRINTER							
	06/27/07	SL	5.00	16	170.		79.	34.
362	HP POS SYS RP 5000							
	06/27/07	SL	5.00	16	2,699.		1,260.	540.
363	HP LASERJET PRINTER							
	06/27/07	SL	5.00	16	899.		420.	180.
364	23 LCD DISPLAY APPLE							
	06/05/07	SL	5.00	16	879.		411.	176.
365	MAC PRO QUA APPLE							
	06/05/07	SL	5.00	16	3,896.		1,876.	779.
366	MAC PRO QUA APPLE							
	06/01/07	SL	5.00	16	3,896.		1,876.	779.
367	23 LCD DISPLAY APPLE							
	06/01/07	SL	5.00	16	880.		411.	176.
368	MAC PRO QUA APPLE							
	02/02/07	SL	5.00	16	6,415.		3,421.	1,283.
369	30 LCD DISPLAY APPLE							
	02/02/07	SL	5.00	16	1,950.		1,040.	390.
370	MAC PRO TOWER							
	01/22/07	SL	5.00	16	5,801.		3,190.	1,160.
371	23 LCD MONITOR							
	01/22/07	SL	5.00	16	920.		506.	184.
372	ROBOT DISPLAY							
	12/12/06	SL	5.00	16	13,000.		7,367.	2,600.
373	YORK CONDENSER COIL							
	11/29/06	SL	5.00	16	4,000.		2,333.	800.
374	2003 HONDA ELEMENT							
	11/16/06	SL	5.00	16	14,742.		9,274.	2,948.
375	DRAPERY							
	11/15/06	SL	5.00	16	3,622.		2,112.	724.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
376	COMPRESSOR 35T YORK							
	101806	SL	5.00	16	15,109.		4,535.	3,022.
385	EQUIPMENT & MACHINERY ADDITIONS							
	013008	SL	5.00	16	32,533.			6,507.
388	EQUIPMENT & MACHINERY ADDITIONS							
	123108	SL	5.00	16	17,362.			8,036.
392	EQUIPMENT & MACHINERY ADDITIONS							
	093010	SL	5.00	16	18,365.			0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT							
					528,421.	0.	410,552.	37,911.
	OTHER							
90	THE COLLECTION							
	093090	L			21,429.			0.
91	WATT COUNTER 200A							
	040291	L			2,645.			0.
92	HOT WIRE BANNERS							
	010291	L			1,081.			0.
93	HOLOGRAM-SHAKESPEARE							
	010291	L			20.			0.
94	HOLOGRAM-TELESCOPE							
	010291	L			180.			0.
95	HOLOGRAM-KISS II							
	010291	L			150.			0.
96	HOLOGRAM-PAUL'S KID							
	010291	L			130.			0.
97	HOLOGRAM-PANDRA'S OWN							
	010291	L			69.			0.
98	HOLOGRAM-KELLY							
	010291	L			530.			0.
99	HOLOGRAM-CIRCUIT BOARD							
	010291	L			85.			0.
100	HOLOGRAM-KEY							
	010291	L			75.			0.
101	HOLOGRAM-2 COLOR SHELL							
	010291	L			175.			0.
102	HOLOGRAM-CHINES HORSES							
	010291	L			500.			0.
103	HOLOGRAM-LION CUBES							
	010291	L			375.			0.
104	HOLOGRAM-MIME							
	010291	L			375.			0.
105	HOLOGRAM-SABU							
	010291	L			375.			0.
106	HOLOGRAM-8X10 PLATE							
	010291	L			295.			0.
107	HOLOGRAM-DRACULA							
	010291	L			375.			0.
109	DIVERSITY-ENDANGERED POS							
	100490	L			325.			0.
110	NAVIGATION-COLUMBUS							
	091791	L			1,258.			0.
111	PLASMA BALL							
	072491	L			5,334.			0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
112	3							
	072491	L			6,045.			0.
113								
	013091	L			1,156.			0.
115								
	013091	L			2,648.			0.
116								
	013091	L			1,445.			0.
118								
	013091	L			2,167.			0.
119								
	013091	L			1,926.			0.
120								
	013091	L			1,589.			0.
121								
	062891	L			1,899.			0.
122								
	062891	L			40.			0.
124								
	050192	L			3,182.			0.
125								
	050192	L			1,591.			0.
126								
	050192	L			1,591.			0.
127								
	100192	L			40,000.			0.
129								
	100192	L			3,500.			0.
130								
	100192	L			4,265.			0.
131								
	100194	L			16,900.			0.
132								
	100194	L			30,100.			0.
135								
	100194	L			30,000.			0.
136								
	100194	L			13,400.			0.
137								
	100194	L			900.			0.
138								
	100194	L			18,000.			0.
139								
	100194	L			15,300.			0.
140								
	100194	L			20,600.			0.
141								
	100194	L			15,600.			0.
142								
	100194	L			1,000.			0.
143								
	100194	L			9,400.			0.
144								
	100194	L			13,500.			0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
145	CATENARY ARCH BLOCKS							
	10/01/94	L			1,000.			0.
146	MOMENTUM MACHINE							
	10/01/94	L			21,515.			0.
192	OUTDOOR 1999 POLARIZATION TANK & FUN TIME WATER TO							
	09/30/99	L			15,820.			0.
199	T-REX SKULL (REPLICA)							
	10/01/98	L			2,800.			0.
200	DINOSAUR EGG							
	10/01/98	L			900.			0.
201	MARS METEORITE FRAGMENT							
	10/01/98	L			500.			0.
204	PAIR OF SPINOSAURUS TEETH							
	09/30/00	L			432.			0.
205	FOSSIL DIG							
	09/30/00	L			4,800.			0.
206	WHISPER DISHES							
	09/30/00	L			5,038.			0.
207	KALEIDESCOPIES							
	09/30/00	L			360.			0.
208	SEATURTLE GAME							
	09/30/00	L			2,035.			0.
209	DINO TRACKS							
	09/30/00	L			2,083.			0.
218	SAVANAH SCIENCE MUSEUM ITEMS							
	12/31/99	L			4,500.			0.
219	STARLAB							
	06/30/00	L			21,803.			0.
229	HURRICAN FAN							
	09/30/01	L			7,000.			0.
230	COMPUTER CABINET							
	09/30/01	L			1,620.			0.
231	KIDS BUILD-A-PYRAMID							
	09/30/01	L			2,038.			0.
232	OTHER 2001 COLLECTION							
	09/30/01	L			835.			0.
233	NEW SHOW							
	06/17/02	L			1,160.			0.
240	SENIOR STUFFEE-SCIENTIFIC EXHIBIT							
	01/09/02	L			11,400.			0.
249	GALAXY GOLF							
	07/11/02	L			26,018.			0.
261	BRAIN TEASERS							
	09/30/03	L			9,716.			0.
262	EGYPTIAN ARTIFACTS							
	09/30/03	L			7,975.			0.
263	ILLUSION ART FRAMES							
	09/30/03	L			2,958.			0.
264	OSCYLINDER SCOPE							
	09/30/03	L			8,788.			0.
265	ROGER							
	09/30/03	L			2,450.			0.
266	SPACE TOYS							
	09/30/03	L			1,125.			0.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
294	MARS							
	10/30/03	L	5.00		3,185.			0.
306	FLOURESCENT UV LIGHT							
	02/01/05	L	3.00		2,822.			0.
307	EXHIBIT SUPPLIES							
	07/29/05	L	5.00		1,313.			0.
	* 990 PAGE 10 TOTAL OTHER							
					467,514.	0.	0.	0.
	PLANETARIUM IMPROVEMENTS AND EQUIPMENT							
	OTHER							
166	PLANETARIUM RENOVATION							
	01/01/97		.000	16				0.
179	PLANETARIUM SEATING							
	01/01/98	SL	10.00	16	22,480.		22,480.	0.
180	COVE LIGHTING							
	01/01/98	SL	10.00	16	9,600.		9,600.	0.
181	PROJECTOR COMPUTER/AUTOMATION SYSTEM							
	01/01/98	SL	10.00	16	16,505.		16,505.	0.
182	PROJECTOR REFURBISHMENT							
	01/01/98	SL	10.00	16	57,660.		57,660.	0.
183	PLANETARIUM ELECTRICAL SYSTEM							
	01/01/98	SL	10.00	16	9,300.		9,300.	0.
184	SONY VIDEO PROJECTOR							
	01/01/98	SL	10.00	16	11,000.		11,000.	0.
185	MISCELLANEOUS PLANETARIUM IMPROVEMENTS							
	01/01/98	SL	10.00	16	61,175.		61,175.	0.
222	LASER SYSTEM - PLANETARIUM							
	03/31/01	SL	7.00	16	33,760.		33,747.	0.
334	PLANETARIUM SEATS							
	08/01/03	SL	5.00	16	2,532.		2,532.	0.
337	PLANETARIUM EQUIPMENT							
	03/01/03	SL	5.00	16	1,299.		1,299.	0.
338	PLANETARIUM EQUIPMENT							
	02/27/05	SL	3.00	16	702.		702.	0.
377	IMAC1 APPLE COMPUTER							
	02/22/06	SL	3.00	16	2,670.		2,670.	0.
378	IMAC2 APPLE COMPUTER							
	02/22/06	SL	3.00	16	2,670.		2,670.	0.
379	MAC BOOK BL-APPLE							
	02/22/06	SL	3.00	16	1,674.		1,674.	0.
380	HARD DRIVE 500 MB EXT							
	02/02/06	SL	3.00	16	235.		235.	0.
381	DRAWING 3 GRAPHICS							
	02/20/06	SL	3.00	16	390.		390.	0.
384	PLANETARIUM ADDITIONS							
	08/30/06	SL	3.00	16	51,019.		51,019.	0.
389	PLANETARIUM ADDITIONS							
	12/31/08	SL	5.00	16	117,023.		3,382.	18,998.
	* 990 PAGE 10 TOTAL OTHER							
					401,694.	0.	288,040.	18,998.
	* 990 PAGE 10 TOTAL - PLANETARIUM IMPROVEMENTS AND EQUIPMENT							
					401,694.	0.	288,040.	18,998.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS							
390	SCIENCE CENTER CONST. IN PROGRESS							
	09/30/10	L			198,922.			0.
	* 990 PAGE 10 TOTAL BUILDINGS							
					198,922.	0.	0.	0.
	* 990 PAGE 10 TOTAL - PLANETARIUM IMPROVEMENTS AND EQUIPMENT							
					198,922.	0.	0.	0.
	OTHER							
386	AQUARIUM							
	10/01/05	SL	3.00	16	16,354.		16,354.	0.
	* 990 PAGE 10 TOTAL OTHER							
					16,354.	0.	16,354.	0.
	* 990 PAGE 10 TOTAL - PLANETARIUM IMPROVEMENTS AND EQUIPMENT							
					16,354.	0.	16,354.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR							
					2,671,073.	0.	1,539,571.	74,125.