

2006

Open to Public Inspection

990

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.

Form 990 Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning OCT 1, 2006 and ending SEP 30, 2007

B Check if applicable: C Name of organization: MUSEUM OF ARTS & SCIENCES, INC. D Employer identification number: 59-1022050 E Telephone number: 386-255-0285

G Website: WWW.MOAS.ORG J Organization type: 501(c)(3) K Check here if the organization is not a 509(a)(3) supporting organization...

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 5,353,183.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or deficit, Net assets at beginning, Other changes, Net assets at end.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	276,060.	255,232.	20,828.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	24,664.	0.	24,664.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	682,923.	597,587.	73,560.	11,776.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	45,960.	45,525.		435.
<b>29</b> Payroll taxes	73,183.	56,721.	15,552.	910.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	120,988.	117,627.	3,361.	
<b>34</b> Telephone	14,139.	14,079.	60.	
<b>35</b> Postage and shipping	23,623.	20,440.	3,183.	
<b>36</b> Occupancy	150,373.	146,571.	3,802.	
<b>37</b> Equipment rental and maintenance	10,859.	10,859.		
<b>38</b> Printing and publications	55,845.	55,074.	771.	
<b>39</b> Travel	17,560.	17,555.	5.	
<b>40</b> Conferences, conventions, and meetings	14,100.	13,895.	205.	
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	347,483.	333,560.	13,923.	
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b> SEE STATEMENT 5	670,729.	621,262.	49,467.	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,528,489.	2,305,987.	209,381.	13,121.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 7</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>SEE STATEMENT 6</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>2,305,987.</b>
<b>b</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>    	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>2,305,987.</b>

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing .....	2,925.	45		
	46 Savings and temporary cash investments .....	1,333,193.	46	938,806.	
	47 a Accounts receivable .....	47a			
	b Less: allowance for doubtful accounts .....	47b		47c	
	48 a Pledges receivable .....	48a	4,886,961.		
	b Less: allowance for doubtful accounts .....	48b		48c	
	49 Grants receivable .....			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b	
	51 a Other notes and loans receivable .....	51a			
	b Less: allowance for doubtful accounts .....	51b		51c	
	52 Inventories for sale or use .....	18,930.	52	15,957.	
	53 Prepaid expenses and deferred charges .....	39,592.	53	19,866.	
	54 a Investments - publicly-traded securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	3,774,442.	54a	3,877,927.	
	b Investments - other securities <b>STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	3,406,288.	54b	3,297,778.	
55 a Investments - land, buildings, and equipment: basis <b>STMT 8</b> .....	55a				
b Less: accumulated depreciation .....	55b		55c		
56 Investments - other .....			56		
57 a Land, buildings, and equipment: basis .....	57a	38,099,263.			
b Less: accumulated depreciation .....	57b	3,441,168.	57c		
58 Other assets, including program-related investments (describe <b>▶ SEE STATEMENT 10</b> ) .....		4,870,788.	58	5,512,111.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		52,323,945.	59	53,207,501.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	88,172.	60	28,236.	
	61 Grants payable .....		61		
	62 Deferred revenue .....	39,839.	62	35,823.	
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b		
	65 Other liabilities (describe <b>▶ SEE STATEMENT 11</b> ) .....		38,314.	65	13,557.
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		166,325.	66	77,616.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67 Unrestricted .....	1,762,140.	67	1,702,661.	
	68 Temporarily restricted .....	40,056,724.	68	40,557,821.	
	69 Permanently restricted .....	10,338,756.	69	10,869,403.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		52,157,620.	73	53,129,885.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		52,323,945.	74	53,207,501.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	4,284,082.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1	<125,663.>	
2 Donated services and use of facilities	b2	496,818.	
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>SEE STATEMENT 13</u>	b4	192,254.	
Add lines b1 through b4	b	563,409.	
c Subtract line b from line a	c	3,720,673.	
d Amounts included on Part I, line 12, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2	d	0.	
e Total revenue (Part I, line 12). Add lines c and d	e	3,720,673.	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements		a	3,311,817.
b Amounts included on line a but not on Part I, line 17:			
1 Donated services and use of facilities	b1	496,818.	
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify): <u>SEE STATEMENT 14</u>	b4	297,552.	
Add lines b1 through b4	b	794,370.	
c Subtract line b from line a	c	2,517,447.	
d Amounts included on Part I, line 17, but not on line a:			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify): <u>SALES TAX</u>	d2	11,042.	
Add lines d1 and d2	d	11,042.	
e Total expenses (Part I, line 17). Add lines c and d	e	2,528,489.	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WAYNE ATHERHOLT	EXECUTIVE DIRECTOR			
[REDACTED]	40.00	115,000.	0.	6,000.
LINDA IPPOLITO	FINANCE/HUMAN RESOURCES DIRECTOR			
[REDACTED]	40.00	53,560.	0.	0.
CYNTHIA DUVAL	CHIEF CURATOR			
[REDACTED]	40.00	51,500.	0.	0.
DAVID SWOYER	GRL CURATOR OF ART			
[REDACTED]	40.00	50,000.	0.	0.
SEE ATTACHED LIST				
[REDACTED]	0.00	0.	0.	0.
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 4 rows (75a-d) and 3 columns (Yes, No, Amount). 75a: 27 meetings. 75b: X. 75c: X. 75d: X.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1: GARY LIBBY (NONCOMPETE AGREEMENT), 0, 24,664, 0, 0.

Part VI Other Information (See the instructions.)

Table with 3 columns (Yes, No, Amount) and 8 rows (76-81b). 76: X. 77: X. 78a: X. 78b: X. 79: X. 80a: X. 81a: 0. 81b: X.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b 496,818.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
	89g		
90 a	List the states with which a copy of this return is filed FL		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	51
91 a	The books are in care of WAYNE ATHERHOLT Telephone no. 386-255-0285 Located at 352 S NOVA ROAD, DAYTONA BEACH, FL ZIP + 4 32114-4597		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <b>EDUCATIONAL TOURS</b>					79,199.
b <b>ADMISSIONS</b>					366,864.
c <b>TUITION</b>					29,533.
d <b>RENTS</b>					75,217.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					45,000.
94 Membership dues and assessments					196,751.
95 Interest on savings and temporary cash investments			14	52,757.	
96 Dividends and interest from securities			14	359,746.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<1,050.>	
101 Net income or (loss) from special events					53,108.
102 Gross profit or (loss) from sales of inventory					82,126.
103 Other revenue:					
a <b>MUSEUM MAGAZINE</b>	511120	27,790.			
b <b>BOOKS &amp; PUBLICATIONS</b>					8,904.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		27,790.		411,453.	936,702.
105 Total (add line 104, columns (B), (D), and (E))					1,375,945.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 15

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
BOUCHELLE AND COMPANY, 59-6060839	%			
	100.00%	SALE OF REAL ESTATE		
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

<b>Yes</b>	<b>No</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

<b>Yes</b>	<b>No</b>

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

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: **SUZANNE FORBES** Date: **04/29/08** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **JAMES MOORE & CO., P.L.  
121 EXECUTIVE CIRCLE  
DAYTONA BEACH, FL 32114-1180**

Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: **386-257-4100**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization

**MUSEUM OF ARTS & SCIENCES, INC.**

Employer identification number

**59: 1022050**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
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Total number of other employees paid over \$50,000		▶ <b>0</b>		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>HANDS ON</b> <b>689 CENTRAL AVENUE, ST. PETERSBURG, FL 33701</b>	<b>DESIGN &amp; FABRICATION</b>	<b>271,700.</b>
<b>HAWKINS &amp; HALL ARCHITECTS</b> <b>208 MAGNOLIA AVENUE, DAYTONA BEACH, FL 32114</b>	<b>ARCHITECTS</b>	<b>97,172.</b>
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Total number of others receiving over \$50,000 for professional services		▶ <b>0</b>

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
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Total number of other contractors receiving over \$50,000 for other services		▶ <b>0</b>

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? .....	<b>X</b>	
<b>b</b>	Lending of money or other extension of credit? .....		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>X</b>	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b> .....	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets? .....		<b>X</b>
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 16</b>	<b>X</b>	
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....	<b>X</b>	
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....		<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....		<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....		<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	<b>N/A</b>	
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>N/A</b>	
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year .....		<b>0</b>
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....		<b>N/A</b>
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....		<b>0.</b>
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....		<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,459,933.	1,294,571.	3,145,561.	1,615,077.	8,515,142.
16 Membership fees received	202,496.	201,496.	253,139.	215,027.	872,158.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,701,479.	824,095.	714,109.	1,006,494.	4,246,177.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	395,224.	318,904.	301,762.	509,740.	1,525,630.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,759,132.	2,639,066.	4,414,571.	3,346,338.	15,159,107.
24 Line 23 minus line 17	3,057,653.	1,814,971.	3,700,462.	2,339,844.	10,912,930.
25 Enter 1% of line 23	47,591.	26,391.	44,146.	33,463.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 218,259.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 738,342.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 10,912,930.
d Add: Amounts from column (e) for lines: 18 1,525,630. 19 _____ 22 _____ 26b 738,342.					26d 2,263,972.
e Public support (line 26c minus line 26d total)					26e 8,648,958.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.2542%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group. Check  b if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines e through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

MUSEUM OF ARTS & SCIENCES, INC.

Employer identification number

59-1022050

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

Employer identification number

**MUSEUM OF ARTS & SCIENCES, INC.**

**59-1022050**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>COUNTY OF VOLUSIA</u>  <u>VOLUSIA COUNTY, FL</u>	\$ <u>217,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>STATE OF FLORIDA</u>  <u>TALLAHASSEE, FL</u>	\$ <u>162,735.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>CITY OF PORT ORANGE</u> <u>1000 CITY CENTER CIRCLE</u> <u>PORT ORANGE, FL 32129</u>	\$ <u>1,010,358.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	1,533,698.	1,534,748.	0.	<1,050.>
TO FORM 990, PART I, LINE 8	1,533,698.	1,534,748.	0.	<1,050.>

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**FORM 990**                      **SPECIAL EVENTS AND ACTIVITIES**                      **STATEMENT**      **2**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPRUCE CREEK	3,879.	35.	3,844.		3,844.
QUINN	23,920.	20,000.	3,920.		3,920.
ANNUAL MEETING	5,185.		5,185.		5,185.
ANTIQUA GALA	17,955.	100.	17,855.	15,282.	2,573.
MUSEUM GUILD FUNDRAISERS - EM	7,832.	1,280.	6,552.		6,552.
MUSEUM GUILD FUNDRAISERS - FEST OF LIGHTS	11,267.	80.	11,187.		11,187.
MUSEUM GUILD	17,334.		17,334.		17,334.
MUSEUM GUILD FUNDRAISERS - HAF GUILD	35,149.	28,718.	6,431.		6,431.
MISCELLANEOUS FUNDRAISING EVENTS	649.		649.	4,567.	<3,918.>
TO FM 990, PART I, LINE 9	123,170.	50,213.	72,957.	19,849.	53,108.

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FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 3

INCOME		
1. GROSS RECEIPTS . . . . .	160,039	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		160,039
4. COST OF GOODS SOLD (LINE 13) . . . . .	77,913	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		82,126
COST OF GOODS SOLD		
6. INVENTORY AT BEGINNING OF YEAR . . . . .	18,930	
7. MERCHANDISE PURCHASED . . . . .	74,940	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		93,870
12. INVENTORY AT END OF YEAR . . . . .	15,957	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). . . . .		77,913

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
CHANGE IN CHARITABLE REMAINDER TRUST	<94,257.>
UNREALIZED LOSS	<125,663.>
ROUNDING ADJUSTMENT	1.
TOTAL TO FORM 990, PART I, LINE 20	<219,919.>

FORM 990	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
EXHIBIT/PERFORMANCE	116,964.	116,964.		
ACCESSIONS/PRESERVA.	608.	608.		
PROF/CONSULTING	106,301.	103,418.	2,883.	
SALES TAX PAYABLE	11,042.	11,042.		
ADVERTISING & PROMOTION	133,145.	132,947.	198.	
INSURANCE	128,189.	124,414.	3,775.	
SECURITY SERVICES	26,458.	26,409.	49.	
FINANCE CHARGES	16,231.	8,482.	7,749.	
SUBSCRIPTIONS, BOOKS, VIDEOS	669.	669.		
LICENSES & FEES	17,980.	7,989.	9,991.	
MISCELLANEOUS EXPENSES	6,349.	5,638.	711.	
AMORTIZATION EXPENSE -NONCOMPETE	23,960.		23,960.	
REPAIRS & MAINTENANCE -BUILDING	65,219.	65,068.	151.	
RENTALS	17,614.	17,614.		
TOTAL TO FM 990, LN 43	670,729.	621,262.	49,467.	



FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MORTGAGE BACKED SECURITIES	FMV			3,828,094.	3,828,094.
TO FORM 990, LINE 54A, COL B				3,828,094.	3,828,094.

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURIES	FMV	49,833.		49,833.
TOTAL TO FORM 990, LINE 54A, COL B		49,833.		49,833.

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	AMOUNT
COLLECTIONS	5,308,111.
COVENANT NOT TO COMPETE	0.
PROPERTY HELD FOR SALE	204,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	
	5,512,111.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
REFUNDABLE DEPOSITS	13,426.
COVENANT NOT TO COMPETE	0.
GIFT CARD PURCHASES	131.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	
	13,557.

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV		OTHER SECURITIES
	FMV	FMV	
CERTIFICATES OF DEPOSITS			2,911,868.
MONEY FUNDS			385,910.
TO FORM 990, LINE 54B, COL B			3,297,778.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
DIRECT EXPENSES - LINE 9B	19,849.
COST OF GOODS SOLD - LINE 10B	77,913.
UNREALIZED LOSS ON CHARITABLE REMAINDER TRUST	<94,257.>
DONATED USE OF LAND - REVENUE	199,790.
ROUNDING	1.
SALES TAX EXPENSE	<11,042.>
TOTAL TO FORM 990, PART IV-A	192,254.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
COST OF GOODS SOLD - LINE 10B	77,913.
DIRECT EXPENSES - LINE 9B	19,849.
DONATED USE OF LAND	199,790.
TOTAL TO FORM 990, PART IV-B	297,552.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 15

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
102	EDUCATIONAL AND CULTURAL - GENERAL PUBLIC
93A	EDUCATIONAL - GENERAL PUBLIC
93B	EDUCATIONAL - GENERAL PUBLIC
93C	EDUCATIONAL - GENERAL PUBLIC
93D	RENTS (BELOW FMV TO UNAFFILIATED ORGS FOR EXEMPT PURPOSES)
93G	EDUCATIONAL - PUBLIC SCHOOL STUDENTS IN AREA OF ARTS & SCIENCES
94	EDUC. - GENERAL PUBLIC ACCESS TO MUSEUM FACILITIES & ACTIVITIES

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100	EDUC/CULT -INVESTMENT TRANSACTIONS FROM ENDOWMENT FUNDS, (CONT.)
100	EDUC/CULT -LOSS ON ASSET
101	EDUCATIONAL AND CULTURAL - GENERAL PUBLIC

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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	16
	PART III, LINE 3A		

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SCHOLARSHIPS FOR SUMMER LEARNING INSTITUTE AWARDED TO UNDERPRIVELEGED.  
PUBLIC SCHOOL TEACHERS RECOMMEND STUDENTS FOR THIS SCHOLARSHIP.

# **BOARD OF TRUSTEES**

Including

**EXECUTIVE COMMITTEE**

**FULL BOARD**

**HONORARY TRUSTEES**

**GUILD REPRESENTATIVES**

**CUBAN FOUNDATION REPRESENTATIVE**

**JUNIOR LEAGUE REPRESENTATIVE**

**ROOT TRUST REPRESENTATIVE**

**January 2007**

**EXECUTIVE COMMITTEE**

PRESIDENT  
PAST PRESIDENT  
VICE PRESIDENT  
ASST. VICE PRESIDENT  
ASST. VICE PRESIDENT  
SECRETARY  
ASSISTANT SECRETARY  
TREASURER  
ASSISTANT TREASURER  
SPECIAL REPRESENTATIVE, 2007  
GUILD REPRESENTATIVE  
OSAV REPRESENTATIVE  
FINANCIAL ADVISOR  
LEGAL ADVISOR

**2006**

- MARC DAVIDSON
- CICI BROWN
- DEBORAH ALLEN
- KIM KLANCKE, M.D.
- DIANE VAN WERT
- BARBARA COLEMAN
- BARBARA YOUNG
- BILL RAMBO
- SYLVESTER COVINGTON
- ALLISON ZACHARIAS
- RUTH BON FLEUR
- DANIEL AMBROSE
- STUART SIXMA
- THOMAS S. HART

**BOARD OF TRUSTEES**

**NAME**

**(Mrs.) Allen, Deborah B.**



Term : Expires 2007 (2nd)

**(Mr.) Ambrose, Daniel**



Term : Expires 2008 (2nd)

**(Mrs.) Brown, Cici**



Term: Expires 2007 (2nd)

**(Mrs.) Coleman, Barbara**



Term : Expires 2008 (2nd)

**(Dr.) Covington, Sylvester**

Term: Expires 2007 (2nd)

**(Mr.) Davidson, Marc**



Term : Expires 2008 (1st)

**(Mrs.) Desai, Pramila**



Term : Expires 2007 (2nd)

**(Mrs.) Freidus, Julie**



Term: Expires 2009(1st)

**(Dr.) Gillespy, Thurman**



Term: Expires 2008 (1st)

**(Mr.) Hart, Thomas S.**



Term : Expires 2006 (1yr)

**(Ms.) Hosseini, Forough**



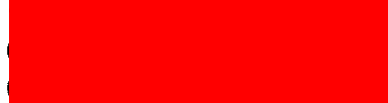
Term: Expires 2008 (2nd)

**(Dr.) Klancke, Kim**



Term: Expires 2006 (2nd)

**(Mrs.) Lydecker, Christine**



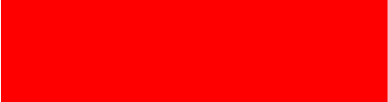
Term: Expires 2006 (1st)

**(Mrs.) Platig, Carol Lively**



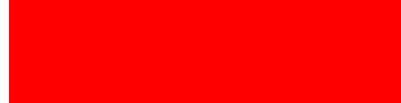
Term: Expires 2009 (1<sup>st</sup>)

**(Mr.) Politis, Paul**



Term: Expires 2006 (1<sup>st</sup>)

**(Mr.) Rambo, Bill**



Term : Expires 2008 (2nd)

**(Mr.) Rumrell, Rick**



Term : Expires 2008 (2nd)

**(Mr.) Sixma, Stuart**



**(Mr.) Stamper, Skip**



Term: Expires 2009 (1<sup>st</sup>)

**(Ms.) Tornatore, Rose Ann**



Term: Expires 2008 (1<sup>st</sup>)

**(Mrs.) Van Wert, Diane**



Term: Expires 2008 (1<sup>st</sup>)

**(Mr.) Webster, Daniel**



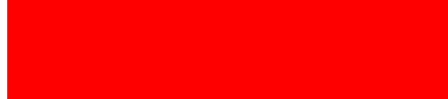
Term: Expires 2006 (2<sup>nd</sup>)

**(Mrs.) Diane Welch**



Term: Expires 2009 (1<sup>st</sup>)

**(Dr.) Williams, Al**



Term: Expires 2008

**(Mrs.) Williams, Linda**



[REDACTED]

Term: Expires 2009 (1yr)

**(Mrs.) Young, Barbara**

[REDACTED]

(Dr. Robert)

Term: Expires 2006 (1st)

**(Mrs.) Zacharias, Allison Morris**

[REDACTED]

(James) "Zach"

Term: Expires 2006 (2nd)

**HONORARY TRUSTEES**

**(Mrs.) Blickman, Miriam**

(Joseph)

**(Mr.) Bouchelle, Anderson (Deceased)**

(Mrs. Joy)

**(Mr.) Brown, J. Hyatt**

(Mrs. Cici)

**(Mrs.) Clancy, Alys (Deceased)**

**(Mr.) Davidson, Tippen (Deceased)**

**(Mrs. Josephine) "Jo" (Deceased)**

**(Mrs.) Susan Feibleman**

(Peter)

**(Mrs.) Frierson, Suzanne (Deceased)**

**(Dr.) Kerman, Herbert**



(Mr.) Root, Chapman S. (Deceased)  
(Mrs. Susan S. Feibleman)

(Ms.) Thompson, Jan



**GUILD REPRESENTATIVE**

**President**

*Janet Jacobs*



**JUNIOR LEAGUE REPRESENTATIVE**

**President** *Nicole Gillespie*



**ROOT FOUNDATION**

(Mr.) Root, John



**CUBAN FOUNDATION REPRESENTATIVE**

(Mr.) Robert Batista



**MEMBERS OF THE CUBAN FOUNDATION**

Mr. F. Ruben Batista	President
Mr. Roberto Batista	Vice President
Mr. Jorge Batista	Vice President
Mrs. Maria Rosa Galliano	Secretary
Mr. Julian Lopez, Sr.	Treasurer
Mr. Gary Libby	Assistant Treasurer
Mr. Julian Lopez, Jr.	Representative

## BOARD COMMITTEES

### COMMITTEE ASSIGNMENTS:

Finance

Collections

Government Liaison

Long Range Planning

Trustee Development

Resource Development

Marketing

St. Augustine

The President of the Board and the Executive Director of the Museum are members of each committee

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>MUSEUM OF ARTS &amp; SCIENCES, INC.</b>	Employer identification number <b>59-1022050</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>352 S NOVA ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAYTONA BEACH, FL 32114-4597</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **WAYNE ATHERHOLT**  
 Telephone No. ▶ **386-255-0285** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **MAY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2007)

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

OMB No. 1545-0047  
**2006**

Department of the Treasury  
Internal Revenue Service

For calendar year 2006 or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year <b>52197143.</b></p>	<p><b>Print or Type</b></p> <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MUSEUM OF ARTS &amp; SCIENCES, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <b>352 S NOVA ROAD</b></p> <p>City or town, state, and ZIP code <b>DAYTONA BEACH, FL 32114-4597</b></p> <p><b>F</b> Group exemption number (see instructions for Block F.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>59-1022050</b></p> <p><b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>511120</b></p>
--	---	--

**H** Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 17**

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

**J** The books are in care of ▶ **WAYNE ATHERHOLT** Telephone number ▶ **386-255-0285**

	(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>			
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance			
<b>2</b> Cost of goods sold (Schedule A, line 7)			
<b>3</b> Gross profit. Subtract line 2 from line 1c			
<b>4a</b> Capital gain net income (attach Schedule D)			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b> Capital loss deduction for trusts			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b> Rent income (Schedule C)			
<b>7</b> Unrelated debt-financed income (Schedule E)			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b> Exploited exempt activity income (Schedule I)			
<b>11</b> Advertising income (Schedule J)	27,790.	93,688.	<65,898.>
<b>12</b> Other income (See instructions; attach schedule.)			
<b>13 Total.</b> Combine lines 3 through 12	27,790.	93,688.	<65,898.>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<65,898.>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	0.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<65,898.>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<65,898.>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1) \$	(2) \$	(3) \$	
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		\$	
(2) Additional 3% tax (not more than \$100,000)		\$	
<b>c</b> Income tax on the amount on line 34			<b>35c</b> 0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			<b>36</b>
<b>37 Proxy tax.</b> See instructions			<b>37</b>
<b>38 Alternative minimum tax</b>			<b>38</b>
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies			<b>39</b> 0.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>		
<b>b</b> Other credits (see instructions)	<b>40b</b>		
<b>c</b> General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶	<b>40c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>		
<b>e Total credits.</b> Add lines 40a through 40d			<b>40e</b>
<b>41</b> Subtract line 40e from line 39			<b>41</b> 0.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)			<b>42</b>
<b>43 Total tax.</b> Add lines 41 and 42			<b>43</b> 0.
<b>44a</b> Payments: A 2005 overpayment credited to 2006	<b>44a</b>		
<b>b</b> 2006 estimated tax payments	<b>44b</b>		
<b>c</b> Tax deposited with Form 8868	<b>44c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>		
<b>e</b> Backup withholding (see instructions)	<b>44e</b>		
<b>f</b> Credit for federal telephone excise tax paid (attach Form 8913)	<b>44f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other			
<b>Total</b> ▶	<b>44g</b>		
<b>45 Total payments.</b> Add lines 44a through 44g			<b>45</b>
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			<b>46</b>
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed			<b>47</b> 0.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			<b>48</b> 0.
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2007 estimated tax</b> ▶ <b>Refunded</b> ▶			<b>49</b>

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

<b>1</b> At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

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

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

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

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature: **SUZANNE FORBES** Date: **04/29/08** Check if self-employed  Preparer's SSN or PTIN: **P00006041**  
 Firm's name (or yours if self-employed), address, and ZIP code: **JAMES MOORE & CO., P.L. 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180** EIN: **59-3204548** Phone no.: **386-257-4100**  
 Form 990-T (2006)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instr. on pg 20)

1 Description of property

Table with 4 rows for property description (1-4).

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income.

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

Schedule E - Unrelated Debt-Financed Income (See instructions on page 20)

Table with 4 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions.

Table with 5 columns: 4 Amount of average acquisition debt on or allocable to debt-financed property, 5 Average adjusted basis of or allocable to debt-financed property, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

Totals. Total dividends-received deductions included in column 8. Enter here and on page 1, Part I, line 7, column (A) 0. Enter here and on page 1, Part I, line 7, column (B) 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 21)

Table with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5).

Table with 5 columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10.

Totals. Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 0. Add columns 8 and 11. Enter here and on page 1, Part I, line 8, column (B) 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 23)

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) MUSEUM MAGAZINE	27,790.	93,688.				
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	27,790.	93,688.	<65,898.>			0.

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

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	27,790.	93,688.				0.
<b>Totals, Part II (lines 1-5)</b>	27,790.	93,688.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

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

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FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED      STATEMENT 17  
BUSINESS ACTIVITY

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TO EDUCATE THE GENERAL PUBLIC IN THE AREAS OF HISTORY, ARTS AND SCIENCES.

TO FORM 990-T, PAGE 1

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>MUSEUM OF ARTS &amp; SCIENCES, INC.</b>	Employer identification number <b>59-1022050</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>352 S NOVA ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAYTONA BEACH, FL 32114-4597</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of **WAYNE ATHERHOLT**  
Telephone No. **386-255-0285** FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **MAY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year \_\_\_\_\_ or

tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	MUSEUM OF ARTS & SCIENCES, INC.	59-1022050
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	352 S NOVA ROAD DAYTONA BEACH, FL 32114-4597	

Check type of return to be filed (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **WAYNE ATHERHOLT**  
Telephone No. ▶ **386-255-0285** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.