

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning _____, and ending _____

**GOLISANO CHILDREN'S MUSEUM OF
NAPLES, INC**

01-0687133

Net Asset / Fund Balance at Beginning of Year 17,460,613

Revenue

Contributions	2,876,934
Program service revenue	1,167,867
Investment income	13,758
Capital gain / loss	3,036

Fundraising / Gaming:

Gross revenue	264,619
Direct expenses	847,521

Net income	-582,902
Other income	22,912

Total revenue 3,501,605

Expenses

Program services	2,966,913
Management and general	264,440
Fundraising	160,895

Total expenses 3,392,248

Excess / (deficit) 109,357

Changes -720,777

Net Asset / Fund Balance at End of Year 16,849,193

Reconciliation of Revenue

Total revenue per financial statements 3,462,644

Less:

Unrealized gains	-38,961
Donated services	_____
Recoveries	_____
Other	_____

Plus:

Investment expenses	_____
Other	_____
Total revenue per return	3,501,605

Reconciliation of Expenses

Total expenses per financial statements 4,074,064

Less:

Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	681,816

Plus:

Investment expenses	_____
Other	_____
Total expenses per return	3,392,248

Balance Sheet

	Beginning	Ending	Differences
Assets	18,041,908	17,378,682	
Liabilities	581,295	529,489	
Net assets	17,460,613	16,849,193	-611,420

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/23

Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or fiscal year beginning 2022, and ending 20

2022

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC** EIN or SSN **01-0687133**

Name and title of officer or person subject to tax **JONATHAN FOERSTER
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,501,605
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **STROEMER & COMPANY** to enter my PIN **34215** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **02/15/24**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARC WHITFIELD, CPA** Date **02/15/24**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) 15080 LIVINGSTON ROAD Room/suite _____ City or town, state or province, country, and ZIP or foreign postal code NAPLES FL 34109	D Employer identification number 01-0687133 E Telephone number 239-514-0084 G Gross receipts\$ 4,370,498
F Name and address of principal officer: JONATHAN FOERSTER 15080 LIVINGSTON ROAD NAPLES FL 34109		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.CMON.ORG	H(c) Group exemption number _____
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: 2002	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																			
	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 16																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16																		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 67																		
	6 Total number of volunteers (estimate if necessary)	6 0																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0																		
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0																		
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">Prior Year</th> <th align="center">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">1,654,690</td> <td align="right">2,876,934</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">756,071</td> <td align="right">1,167,867</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">10,998</td> <td align="right">16,794</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-293,566</td> <td align="right">-559,990</td> </tr> <tr> <td>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">2,128,193</td> <td align="right">3,501,605</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,654,690	2,876,934	9 Program service revenue (Part VIII, line 2g)	756,071	1,167,867	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,998	16,794	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-293,566	-559,990	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,128,193	3,501,605
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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 JONATHAN FOERSTER Type or print name and title CEO	Date _____
Paid Preparer Use Only	Print/Type preparer's name MARC WHITFIELD, CPA Preparer's signature MARC WHITFIELD, CPA Date 04/02/24 Check <input type="checkbox"/> if self-employed PTIN P00125986	Firm's name STROEMER & COMPANY Firm's EIN 32-0394930 Firm's address 14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912 Phone no. 239-433-1002

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ **2,966,913** including grants of\$) (Revenue \$)

THE GOLISANO CHILDREN'S MUSEUM OF NAPLES (C'MON) PROVIDED PROGRAMS AND INTERACTIVE EXHIBITS TO MAKE LEARNING COME ALIVE BY PROVIDING EXPERIENCES THAT ARE AN EXTENSION OF CLASSROOM OR FAMILY LIFE. ALL EDUCATIONAL PROGRAMS AND INTERACTIVE EXHIBITS SUPPORT NEXT GENERATION SUNSHINE STATE STANDARDS, THE COMMON CORE CURRICULUM, AND LOCAL CURRICULUM GUIDELINES, AND ARE DESIGNED TO HELP CHILDREN BUILD VOCABULARY, DEVELOP BACKGROUND KNOWLEDGE, AND SPARK CURIOSITY. A VARIETY OF FORMATS FOR EDUCATIONAL PROGRAMS WERE AVAILABLE INCLUDING SELF-GUIDED EXPERIENCES, INCLUDED-WITH-ADMISSION PROGRAMS, FEE-BASED PROGRAMS, AND GRANT-FUNDED PROGRAMS.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses **2,966,913**

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	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>	X	
b	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>		X
c	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>		X
d	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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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. See instructions</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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
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	67		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) DENA RAE HANCOCK EXECUTIVE DIRECTOR	40.00 0.00	X		X				144,040	0	0
(2) SHERA ASKAR DIRECTOR	0.00 0.00	X						0	0	0
(3) KIM COLLINS VICE CHAIR	0.00 0.00	X		X				0	0	0
(4) TED CORBIN CHAIR	0.00 0.00	X		X				0	0	0
(5) CHRIS ESSIG DIRECTOR	0.00 0.00	X						0	0	0
(6) JONATHAN FOERSTER CEO	0.00 0.00	X		X				0	0	0
(7) APRIL GARRETT DIRECTOR	0.00 0.00	X						0	0	0
(8) TONY GARVY DIRECTOR	0.00 0.00	X						0	0	0
(9) TODD GATES DIRECTOR	0.00 0.00	X						0	0	0
(10) ASHLEY GERRY DIRECTOR	0.00 0.00	X						0	0	0
(11) ROB LANCASTER DIRECTOR	0.00 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(12) ALLYSON LOOS	0.00									
EMERITUS	0.00	X					0	0	0	
(13) SIMONE LUTGERT	0.00									
EMERITUS	0.00	X					0	0	0	
(14) KRISTINE MEEK	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) ADAM MILLER	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) JODIE MONTGOMERY	0.00									
SECRETARY	0.00	X		X			0	0	0	
(17) THOMAS M. O'NEILL	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) DAN PERRY	0.00									
TREASURER	0.00	X		X			0	0	0	
(19) JASON PHILLIPS	0.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							144,040			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							144,040			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	424,083					
	c Fundraising events	1c	720,120					
	d Related organizations	1d						
	e Government grants (contributions)	1e	422,845					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,309,886					
	g Noncash contributions included in lines 1a-1f	1g	\$ 165,705					
	h Total. Add lines 1a-1f			2,876,934				
	Program Service Revenue				Business Code			
2a ADMISSIONS				981,376	981,376			
b PROGRAM INCOME				186,491	186,491			
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				1,167,867				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,758			13,758	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	6a	(i) Real	(ii) Personal				
			b Less: rental expenses	6b				
			c Rental inc. or (loss)	6c				
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other				
			b Less: cost or other basis and sales exps.	7b				
			c Gain or (loss)	7c	3,036			
	d Net gain or (loss)				3,036	3,036		
	8a Gross income from fundraising events (not including \$ 720,120 of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b	264,619			
			c Net income or (loss) from fundraising events					
					-582,902		-582,902	
9a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b	42,173				
		c Net income or (loss) from sales of inventory						
				20,801	20,801			
Miscellaneous Revenue				Business Code				
	11a OTHER INCOME			2,111	2,111			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				2,111				
12 Total revenue. See instructions				3,501,605	1,193,815	0	-569,144	

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).

Check if Schedule O contains a response or note to any line in this Part IX

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	144,040	119,914	13,602	10,524
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	1,233,269	1,026,705	116,458	90,106
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	82,356	68,355	8,236	5,765
10 Payroll taxes	127,842	104,950	13,466	9,426
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	2,616		2,616	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	170,397	159,783	5,445	5,169
12 Advertising and promotion	144,021	143,164		857
13 Office expenses	198,013	127,919	63,912	6,182
14 Information technology	7,083		7,083	
15 Royalties				
16 Occupancy	331,310	324,439	2,425	4,446
17 Travel	703		703	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	60		60	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	638,243	606,072	16,086	16,085
23 Insurance	103,194	95,126	8,068	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXHIBITS	115,496	115,496		
b EDUCATION PROGRAMS	58,025	50,504	2,210	5,311
c FUNDRAISING EXPENSES	19,710	13,629	2,147	3,934
d SPECIAL EVENT EXPENSES	7,840	5,421	854	1,565
e All other expenses	8,030	5,436	1,069	1,525
25 Total functional expenses. Add lines 1 through 24e	3,392,248	2,966,913	264,440	160,895
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	232,210	1	156,981
	2 Savings and temporary cash investments	1,015,535	2	886,346
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	658	8	4,855
	9 Prepaid expenses and deferred charges	65,342	9	250,294
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,312,681		
	b Less: accumulated depreciation	10b 6,635,347	16,296,199	10c 15,677,334
	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	431,964	15	402,872
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,041,908	16	17,378,682	
Liabilities	17 Accounts payable and accrued expenses	117,245	17	177,349
	18 Grants payable		18	
	19 Deferred revenue	247,182	19	330,663
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	216,868	25	21,477
	26 Total liabilities. Add lines 17 through 25	581,295	26	529,489
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,132,835	27	16,849,193
	28 Net assets with donor restrictions	327,778	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	17,460,613	32	16,849,193
33 Total liabilities and net assets/fund balances	18,041,908	33	17,378,682	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,501,605
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,392,248
3	Revenue less expenses. Subtract line 2 from line 1	3	109,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,460,613
5	Net unrealized gains (losses) on investments	5	-38,961
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-681,816
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,849,193

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		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 on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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 on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC** Employer identification number **01-0687133**

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,446,231	2,108,442	1,873,924	1,654,690	2,660,067	9,743,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,446,231	2,108,442	1,873,924	1,654,690	2,660,067	9,743,354
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)						780,616
6 Public support. Subtract line 5 from line 4						8,962,738

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,446,231	2,108,442	1,873,924	1,654,690	2,660,067	9,743,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,735	27,665	3,129	6,073	13,758	67,360
9 Net income from unrelated business activities, whether or not the business is regularly carried on	36,652					36,652
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	96,006	103,235	18,564			217,805
11 Total support. Add lines 7 through 10						10,065,171
12 Gross receipts from related activities, etc. (see instructions)					12	3,998,134

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	89.05%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.41%

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

GROSS INCOME FROM EVENTS \$ **217,805**

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

**GOLISANO CHILDREN'S MUSEUM OF
NAPLES, INC**

Employer identification number

01-0687133

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 foundationCheck 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization GOLISANO CHILDREN'S MUSEUM OF	Employer identification number 01-0687133
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOAN LOOS 3111 GREEN DOLPHIN DRIVE NAPLES FL 34102	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOARD OF COLLIER COUNTY COMMISSIONER 3299 TAMiami TRAIL EAST STE. 203 NAPLES FL 34112	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SMALL BUSINESS ADMINISTRATION 409 THIRD ST SW WASHINGTON DC 20024	\$ 216,867	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC

Employer identification number

01-0687133

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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 make 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 program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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		228,249	206,778	183,030	193,797
b Contributions		11,000			
c Net investment earnings, gains, and losses		27,471	36,307	25,869	-8,589
d Grants or scholarships		10,000			
e Other expenditures for facilities and programs					
f Administrative expenses		2,534	1,057	2,121	2,178
g End of year balance		254,186	228,249	206,778	183,030

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,777,362	6,190,752	15,586,610
c Leasehold improvements				
d Equipment		535,319	227,451	307,868
e Other			217,144	-217,144
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,677,334

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES PAYABLE	14,732
(3) CREDIT CARDS PAYABLE	6,151
(4) GIFT CARD PAYABLE	331
(5) SALES TAX PAYABLE	263
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,477

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,462,644
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-38,961
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-38,961
3	Subtract line 2e from line 1	3	3,501,605
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	3,501,605

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,074,064
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 XIII.)	2d	681,816
e	Add lines 2a through 2d	2e	681,816
3	Subtract line 2e from line 1	3	3,392,248
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,392,248

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE EARNINGS OF THE ENDOWMENT ARE TO BE USED TO SUSTAIN THE FUTURE OPERATIONS OF THE MUSEUM.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ **0**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES \$ **681,816**

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

**GOLISANO CHILDREN'S MUSEUM OF
NAPLES, INC**

Employer identification number

01-0687133

Part I Fundraising Activities. Complete if the organization answered "Yes" on 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.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a 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 10 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 and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

.....
.....
.....
.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NIGHT AT THE MU (event type)	_____ (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	984,739			984,739
	2 Less: Contributions	720,120			720,120
	3 Gross income (line 1 minus line 2)	264,619			264,619
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	194,209			194,209
	7 Food and beverages	99,025			99,025
	8 Entertainment	34,845			34,845
	9 Other direct expenses	519,442			519,442
	10 Direct expense summary. Add lines 4 through 9 in column (d)				847,521
11 Net income summary. Subtract line 10 from line 3, column (d)				-582,902	

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open To Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

NAPLES, INC

Employer identification number

01-0687133

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 is highlighted with 'X' in (a), '67' in (b), '165,705' in (c), and 'FMV' in (d).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Table with 3 columns: Question, Yes, No. Row 30a: Yes, No. Row 31: Yes (X), No. Row 32a: Yes (X), No.

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
THE ORGANIZATION USES A THIRD PARTY BROKERAGE COMPANY TO RECEIVE GIFTS OF
PUBLICALLY TRADED SECURITIES. THE ORGANIZATION IMMEDIATELY LIQUIDATES THE
STOCK UPON RECEIPT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC	Employer identification number 01-0687133
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FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
TO PROVIDE AN EXCITING, INSPIRING ENVIRONMENT WHERE CHILDREN AND THEIR
FAMILIES PLAY, LEARN, AND DREAM TOGETHER. C'MON IS A BRAIN-BUILDING
POWERHOUSE FUELED BY STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATH)
ACTIVITIES AND EXPERIENCES. WE FEED HUNGRY YOUNG MINDS WITH THE BUILDING
BLOCKS OF SUCCESS CALLED THE EXECUTIVE FUNCTION SKILLS.

FORM 990 - ORGANIZATION'S MISSION
TO PROVIDE AN EXCITING, INSPIRING ENVIRONMENT WHERE CHILDREN AND THEIR
FAMILIES PLAY, LEARN, AND DREAM TOGETHER. C'MON IS A BRAIN-BUILDING
POWERHOUSE FUELED BY STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATH)
ACTIVITIES AND EXPERIENCES. WE FEED HUNGRY YOUNG MINDS WITH THE BUILDING
BLOCKS OF SUCCESS CALLED ECECUTIVE FUNCTION SKILLS.

FORM 990 - ADDITIONAL INFORMATION
ORGANIZATION USES A PEO FOR PAYROLL SO EMPLOYEES ARE CONSIDERED EMPLOYEES
OF THE PEO FOR PAYROLL PURPOSES.
OFFICER WAGES IS BROKEN OUT FOR INFORMATIONAL AND TRANSPARENCY PURPOSES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE
COMMITTEE PRIOR TO FILING WITH THE IRS. THE EXECUTIVE COMMITTEE HAS BEEN
GIVEN THE AUTHORITY TO APPROVE THE FORM 990 ON BEHALF OF THE BOARD OF
DIRECTORS.

Name of the organization

Employer identification number

GOLISANO CHILDREN'S MUSEUM OF

01-0687133

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANUALLY ANY INTERESTS THAT MAY CONTAIN POTENTIAL CONFLICTS OF INTEREST. ANY BOARD, COMMITTEE, OR ADVISORY BODY MEMBER WHO HAS A POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE THE POTENTIAL CONFLICT PRIOR TO ANY DISCUSSION OR NEGOTIATION OF THE TRANSACTION. HE/SHE SHALL NOT PARTICIPATE IN THE VOTE IN CONNECTION WITH THE MATTER BUT MAY RESPOND TO QUESTIONS OR PROVIDE FACTUAL INFORMATION TO THE BOARD OR COMMITTEE DURING THE DISCUSSION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SALARIES OF KEY EMPLOYEES ARE COMPARED TO INDUSTRY STANDARDS AND AGAINST NATIONAL NORMS FOR NON-PROFITS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES	\$	0
FUNDRAISING EXPENSES	\$	-681,816
TOTAL	\$	-681,816

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2022

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC** Identifying number **01-0687133**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	629,211

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	3,226
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	632,437
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

01-0687133

Federal Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
164	Blue Block Wall for Imaginarium Project	3/14/16	17,500			X	8,750	15	HY S/L	11,958	584
165	Floor Scrubber	4/25/16	1,750			X	875	7	HY 200DB	1,633	78
166	Murrah Woodcraft - Thinker Linker	6/27/16	2,533			X	1,266	15	HY S/L	1,731	84
168	FIA Credit Card Probook	9/30/16	1,498			X	749	7	HY 200DB	1,398	67
170	Conference Table and 4 Chairs	7/16/16	2,000			X	1,000	7	HY 200DB	1,866	89
174	Mother Nature House Exhibit	5/04/18	58,095			X	34,857	15	HY S/L	31,371	2,324
186	PlayLearn USA - Straw Builders	4/30/18	1,495			X	0	15	HY S/L	1,495	0
187	Build It - Brackitz Exhibit	12/01/18	5,425			X	0	15	HY S/L	5,425	0
			<u>90,296</u>				<u>47,497</u>			<u>56,877</u>	<u>3,226</u>
Other Depreciation:											
26	Microwave	7/31/08	70				70	5	MO S/L	70	0
31	Computer - Education	4/30/09	1,147				1,147	5	MO S/L	1,147	0
36	Kyocera Printer	8/09/11	2,025				2,025	5	MO S/L	2,025	0
39	Office Equipment	12/08/11	8,217				8,217	5	MO S/L	8,217	0
41	Speaker System	12/16/11	76,502				76,502	5	MO S/L	76,502	0
42	Cubicles	8/09/11	14,679				14,679	7	MO S/L	14,679	0
43	Office Furniture	10/14/11	13,369				13,369	7	MO S/L	13,369	0
44	Office Furniture	11/29/11	6,563				6,563	7	MO S/L	6,563	0
45	Furniture Fixtures	12/13/11	2,765				2,765	7	MO S/L	2,765	0
46	Window Treatments	12/13/11	3,350				3,350	5	MO S/L	3,350	0
47	Spacesaver System	12/13/11	35,024				35,024	5	MO S/L	35,024	0
48	Accessories For Cubicles	12/31/11	12,553				12,553	5	MO S/L	12,553	0
49	Office Furniture	12/31/11	13,211				13,211	7	MO S/L	13,211	0
50	10,000 Gallon Storage Tank	2/01/12	6,343				6,343	10	MO S/L	6,290	53
51	Cooling Tower	2/01/12	31,640				31,640	15	MO S/L	20,918	2,109
52	Air Handler K10E40904	2/01/12	18,513				18,513	10	MO S/L	18,359	154
53	Heating Coil H10E06201	2/01/12	1,858				1,858	10	MO S/L	1,843	15
54	Multistack Chiller	2/01/12	65,131				65,131	10	MO S/L	64,588	543
55	Vortex Filter	2/01/12	8,319				8,319	10	MO S/L	8,250	69
56	Air Handler K10E40896	2/01/12	26,217				26,217	10	MO S/L	25,999	218
57	1.5HP 33GS Pump 33GS15	2/01/12	1,707				1,707	10	MO S/L	1,693	14
58	10,000 Gallon storage Tank	2/01/12	13,247				13,247	10	MO S/L	13,137	110
61	2 Recycling Cranberry Units - Deposit	2/01/12	1,381				1,381	15	MO S/L	913	92
62	7 - 35 Gallon Black Liners - Deposit	2/01/12	1,799				1,799	10	MO S/L	1,784	15
63	14 67" Benches Cranberry - Deposit	2/01/12	6,344				6,344	15	MO S/L	4,194	423
64	Patio Picnic Tables - Deposit	2/01/12	7,187				7,187	15	MO S/L	4,751	480
65	Patio Picnic Tables	2/01/12	7,187				7,187	15	MO S/L	4,751	480
66	Direct Material Purchases	2/01/12	1,734,061				1,734,061	39	MO S/L	440,926	44,463
68	Mila Wall Deposit	2/01/12	17,159				17,159	7	MO S/L	17,159	0
69	Mila Wall Balance	2/01/12	17,961				17,961	7	MO S/L	17,961	0
72	Astro Turf Deposit	4/10/12	16,885				16,885	25	MO S/L	6,585	676
73	Astro Turf Balance	4/30/12	23,280				23,280	25	MO S/L	9,002	931
74	Rubber Decking Front/Backyard Deposit	4/22/12	7,513				7,513	15	MO S/L	4,842	501
75	Rubber Decking Front/Backyard Balance	5/01/12	7,513				7,513	15	MO S/L	4,842	501
76	Direct Material Purchases	2/01/12	16,506,413				16,506,413	39	MO S/L	4,197,143	423,242
79	Imac D25GY0VUDHJP	1/24/12	1,766				1,766	5	MO S/L	1,766	0
80	Imac D25H12YJDHJP	1/24/12	1,766				1,766	5	MO S/L	1,766	0
83	5 - Ipad Touch	8/29/12	1,686				1,686	5	MO S/L	1,686	0
85	Operations Imac	2/27/12	1,291				1,291	5	MO S/L	1,291	0
86	FIA Card - Printer/Scanner Director of Fina	2/20/12	130				130	5	MO S/L	130	0
87	FIA Card - See CC Reconciliation per Kary:	1/31/12	130				130	5	MO S/L	130	0
88	FIA Card - Zak CC Printer for Cafe	4/27/12	309				309	5	MO S/L	309	0
90	Softrim - SI - 123098	2/04/12	525				525	5	MO S/L	525	0
91	Softrim - SI - 125048	9/25/12	2,426				2,426	5	MO S/L	2,426	0
92	Softrim - SI - 125813 - 2 Laptops	6/15/12	1,758				1,758	5	MO S/L	1,758	0
93	Softrim - SI - 126653 - IBM Laptop - Dave	8/18/12	879				879	5	MO S/L	879	0
94	Community Playthings - 120MS - 3 Utility (	3/30/12	729				729	7	MO S/L	729	0
95	Community Playthings - 484MH - Orientati	1/28/12	459				459	7	MO S/L	459	0
96	Community Playthings - 801 MH Lemonad	2/23/12	1,199				1,199	7	MO S/L	1,199	0
97	Community Playthings - 824MH - 4 Workb	4/12/12	410				410	7	MO S/L	410	0
98	FIA Card - Zak CC Mail Sorter	2/20/12	219				219	7	MO S/L	219	0
99	Ian's Interiors - Final	2/23/12	3,540				3,540	7	MO S/L	3,540	0
100	4 - Izzy/Zoom Seatin	2/23/12	27,123				27,123	7	MO S/L	27,123	0
101	Lavi Industries - 549365 Stanchions	1/09/12	8,162				8,162	7	MO S/L	8,162	0
102	Lemonade Stand	2/24/12	41				41	7	MO S/L	41	0
103	Mity-Lite Speckled Gray Table	3/28/12	769				769	7	MO S/L	769	0

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Depr	PerConv Meth	Prior	Current
104	Office Furniture & Design - Concessions	10/03/12	1,468			1,468	7 MO S/L	1,468	0
105	Office Furniture and Design Conc	2/23/12	3,632			3,632	7 MO S/L	3,632	0
106	Office Furniture \$ Design Conc	5/18/12	250			250	7 MO S/L	250	0
107	Office Furniture and Design Conc	1/23/12	50			50	7 MO S/L	50	0
108	Office Furniture and Design Conc	7/23/12	261			261	7 MO S/L	261	0
109	Office Furniture and Design Conc	2/23/12	848			848	7 MO S/L	848	0
110	Office Furniture and Design	7/23/12	401			401	7 MO S/L	401	0
111	OFS Brands	2/23/12	31,979			31,979	7 MO S/L	31,979	0
112	OFS Brands	5/18/12	7,067			7,067	7 MO S/L	7,067	0
113	OFS Brands	2/23/12	393			393	7 MO S/L	393	0
114	Shelving For Research Center	6/05/12	2,000			2,000	7 MO S/L	2,000	0
115	Sarlo Mowers - Blower	10/30/12	400			400	7 MO S/L	400	0
116	Shop Furniture	1/23/12	3,671			3,671	7 MO S/L	3,671	0
117	Waste Wise Products	3/30/12	3,274			3,274	7 MO S/L	3,274	0
118	Waste Wise Products - Trash/Recycle Recept	2/23/12	3,898			3,898	7 MO S/L	3,898	0
120	Capitalized Loan Interest	2/01/12	12,219			12,219	39 MO S/L	3,107	313
121	Altra Medical - 7705 2 AED	2/23/12	3,813			3,813	5 MO S/L	3,813	0
122	Altra Medical - 7706 AED	2/23/12	2,140			2,140	5 MO S/L	2,140	0
123	Altra Medical - 7707 2 First Aid Kits	2/23/12	371			371	5 MO S/L	371	0
124	FIA Card - Mailbox	2/20/12	1,190			1,190	5 MO S/L	1,190	0
126	Spectrum Wireless - 12 Radios and 2 Charg	2/14/12	4,587			4,587	5 MO S/L	4,587	0
127	Spectrum Wireless - MF0257R Earpieces	3/30/12	251			251	5 MO S/L	251	0
128	Master Planner	2/01/12	95,448			95,448	39 MO S/L	24,270	2,447
129	Exhibit Design	2/01/12	1,064,709			1,064,709	39 MO S/L	270,727	27,301
130	Construction Owner Rep	2/01/12	582,361			582,361	39 MO S/L	148,079	14,932
131	Museum Store Fixtures	2/01/12	23,914			23,914	7 MO S/L	23,914	0
135	FIA Card - 60" TV	5/31/13	1,060			1,060	5 MO S/L	1,060	0
136	Keva Exhibit	3/27/13	20,000			20,000	15 MO S/L	11,667	1,333
137	Green Building Certificate	1/30/13	500			500	5 MO S/L	500	0
138	Certify Backflow Preventer	1/31/13	285			285	5 MO S/L	285	0
139	Architechural Services	2/28/13	1,313			1,313	15 MO S/L	773	87
140	Architectural Services	6/15/13	150			150	15 MO S/L	86	10
141	Professional Services	6/30/13	225			225	15 MO S/L	128	15
142	HVAC	2/28/13	3,131			3,131	5 MO S/L	3,131	0
143	HVAC 033113	3/31/13	1,013			1,013	5 MO S/L	1,013	0
144	Utility Deposit Refund	5/01/13	-5,362			-5,362	39 MO S/L	-1,191	-138
146	Tot Lot	7/01/14	8,036			8,036	15 MO S/L	4,018	536
147	Build It Exhibit	7/01/14	13,533			13,533	15 MO S/L	6,767	902
148	Digital Wall Art	7/31/14	20,000			20,000	15 MO S/L	9,789	1,333
149	Member Card Printer	6/06/14	2,293			2,293	5 MO S/L	2,293	0
150	KD PO 2014361 Macbook	6/30/14	1,699			1,699	5 MO S/L	1,699	0
151	2014 Ford Transit Connect	12/01/14	23,176			23,176	5 MO S/L	23,176	0
152	2014 Ford F-150 Exchanged for asset # 77	11/24/14	25,140			25,140	5 MO S/L	25,140	0
154	Artistic Science - Build It Signage	1/26/15	4,400			4,400	15 MO S/L	2,029	293
155	Magnetic Ball Wall	2/19/15	2,995			2,995	15 MO S/L	1,364	200
156	Cardboard Build Set	4/13/15	2,500			2,500	15 MO S/L	1,125	167
157	Trolley Redesign	12/14/15	13,495			13,495	15 MO S/L	5,473	900
158	Print Ready Art	12/14/15	3,000			3,000	15 MO S/L	1,217	200
159	2 iMac Work Stations	5/25/15	3,757			3,757	5 MO S/L	3,757	0
160	2400 HP Procurve Switch	6/30/15	1,895			1,895	5 MO S/L	1,895	0
161	2 iMac plus protection plans	8/17/15	3,686			3,686	5 MO S/L	3,686	0
162	KD 4 Computer Monitors	8/31/15	500			500	5 MO S/L	500	0
163	Custom Storage Server	9/02/15	5,465			5,465	5 MO S/L	5,465	0
167	Exhibit Design - Make Space	7/15/20	2,800			2,800	15 MO S/L	280	187
169	Exhibit Design - Make Space	7/15/20	5,325			5,325	15 MO S/L	533	355
171	World Cafe Columns Exhibit	4/17/17	8,400			8,400	10 MO S/L	3,920	840
172	World Columns Exhibit	4/17/17	5,600			5,600	10 MO S/L	2,613	560
173	Race to Space Exhibit	5/22/17	10,802			10,802	10 MO S/L	4,951	1,080
175	Rigamajig Storage Units	7/26/17	1,300			1,300	10 MO S/L	574	130
176	Make Space Exhibit	7/15/20	10,685			10,685	15 MO S/L	1,069	712
177	Phone System	10/09/17	5,353			5,353	10 MO S/L	2,275	535
178	AV System	10/16/17	15,474			15,474	10 MO S/L	6,448	1,547
179	Store Computer	1/01/17	985			985	5 MO S/L	985	0
180	Computer - Behind Front Desk	5/22/17	990			990	5 MO S/L	908	82
181	3 IMACs and iPad Pro	6/12/17	6,279			6,279	5 MO S/L	5,756	523
182	4 IMACS	10/16/17	4,132			4,132	5 MO S/L	3,443	689
183	3 IMACS	12/18/17	3,231			3,231	5 MO S/L	2,585	646
184	Office Cubicle	12/26/17	11,893			11,893	10 MO S/L	4,757	1,190
185	Hlevel, LLC - Make Space Exhibit	7/15/20	19,460			19,460	15 MO S/L	1,946	1,297
188	Collier Co Permits - Make Space	7/15/20	10,959			10,959	15 MO S/L	1,096	731
189	Brodart Co - Tot Lot Interactive Wall	7/15/20	1,904			1,904	15 MO S/L	190	127

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Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
190	Costco - 4 Ipads - POS Stations	5/28/18	1,280			1,280	5 MO S/L	917	256
191	3 Barcode Scanners, 3 POS drawers	5/28/18	2,051			2,051	5 MO S/L	1,470	410
192	9 to 5 Computer - Digital Controller for sigr	9/10/18	1,245			1,245	5 MO S/L	830	249
193	School Outfitters - Seating in Exhibits	8/27/18	2,245			2,245	10 MO S/L	748	225
194	Chalk Spinner - Flight Lab Exhibit	8/28/19	2,197			2,197	15 MO S/L	342	146
195	ID Card Printer	6/17/19	1,421			1,421	10 MO S/L	355	142
196	Staff Radios	7/15/19	10,490			10,490	10 MO S/L	2,623	1,049
197	KD Macbook - Ex Director	6/30/19	2,263			2,263	5 MO S/L	1,132	452
198	Washer/Dryer	4/25/19	1,793			1,793	7 MO S/L	683	256
199	Glowforge- Make Space	7/15/20	6,094			6,094	15 MO S/L	609	407
200	Junkbot - Make Space	7/15/20	1,000			1,000	15 MO S/L	100	67
201	Window Shades - Make Space	7/15/20	3,378			3,378	15 MO S/L	338	225
202	Classroom Cabinets - Make Space	7/15/20	3,940			3,940	15 MO S/L	394	263
203	Trellis Roof Panels - Make Space	7/15/20	7,169			7,169	15 MO S/L	717	478
204	Lab Accoustic Clouds - Make Space	7/15/20	13,624			13,624	15 MO S/L	1,362	909
205	Benches and Chairs - Make Space	7/15/20	30,174			30,174	15 MO S/L	3,017	2,012
206	Handi Ramp - Make Space	7/15/20	2,082			2,082	15 MO S/L	208	139
207	Lab Tables - Make Space	7/15/20	928			928	15 MO S/L	93	62
208	Lab Stools - Make Space	7/15/20	672			672	15 MO S/L	67	45
209	Lab Signage - Make Space	7/15/20	2,425			2,425	15 MO S/L	243	161
210	Lab Benches - Make Space	7/15/20	1,155			1,155	15 MO S/L	116	77
211	Gates Construction - Inventioneers Lab	7/15/20	980,445			980,445	15 MO S/L	98,044	65,363
212	Chicago Metal Rolled Products - Invention	7/15/20	17,689			17,689	15 MO S/L	1,769	1,179
213	Flooring - Inventioneers Lab	7/15/20	14,457			14,457	15 MO S/L	1,446	963
214	Hlevel, Inc. - Inventioneers Lab	7/15/20	3,660			3,660	15 MO S/L	366	244
215	Red Wall Material - Inventioneers Lab	7/15/20	14,053			14,053	15 MO S/L	1,405	937
216	Wood Doors and Hardware - Inventioneers	7/15/20	10,216			10,216	15 MO S/L	1,022	681
217	Pure Electric - Inventioneers Lab	7/15/20	1,520			1,520	15 MO S/L	152	101
218	1/31/20 Lab exhibit/design expenses	1/31/20	13,678			13,678	15 MO S/L	1,748	912
219	5/31/20 Lab design	5/31/20	9,000			9,000	15 MO S/L	950	600
220	Inventioneers Lab	6/30/20	80,000			80,000	15 MO S/L	8,000	5,333
221	JBL Speakers	1/31/20	1,088			1,088	5 MO S/L	417	218
222	Shelves for program storage	1/31/20	642			642	7 MO S/L	176	91
223	Dena Rae's Computer	4/10/21	2,354			2,354	5 MO S/L	353	471
224	New employee's computers	6/02/21	2,568			2,568	5 MO S/L	300	513
225	Jon & Kayla's computers	7/26/21	2,140			2,140	5 MO S/L	178	428
226	AV equipment	6/17/21	18,149			18,149	10 MO S/L	907	1,815
227	AV equipment	5/27/21	27,222			27,222	10 MO S/L	1,588	2,722
228	Exhibit	5/12/22	32,835			32,835	15 MO S/L	0	1,459
	Total Other Depreciation		<u>22,235,844</u>			<u>22,235,844</u>		<u>5,959,122</u>	<u>629,211</u>
	Total ACRS and Other Depreciation		<u>22,235,844</u>			<u>22,235,844</u>		<u>5,959,122</u>	<u>629,211</u>
	Amortization:								
1	Peachtree	1/11/08	212			212	3 MO Amort	212	0
34	Collection Software	12/31/09	1,268			1,268	3 MO Amort	1,268	0
			<u>1,480</u>			<u>1,480</u>		<u>1,480</u>	<u>0</u>
	Grand Totals		22,327,620			22,284,821		6,017,479	632,437
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>22,327,620</u>			<u>22,284,821</u>		<u>6,017,479</u>	<u>632,437</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
154	Artistic Science - Build It Signage	1/26/15	4,400			X	2,200	15	HY 150DB	3,296	130
164	Blue Block Wall for Imaginarium Project	3/14/16	17,500			X	8,750	15	HY S/L	11,958	584
165	Floor Scrubber	4/25/16	1,750			X	875	7	HY 200DB	1,633	78
166	Murrah Woodcraft - Thinker Linker	6/27/16	2,533			X	1,266	15	HY S/L	1,731	84
168	FIA Credit Card Probook	9/30/16	1,498			X	749	7	HY 200DB	1,398	67
170	Conference Table and 4 Chairs	7/16/16	2,000			X	1,000	7	HY 200DB	1,866	89
173	Race to Space Exhibit	5/22/17	10,802			X	5,401	10	MQ200DB	8,867	387
175	Rigamajig Storage Units	7/26/17	1,300			X	650	10	MQ200DB	1,054	49
177	Phone System	10/09/17	5,353			X	0	7	MQ200DB	5,353	0
178	AV System	10/16/17	15,474			X	0	7	MQ200DB	15,474	0
179	Store Computer	1/01/17	985			X	492	5	MQ200DB	978	7
180	Computer - Behind Front Desk	5/22/17	990			X	495	5	MQ200DB	969	21
181	3 IMACs and iPad Pro	6/12/17	6,279			X	3,139	5	MQ200DB	6,145	134
182	4 IMACS	10/16/17	4,132			X	0	5	MQ200DB	4,132	0
183	3 IMACS	12/18/17	3,231			X	0	5	MQ200DB	3,231	0
184	Office Cubicle	12/26/17	11,893			X	0	7	MQ200DB	11,893	0
186	PlayLearn USA - Straw Builders	4/30/18	1,495			X	0	15	MQ S/L	1,495	0
187	Build It - Brackitz Exhibit	12/01/18	5,425			X	0	15	MQ S/L	5,425	0
190	Costco - 4 Ipad - POS Stations	5/28/18	1,280			X	0	5	MQ200DB	1,280	0
			<u>98,320</u>				<u>25,017</u>			<u>88,178</u>	<u>1,630</u>

Other Depreciation:

26	Microwave	7/31/08	0				0	0	HY	0	0
31	Computer - Education	4/30/09	0				0	0	HY	0	0
36	Kyocera Printer	8/09/11	0				0	0	HY	0	0
39	Office Equipment	12/08/11	0				0	0	HY	0	0
41	Speaker System	12/16/11	0				0	0	HY	0	0
42	Cubicles	8/09/11	0				0	0	HY	0	0
43	Office Furniture	10/14/11	0				0	0	HY	0	0
44	Office Furniture	11/29/11	0				0	0	HY	0	0
45	Furniture Fixtures	12/13/11	0				0	0	HY	0	0
46	Window Treatments	12/13/11	0				0	0	HY	0	0
47	Spacesaver System	12/13/11	0				0	0	HY	0	0
48	Accessories For Cubicles	12/31/11	0				0	0	HY	0	0
49	Office Furniture	12/31/11	0				0	0	HY	0	0
50	10,000 Gallon Storage Tank	2/01/12	0				0	0	HY	0	0
51	Cooling Tower	2/01/12	0				0	0	HY	0	0
52	Air Handler K10E40904	2/01/12	0				0	0	HY	0	0
53	Heating Coil H10E06201	2/01/12	0				0	0	HY	0	0
54	Multistack Chiller	2/01/12	0				0	0	HY	0	0
55	Vortex Filter	2/01/12	0				0	0	HY	0	0
56	Air Handler K10E40896	2/01/12	0				0	0	HY	0	0
57	1.5HP 33GS Pump 33GS15	2/01/12	0				0	0	HY	0	0
58	10,000 Gallon storage Tank	2/01/12	0				0	0	HY	0	0
61	2 Recycling Cranberry Units - Deposit	2/01/12	0				0	0	HY	0	0
62	7 - 35 Gallon Black Liners - Deposit	2/01/12	0				0	0	HY	0	0
63	14 67" Benches Cranberry - Deposit	2/01/12	0				0	0	HY	0	0
64	Patio Picnic Tables - Deposit	2/01/12	0				0	0	HY	0	0
65	Patio Picnic Tables	2/01/12	0				0	0	HY	0	0
66	Direct Material Purchases	2/01/12	0				0	0	HY	0	0
68	Mila Wall Deposit	2/01/12	0				0	0	HY	0	0
69	Mila Wall Balance	2/01/12	0				0	0	HY	0	0
72	Astro Turf Deposit	4/10/12	0				0	0	HY	0	0
73	Astro Turf Balance	4/30/12	0				0	0	HY	0	0
74	Rubber Decking Front/Backyard Deposit	4/22/12	0				0	0	HY	0	0
75	Rubber Decking Front/Backyard Balance	5/01/12	0				0	0	HY	0	0
76	Direct Material Purchases	2/01/12	0				0	0	HY	0	0
79	Imac D25GY0VUDHJP	1/24/12	0				0	0	HY	0	0
80	Imac D25H12YJDHJP	1/24/12	0				0	0	HY	0	0
83	5 - Ipad Touch	8/29/12	0				0	0	HY	0	0
85	Operations Imac	2/27/12	0				0	0	HY	0	0
86	FIA Card - Printer/Scanner Director of Fina	2/20/12	0				0	0	HY	0	0
87	FIA Card - See CC Reconciliation per Kary	1/31/12	0				0	0	HY	0	0
88	FIA Card - Zak CC Printer for Cafe	4/27/12	0				0	0	HY	0	0
90	Softrim - SI - 123098	2/04/12	0				0	0	HY	0	0
91	Softrim - SI - 125048	9/25/12	0				0	0	HY	0	0
92	Softrim - SI - 125813 - 2 Laptops	6/15/12	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
93	Softrm - SI - 126653 - IBM Laptop - Dave	8/18/12	0				0	0	HY	0	0
94	Community Playthings - 120MS - 3 Utility	3/30/12	0				0	0	HY	0	0
95	Community Playthings - 484MH - Orientati	1/28/12	0				0	0	HY	0	0
96	Community Playthings - 801 MH Lemonade	2/23/12	0				0	0	HY	0	0
97	Community Playthings - 824MH - 4 Workb	4/12/12	0				0	0	HY	0	0
98	FIA Card - Zak CC Mail Sorter	2/20/12	0				0	0	HY	0	0
99	Ian's Interiors - Final	2/23/12	0				0	0	HY	0	0
100	4 - Izzy/Zoom Seatin	2/23/12	0				0	0	HY	0	0
101	Lavi Industries - 549365 Stanchions	1/09/12	0				0	0	HY	0	0
102	Lemonade Stand	2/24/12	0				0	0	HY	0	0
103	Mity-Lite Speckled Gray Table	3/28/12	0				0	0	HY	0	0
104	Office Furniture & Design - Concessions	10/03/12	0				0	0	HY	0	0
105	Office Furniture and Design Conc	2/23/12	0				0	0	HY	0	0
106	Office Furniture \$ Design Conc	5/18/12	0				0	0	HY	0	0
107	Office Furniture and Design Conc	1/23/12	0				0	0	HY	0	0
108	Office Furniture and Design Conc	7/23/12	0				0	0	HY	0	0
109	Office Furniture and Design Conc	2/23/12	0				0	0	HY	0	0
110	Office Furniture and Design	7/23/12	0				0	0	HY	0	0
111	OFS Brands	2/23/12	0				0	0	HY	0	0
112	OFS Brands	5/18/12	0				0	0	HY	0	0
113	OFS Brands	2/23/12	0				0	0	HY	0	0
114	Shelving For Research Center	6/05/12	0				0	0	HY	0	0
115	Sarlo Mowers - Blower	10/30/12	0				0	0	HY	0	0
116	Shop Furniture	1/23/12	0				0	0	HY	0	0
117	Waste Wise Products	3/30/12	0				0	0	HY	0	0
118	Waste Wise Products - Trash/Recycle Recep	2/23/12	0				0	0	HY	0	0
120	Capitalized Loan Interest	2/01/12	0				0	0	HY	0	0
121	Altra Medical - 7705 2 AED	2/23/12	0				0	0	HY	0	0
122	Altra Medical - 7706 AED	2/23/12	0				0	0	HY	0	0
123	Altra Medical - 7707 2 First Aid Kits	2/23/12	0				0	0	HY	0	0
124	FIA Card - Mailbox	2/20/12	0				0	0	HY	0	0
126	Spectrum Wireless - 12 Radios and 2 Charg	2/14/12	0				0	0	HY	0	0
127	Spectrum Wireless - MF0257R Earpieces	3/30/12	0				0	0	HY	0	0
128	Master Planner	2/01/12	0				0	0	HY	0	0
129	Exhibit Design	2/01/12	0				0	0	HY	0	0
130	Construction Owner Rep	2/01/12	0				0	0	HY	0	0
131	Museum Store Fixtures	2/01/12	0				0	0	HY	0	0
135	FIA Card - 60" TV	5/31/13	0				0	0	HY	0	0
136	Keva Exhibit	3/27/13	0				0	0	HY	0	0
137	Green Building Certificate	1/30/13	0				0	0	HY	0	0
138	Certify Backflow Preventer	1/31/13	0				0	0	HY	0	0
139	Architechural Services	2/28/13	0				0	0	HY	0	0
140	Architectural Services	6/15/13	0				0	0	HY	0	0
141	Professional Services	6/30/13	0				0	0	HY	0	0
142	HVAC	2/28/13	0				0	0	HY	0	0
143	HVAC 033113	3/31/13	0				0	0	HY	0	0
144	Utility Deposit Refund	5/01/13	0				0	0	HY	0	0
146	Tot Lot	7/01/14	0				0	0	HY	0	0
147	Build It Exhibit	7/01/14	0				0	0	HY	0	0
148	Digital Wall Art	7/31/14	0				0	0	HY	0	0
149	Member Card Printer	6/06/14	0				0	0	HY	0	0
150	KD PO 2014361 Macbook	6/30/14	0				0	0	HY	0	0
151	2014 Ford Transit Connect	12/01/14	0				0	0	HY	0	0
152	2014 Ford F-150 Exchanged for asset # 77	11/24/14	0				0	0	HY	0	0
155	Magnetic Ball Wall	2/19/15	0				0	0	HY	0	0
156	Cardboard Build Set	4/13/15	0				0	0	HY	0	0
157	Trolley Redesign	12/14/15	0				0	0	HY	0	0
158	Print Ready Art	12/14/15	0				0	0	HY	0	0
159	2 iMac Work Stations	5/25/15	0				0	0	HY	0	0
160	2400 HP Procurve Switch	6/30/15	0				0	0	HY	0	0
161	2 iMac plus protection plans	8/17/15	0				0	0	HY	0	0
162	KD 4 Computer Monitors	8/31/15	0				0	0	HY	0	0
163	Custom Storage Server	9/02/15	0				0	0	HY	0	0
167	Exhibit Design - Make Space	7/15/20	0				0	0	HY	0	0
169	Exhibit Design - Make Space	7/15/20	0				0	0	HY	0	0
171	World Cafe Columns Exhibit	4/17/17	0				0	0	HY	0	0
172	World Columns Exhibit	4/17/17	0				0	0	HY	0	0
174	Mother Nature House Exhibit	5/04/18	0				0	0	HY	0	0
176	Make Space Exhibit	7/15/20	0				0	0	HY	0	0
185	Hlevel, LLC - Make Space Exhibit	7/15/20	0				0	0	HY	0	0
188	Collier Co Permits - Make Space	7/15/20	0				0	0	HY	0	0

01-0687133

AMT Asset Report

FYE: 12/31/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
189	Brodart Co - Tot Lot Interactive Wall	7/15/20	0			0	0 HY	0	0
191	3 Barcode Scanners, 3 POS drawers	5/28/18	0			0	0 HY	0	0
192	9 to 5 Computer - Digital Controller for sigr	9/10/18	0			0	0 HY	0	0
193	School Outfitters - Seating in Exhibits	8/27/18	0			0	0 HY	0	0
194	Chalk Spinner - Flight Lab Exhibit	8/28/19	0			0	0 HY	0	0
195	ID Card Printer	6/17/19	0			0	0 HY	0	0
196	Staff Radios	7/15/19	0			0	0 HY	0	0
197	KD Macbook - Ex Director	6/30/19	0			0	0 HY	0	0
198	Washer/Dryer	4/25/19	0			0	0 HY	0	0
199	Glowforge- Make Space	7/15/20	0			0	0 HY	0	0
200	Junkbot - Make Space	7/15/20	0			0	0 HY	0	0
201	Window Shades - Make Space	7/15/20	0			0	0 HY	0	0
202	Classroom Cabinets - Make Space	7/15/20	0			0	0 HY	0	0
203	Trellis Roof Panels - Make Space	7/15/20	0			0	0 HY	0	0
204	Lab Accoustic Clouds - Make Space	7/15/20	0			0	0 HY	0	0
205	Benches and Chairs - Make Space	7/15/20	0			0	0 HY	0	0
206	Handi Ramp - Make Space	7/15/20	0			0	0 HY	0	0
207	Lab Tables - Make Space	7/15/20	0			0	0 HY	0	0
208	Lab Stools - Make Space	7/15/20	0			0	0 HY	0	0
209	Lab Signage - Make Space	7/15/20	0			0	0 HY	0	0
210	Lab Benches - Make Space	7/15/20	0			0	0 HY	0	0
211	Gates Construction - Inventioners Lab	7/15/20	0			0	0 HY	0	0
212	Chicago Metal Rolled Products - Inventioners	7/15/20	0			0	0 HY	0	0
213	Flooring - Inventioners Lab	7/15/20	0			0	0 HY	0	0
214	Hlevel, Inc. - Inventioners Lab	7/15/20	0			0	0 HY	0	0
215	Red Wall Material - Inventioners Lab	7/15/20	0			0	0 HY	0	0
216	Wood Doors and Hardware - Inventioners	7/15/20	0			0	0 HY	0	0
217	Pure Electric - Inventioners Lab	7/15/20	0			0	0 HY	0	0
218	1/31/20 Lab exhibit/design expenses	1/31/20	0			0	0 HY	0	0
219	5/31/20 Lab design	5/31/20	0			0	0 HY	0	0
220	Inventioners Lab	6/30/20	0			0	0 HY	0	0
221	JBL Speakers	1/31/20	0			0	0 HY	0	0
222	Shelves for program storage	1/31/20	0			0	0 HY	0	0
223	Dena Rae's Computer	4/10/21	0			0	0 HY	0	0
224	New employee's computers	6/02/21	0			0	0 HY	0	0
225	Jon & Kayla's computers	7/26/21	0			0	0 HY	0	0
226	AV equipment	6/17/21	0			0	0 HY	0	0
227	AV equipment	5/27/21	0			0	0 HY	0	0
228	Exhibit	5/12/22	0			0	0 HY	0	0
Total Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Grand Totals			98,320			25,017		88,178	1,630
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>98,320</u>			<u>25,017</u>		<u>88,178</u>	<u>1,630</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
164	Blue Block Wall for Imaginarium Project	3/14/16	17,500		0	0	8,750	8,750
165	Floor Scrubber	4/25/16	1,750		0	0	875	875
166	Murrah Woodcraft - Thinker Linker	6/27/16	2,533		0	0	1,267	1,266
168	FIA Credit Card Probook	9/30/16	1,498		0	0	749	749
170	Conference Table and 4 Chairs	7/16/16	2,000		0	0	1,000	1,000
174	Mother Nature House Exhibit	5/04/18	58,095		0	0	23,238	34,857
186	PlayLearn USA - Straw Builders	4/30/18	1,495		0	0	1,495	0
187	Build It - Brackitz Exhibit	12/01/18	5,425		0	0	5,425	0
Grand Total			<u>90,296</u>		<u>0</u>	<u>0</u>	<u>42,799</u>	<u>47,497</u>

Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	164	Blue Block Wall for Imaginarium Project	584	584	0
Page 1	1	165	Floor Scrubber	78	78	0
Page 1	1	166	Murrah Woodcraft - Thinker Linker	84	84	0
Page 1	1	168	FIA Credit Card Probook	67	67	0
Page 1	1	170	Conference Table and 4 Chairs	89	89	0
Page 1	1	186	PlayLearn USA - Straw Builders	0	0	0
Page 1	1	187	Build It - Brackitz Exhibit	0	0	0
				<u>902</u>	<u>902</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
164	Blue Block Wall for Imaginarium Project	3/14/16	17,500	583	583
165	Floor Scrubber	4/25/16	1,750	39	39
166	Murrah Woodcraft - Thinker Linker	6/27/16	2,533	85	85
168	FIA Credit Card Probook	9/30/16	1,498	33	33
170	Conference Table and 4 Chairs	7/16/16	2,000	45	45
174	Mother Nature House Exhibit	5/04/18	58,095	2,324	0
186	PlayLearn USA - Straw Builders	4/30/18	1,495	0	0
187	Build It - Brackitz Exhibit	12/01/18	5,425	0	0
			<u>90,296</u>	<u>3,109</u>	<u>785</u>

Other Depreciation:

26	Microwave	7/31/08	70	0	0
31	Computer - Education	4/30/09	1,147	0	0
36	Kyocera Printer	8/09/11	2,025	0	0
39	Office Equipment	12/08/11	8,217	0	0
41	Speaker System	12/16/11	76,502	0	0
42	Cubicles	8/09/11	14,679	0	0
43	Office Furniture	10/14/11	13,369	0	0
44	Office Furniture	11/29/11	6,563	0	0
45	Furniture Fixtures	12/13/11	2,765	0	0
46	Window Treatments	12/13/11	3,350	0	0
47	Spacesaver System	12/13/11	35,024	0	0
48	Accessories For Cubicles	12/31/11	12,553	0	0
49	Office Furniture	12/31/11	13,211	0	0
50	10,000 Gallon Storage Tank	2/01/12	6,343	0	0
51	Cooling Tower	2/01/12	31,640	2,109	0
52	Air Handler K10E40904	2/01/12	18,513	0	0
53	Heating Coil H10E06201	2/01/12	1,858	0	0
54	Multistack Chiller	2/01/12	65,131	0	0
55	Vortex Filter	2/01/12	8,319	0	0
56	Air Handler K10E40896	2/01/12	26,217	0	0
57	1.5HP 33GS Pump 33GS15	2/01/12	1,707	0	0
58	10,000 Gallon storage Tank	2/01/12	13,247	0	0
61	2 Recycling Cranberry Units - Deposit	2/01/12	1,381	92	0
62	7 - 35 Gallon Black Liners - Deposit	2/01/12	1,799	0	0
63	14 67" Benches Cranberry - Deposit	2/01/12	6,344	423	0
64	Patio Picnic Tables - Deposit	2/01/12	7,187	479	0
65	Patio Picnic Tables	2/01/12	7,187	479	0
66	Direct Material Purchases	2/01/12	1,734,061	44,463	0
68	Mila Wall Deposit	2/01/12	17,159	0	0
69	Mila Wall Balance	2/01/12	17,961	0	0
72	Astro Turf Deposit	4/10/12	16,885	675	0
73	Astro Turf Balance	4/30/12	23,280	931	0
74	Rubber Decking Front/Backyard Deposit	4/22/12	7,513	500	0
75	Rubber Decking Front/Backyard Balance	5/01/12	7,513	500	0
76	Direct Material Purchases	2/01/12	16,506,413	423,241	0
79	Imac D25GY0VUDHJP	1/24/12	1,766	0	0
80	Imac D25H12YJDHJP	1/24/12	1,766	0	0
83	5 - Ipad Touch	8/29/12	1,686	0	0
85	Operations Imac	2/27/12	1,291	0	0
86	FIA Card - Printer/Scanner Director of Financ	2/20/12	130	0	0
87	FIA Card - See CC Reconciliation per Karysia	1/31/12	130	0	0
88	FIA Card - Zak CC Printer for Cafe	4/27/12	309	0	0
90	Softrim - SI - 123098	2/04/12	525	0	0
91	Softrim - SI - 125048	9/25/12	2,426	0	0
92	Softrim - SI - 125813 - 2 Laptops	6/15/12	1,758	0	0
93	Softrim - SI - 126653 - IBM Laptop - Dave I	8/18/12	879	0	0
94	Community Playthings - 120MS - 3 Utility Cart	3/30/12	729	0	0
95	Community Playthings - 484MH - Orientation C	1/28/12	459	0	0
96	Community Playthings - 801 MH Lemonade Sta	2/23/12	1,199	0	0
97	Community Playthings - 824MH - 4 Workbench	4/12/12	410	0	0
98	FIA Card - Zak CC Mail Sorter	2/20/12	219	0	0
99	Ian's Interiors - Final	2/23/12	3,540	0	0
100	4 - Izzy/Zoom Seatin	2/23/12	27,123	0	0

Asset	Description	Date In Service	Cost	Tax	AMT
101	Lavi Industries - 549365 Stanchions	1/09/12	8,162	0	0
102	Lemonade Stand	2/24/12	41	0	0
103	Mity-Lite Speckled Gray Table	3/28/12	769	0	0
104	Office Furniture & Design - Concessions	10/03/12	1,468	0	0
105	Office Furniture and Design Conc	2/23/12	3,632	0	0
106	Office Furniture \$ Design Conc	5/18/12	250	0	0
107	Office Furniture and Design Conc	1/23/12	50	0	0
108	Office Furniture and Design Conc	7/23/12	261	0	0
109	Office Furniture and Design Conc	2/23/12	848	0	0
110	Office Furniture and Design	7/23/12	401	0	0
111	OFS Brands	2/23/12	31,979	0	0
112	OFS Brands	5/18/12	7,067	0	0
113	OFS Brands	2/23/12	393	0	0
114	Shelving For Research Center	6/05/12	2,000	0	0
115	Sarlo Mowers - Blower	10/30/12	400	0	0
116	Shop Furniture	1/23/12	3,671	0	0
117	Waste Wise Products	3/30/12	3,274	0	0
118	Waste Wise Products - Trash/Recycle Recepticl	2/23/12	3,898	0	0
120	Capitalized Loan Interest	2/01/12	12,219	314	0
121	Altra Medical - 7705 2 AED	2/23/12	3,813	0	0
122	Altra Medical - 7706 AED	2/23/12	2,140	0	0
123	Altra Medical - 7707 2 First Aid Kits	2/23/12	371	0	0
124	FIA Card - Mailbox	2/20/12	1,190	0	0
126	Spectrum Wireless - 12 Radios and 2 Charges	2/14/12	4,587	0	0
127	Spectrum Wireless - MF0257R Earpieces	3/30/12	251	0	0
128	Master Planner	2/01/12	95,448	2,448	0
129	Exhibit Design	2/01/12	1,064,709	27,300	0
130	Construction Owner Rep	2/01/12	582,361	14,933	0
131	Museum Store Fixtures	2/01/12	23,914	0	0
135	FIA Card - 60" TV	5/31/13	1,060	0	0
136	Keva Exhibit	3/27/13	20,000	1,333	0
137	Green Building Certificate	1/30/13	500	0	0
138	Certify Backflow Preventer	1/31/13	285	0	0
139	Architechural Services	2/28/13	1,313	88	0
140	Architectural Services	6/15/13	150	10	0
141	Professional Services	6/30/13	225	15	0
142	HVAC	2/28/13	3,131	0	0
143	HVAC 033113	3/31/13	1,013	0	0
144	Utility Deposit Refund	5/01/13	-5,362	-137	0
146	Tot Lot	7/01/14	8,036	535	0
147	Build It Exhibit	7/01/14	13,533	902	0
148	Digital Wall Art	7/31/14	20,000	1,334	0
149	Member Card Printer	6/06/14	2,293	0	0
150	KD PO 2014361 Macbook	6/30/14	1,699	0	0
151	2014 Ford Transit Connect	12/01/14	23,176	0	0
152	2014 Ford F-150 Exchanged for asset # 77	11/24/14	25,140	0	0
154	Artistic Science - Build It Signage	1/26/15	4,400	294	130
155	Magnetic Ball Wall	2/19/15	2,995	200	0
156	Cardboard Build Set	4/13/15	2,500	166	0
157	Trolley Redesign	12/14/15	13,495	899	0
158	Print Ready Art	12/14/15	3,000	200	0
159	2 iMac Work Stations	5/25/15	3,757	0	0
160	2400 HP Procurve Switch	6/30/15	1,895	0	0
161	2 iMac plus protection plans	8/17/15	3,686	0	0
162	KD 4 Computer Monitors	8/31/15	500	0	0
163	Custom Storage Server	9/02/15	5,465	0	0
167	Exhibit Design - Make Space	7/15/20	2,800	186	0
169	Exhibit Design - Make Space	7/15/20	5,325	355	0
171	World Cafe Columns Exhibit	4/17/17	8,400	840	0
172	World Columns Exhibit	4/17/17	5,600	560	0
173	Race to Space Exhibit	5/22/17	10,802	1,081	354
175	Rigamajig Storage Units	7/26/17	1,300	130	43
176	Make Space Exhibit	7/15/20	10,685	712	0
177	Phone System	10/09/17	5,353	536	0
178	AV System	10/16/17	15,474	1,547	0
179	Store Computer	1/01/17	985	0	0
180	Computer - Behind Front Desk	5/22/17	990	0	0
181	3 IMACs and iPad Pro	6/12/17	6,279	0	0
182	4 IMACS	10/16/17	4,132	0	0
183	3 IMACS	12/18/17	3,231	0	0
184	Office Cubicle	12/26/17	11,893	1,189	0

Asset	Description	Date In Service	Cost	Tax	AMT
185	Hlevel, LLC - Make Space Exhibit	7/15/20	19,460	1,298	0
188	Collier Co Permits - Make Space	7/15/20	10,959	730	0
189	Brodart Co - Tot Lot Interactive Wall	7/15/20	1,904	127	0
190	Costco - 4 Ipads - POS Stations	5/28/18	1,280	107	0
191	3 Barcode Scanners, 3 POS drawers	5/28/18	2,051	171	0
192	9 to 5 Computer - Digital Controller for sign	9/10/18	1,245	166	0
193	School Outfitters - Seating in Exhibits	8/27/18	2,245	224	0
194	Chalk Spinner - Flight Lab Exhibit	8/28/19	2,197	147	0
195	ID Card Printer	6/17/19	1,421	142	0
196	Staff Radios	7/15/19	10,490	1,049	0
197	KD Macbook - Ex Director	6/30/19	2,263	453	0
198	Washer/Dryer	4/25/19	1,793	256	0
199	Glowforge- Make Space	7/15/20	6,094	406	0
200	Junkbot - Make Space	7/15/20	1,000	66	0
201	Window Shades - Make Space	7/15/20	3,378	225	0
202	Classroom Cabinets - Make Space	7/15/20	3,940	262	0
203	Trellis Roof Panels - Make Space	7/15/20	7,169	478	0
204	Lab Acoustic Clouds - Make Space	7/15/20	13,624	908	0
205	Benches and Chairs - Make Space	7/15/20	30,174	2,012	0
206	Handi Ramp - Make Space	7/15/20	2,082	139	0
207	Lab Tables - Make Space	7/15/20	928	62	0
208	Lab Stools - Make Space	7/15/20	672	45	0
209	Lab Signage - Make Space	7/15/20	2,425	162	0
210	Lab Benches - Make Space	7/15/20	1,155	77	0
211	Gates Construction - Inventioneers Lab	7/15/20	980,445	65,363	0
212	Chicago Metal Rolled Products - Inventioneers	7/15/20	17,689	1,179	0
213	Flooring - Inventioneers Lab	7/15/20	14,457	964	0
214	Hlevel, Inc. - Inventioneers Lab	7/15/20	3,660	244	0
215	Red Wall Material - Inventioneers Lab	7/15/20	14,053	937	0
216	Wood Doors and Hardware - Inventioneers Lab	7/15/20	10,216	681	0
217	Pure Electric - Inventioneers Lab	7/15/20	1,520	102	0
218	1/31/20 Lab exhibit/design expenses	1/31/20	13,678	911	0
219	5/31/20 Lab design	5/31/20	9,000	600	0
220	Inventioneers Lab	6/30/20	80,000	5,334	0
221	JBL Speakers	1/31/20	1,088	217	0
222	Shelves for program storage	1/31/20	642	92	0
223	Dena Rae's Computer	4/10/21	2,354	471	0
224	New employee's computers	6/02/21	2,568	514	0
225	Jon & Kayla's computers	7/26/21	2,140	428	0
226	AV equipment	6/17/21	18,149	1,815	0
227	AV equipment	5/27/21	27,222	2,722	0
228	Exhibit	5/12/22	32,835	2,189	0
	Total Other Depreciation		<u>22,235,844</u>	<u>626,337</u>	<u>527</u>
	Total ACRS and Other Depreciation		<u>22,235,844</u>	<u>626,337</u>	<u>527</u>
Amortization:					
1	Peachtree	1/11/08	212	0	0
34	Collection Software	12/31/09	1,268	0	0
			<u>1,480</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>22,327,620</u>	<u>629,446</u>	<u>1,312</u>

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JODIE MONTGOMERY

ADDRESS

CITY, STATE ZIP CODE: ,
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE SECRETARY
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KIM COLLINS

ADDRESS: P.O. BOX 797

CITY, STATE ZIP CODE: NAPLES, FL 34106

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE VICE CHAIR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: APRIL GARRETT
 ADDRESS 271 HARBOUR DRIVE
 CITY, STATE ZIP CODE: NAPLES, FL 34103
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:
 RELATED:

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: TODD GATES

ADDRESS: 285 GRANDE WAY UNIT 1406

CITY, STATE ZIP CODE: NAPLES, FL 34110

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: DIRECTOR

OFFICER TYPE: INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:

RELATED:

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: THOMAS M. O'NEILL

ADDRESS: 140 BROAD AVE S

CITY, STATE ZIP CODE: NAPLES, FL 34102

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: DIRECTOR

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: DR. BRIAN THORNBURG

ADDRESS: 2911 COCO LAKES DRIVE

CITY, STATE ZIP CODE: NAPLES, FL 34105

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: DIRECTOR

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: TED CORBIN

ADDRESS: 3908 GIBRALTER DRIVE

CITY, STATE ZIP CODE: NAPLES, FL 34119

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE CHAIR

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: TONY GARVY
 ADDRESS: 101 CARICA LANE
 CITY, STATE ZIP CODE: NAPLES, FL 34108
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: DAN PERRY

ADDRESS 8978 ARREZO CT

CITY, STATE ZIP CODE: NAPLES, FL 34119

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER

BOOKS IN CARE? NO

FORMER? NO

TITLE TREASURER

OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: SIMONE LUTGERT
 ADDRESS 4200 GULFSHORE BLVD N
 CITY, STATE ZIP CODE: NAPLES, FL 34103
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE EMERITUS
 OFFICER TYPE INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:
 RELATED:

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: CHRIS ESSIG
 ADDRESS: 4149 ASPEN CHASE DRIVE
 CITY, STATE ZIP CODE: NAPLES, FL 34119
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE: DIRECTOR
 OFFICER TYPE: INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:
 RELATED:

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ALLYSON LOOS

ADDRESS: 4755 TAMiami TRAIL N. #115

CITY, STATE ZIP CODE: NAPLES, FL 34103

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION: TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE: EMERITUS

OFFICER TYPE: INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND OTHER ALLOWANCES: _____

EXPENSE ACCOUNT FOR UNRELATED BUSINESS: _____

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE: _____

NONQUALIFIED PLAN: _____

EQUITY BASED: _____

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: DENA RAE HANCOCK
 ADDRESS: 15080 LIVINGSTON ROAD
 CITY, STATE ZIP CODE: NAPLES, FL 34109
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION: 40.00
 RELATED:

CONTACT

PRINCIPAL? NO
 SIGNATURE? NO
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE EXECUTIVE DIRECTOR
 OFFICER TYPE INDIVIDUAL

COMPENSATION

	ORGANIZATION	RELATED
BASE:	<u>144,040</u>	_____
BONUS/INCENTIVE:	_____	_____
OTHER:	_____	_____
RETIREMENT/DEFERRED BENEFITS:	_____	_____
OTHER COMP/NONTAXABLE:	_____	_____

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

	ORGANIZATION	RELATED
NONTAXABLE BENEFITS:	_____	_____
PRIOR YEAR:	_____	_____

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: 119,914
 MANAGEMENT & GENERAL: 13,602
 FUNDRAISING: 10,524

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: 119,914
 SECOND: _____
 THIRD: _____
 OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ASHLEY GERRY

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: KRISTINE MEEK

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: SHERA ASKAR

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:

PRIOR YEAR:

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED?

NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JASON PHILLIPS

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____

PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ROB LANCASTER

ADDRESS

CITY, STATE ZIP CODE: ,
FOREIGN COUNTRY:
FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:
RELATED:

CONTACT

PRINCIPAL? NO
SIGNATURE? NO
USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR
BOOKS IN CARE? NO
FORMER? NO
TITLE DIRECTOR
OFFICER TYPE INDIVIDUAL

COMPENSATION

BASE: _____
BONUS/INCENTIVE: _____
OTHER: _____
RETIREMENT/DEFERRED BENEFITS: _____
OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
OTHER ALLOWANCES:
EXPENSE ACCOUNT FOR
UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
NONQUALIFIED PLAN:
EQUITY BASED:
RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
COMPENSATION ATTRIBUTABLE
TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
MANAGEMENT & GENERAL: _____
FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
ADJUSTED NET: _____
CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
SECOND: _____
THIRD: _____
OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: ADAM MILLER

ADDRESS

CITY, STATE ZIP CODE: ,

FOREIGN COUNTRY:

FOREIGN STATE OR PROVINCE:

HOURS PER WEEK

ORGANIZATION:

RELATED:

CONTACT

PRINCIPAL? NO

SIGNATURE? NO

USE ORG ADDR? YES

OTHER INFORMATION

POSITION

TRUSTEE/DIRECTOR

BOOKS IN CARE? NO

FORMER? NO

TITLE

DIRECTOR

OFFICER TYPE

INDIVIDUAL

COMPENSATION

BASE: _____

BONUS/INCENTIVE: _____

OTHER: _____

RETIREMENT/DEFERRED BENEFITS: _____

OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND

OTHER ALLOWANCES:

EXPENSE ACCOUNT FOR

UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS:

PRIOR YEAR:

ORGANIZATION

RELATED

SEVERANCE:

NONQUALIFIED PLAN:

EQUITY BASED:

RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:

COMPENSATION ATTRIBUTABLE

TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____

MANAGEMENT & GENERAL: _____

FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____

ADJUSTED NET: _____

CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____

SECOND: _____

THIRD: _____

OTHER: _____

OFFICER INFORMATION

GENERAL INFORMATION

NAME: JONATHAN FOERSTER
 ADDRESS: 15080 LIVINGSTON ROAD
 CITY, STATE ZIP CODE: NAPLES, FL 34109
 FOREIGN COUNTRY:
 FOREIGN STATE OR PROVINCE:

CONTACT

PRINCIPAL? YES
 SIGNATURE? YES
 USE ORG ADDR? YES

OTHER INFORMATION

POSITION TRUSTEE/DIRECTOR AND OFFICER
 BOOKS IN CARE? NO
 FORMER? NO
 TITLE CEO
 OFFICER TYPE INDIVIDUAL

HOURS PER WEEK

ORGANIZATION:
 RELATED:

COMPENSATION

BASE: _____
 BONUS/INCENTIVE: _____
 OTHER: _____
 RETIREMENT/DEFERRED BENEFITS: _____
 OTHER COMP/NONTAXABLE: _____

ORGANIZATION

RELATED

OTHER

EXPENSE ACCOUNT AND
 OTHER ALLOWANCES:
 EXPENSE ACCOUNT FOR
 UNRELATED BUSINESS:

SCHEDULE J

NONTAXABLE BENEFITS: _____
 PRIOR YEAR: _____

ORGANIZATION

RELATED

SEVERANCE:
 NONQUALIFIED PLAN:
 EQUITY BASED:
 RECEIVED COMP FROM UNRELATED? NO

SCHEDULE K

TIME DEVOTED TO BUSINESS:
 COMPENSATION ATTRIBUTABLE
 TO UNRELATED BUSINESS

FUNCTIONAL EXPENSE ALLOCATION

PROGRAM SERVICE: _____
 MANAGEMENT & GENERAL: _____
 FUNDRAISING: _____

INCOME ALLOCATION

NET INVESTMENT: _____
 ADJUSTED NET: _____
 CHARITABLE PURPOSE: _____

PROGRAM SERVICE ACCOMPLISHMENTS

FIRST: _____
 SECOND: _____
 THIRD: _____
 OTHER: _____

Form 990	Event Income and Deduction Worksheet	2022
Description BACKYARD BASH		

Name GOLISANO CHILDREN'S MUSEUM OF	Taxpayer Identification Number 01-0687133
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Name GOLISANO CHILDREN'S MUSEUM OF		Taxpayer Identification Number 01-0687133
Description NIGHT AT THE MUSEUM		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	98,914
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	165,705
5. Returns and allowances	5.	
6. Contributions received	6.	720,120
7. Total revenue. Add lines 1 through 6	7.	984,739
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	847,521
15. Total expenses. Add lines 8 through 14	15.	847,521
16. Net Income/Loss. Line 7 minus Line 15	16.	137,218

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	194,209
Food & beverages (Part II only)	99,025
Entertainment (Part II only)	34,845
Other direct expenses	519,442
Total Fundraising Expense	847,521

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Form 990	Event Income and Deduction Worksheet	2022
Description STORE		

Name GOLISANO CHILDREN'S MUSEUM OF	Taxpayer Identification Number 01-0687133
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.		42,173
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.		42,173
8. Cost of Goods Sold	8.		21,372
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. Total expenses. Add lines 8 through 14	15.		21,372
16. Net Income/Loss. Line 7 minus Line 15	16.		20,801

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Expense Details - Cost of Goods Sold:

Beginning inventory	658
Purchases	25,569
Labor	
Section 263A costs	
Other costs	
Ending inventory	4,855
Total Cost of Goods Sold	21,372

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

Part V, Debt Financing

Part VI, Controlled Org Income

Part VII, Investments for C(7)(9)(17)

Part VIII, Exploited Activities

Part IX, Advertising Income

Allocation of Expense to Program Service Accomplishments:

First _____

Second _____

Third _____

All other _____

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning _____, ending _____		

Name **GOLISANO CHILDREN'S MUSEUM OF NAPLES, INC** Taxpayer Identification Number **01-0687133**

		2021	2022	Differences
R e v e n u e	1. Contributions, gifts, grants	1,195,661	2,030,006	834,345
	2. Membership dues and assessments	242,161	424,083	181,922
	3. Government contributions and grants	216,868	422,845	205,977
	4. Program service revenue	756,071	1,167,867	411,796
	5. Investment income	6,073	13,758	7,685
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	4,925	3,036	-1,889
	8. Net income or (loss) from fundraising events	-315,292	-582,902	-267,610
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	20,568	20,801	233
	11. Other revenue	1,158	2,111	953
	12. Total revenue. Add lines 1 through 11	2,128,193	3,501,605	1,373,412
E x p e n s e s	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	123,879	144,040	20,161
	16. Salaries, other compensation, and employee benefits	1,125,719	1,443,467	317,748
	17. Professional fundraising fees			
	18. Other professional fees	122,165	173,013	50,848
	19. Occupancy, rent, utilities, and maintenance	189,320	331,310	141,990
	20. Depreciation and Depletion	650,686	638,243	-12,443
	21. Other expenses	576,969	662,175	85,206
	22. Total expenses. Add lines 13 through 21	2,788,738	3,392,248	603,510
	23. Excess or (Deficit). Subtract line 22 from line 12	-660,545	109,357	769,902
O t h e r I n f o r m a t i o n	24. Total exempt revenue	2,128,193	3,501,605	1,373,412
	25. Total unrelated revenue			
	26. Total excludable revenue	473,503	624,671	151,168
	27. Total assets	18,041,908	17,378,682	-663,226
	28. Total liabilities	581,295	529,489	-51,806
	29. Retained earnings	17,460,613	16,849,193	-611,420
	30. Number of voting members of governing body	16	16	
	31. Number of independent voting members of governing body	16	16	
	32. Number of employees	34	67	
	33. Number of volunteers	137		

Form **990****Tax Return History****2022**Name **GOLISANO CHILDREN'S MUSEUM OF
NAPLES, INC**Employer Identification Number
01-0687133

	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,128,934	1,775,329	1,651,615	1,412,529	2,452,851	
Membership dues	317,297	333,113	222,309	242,161	424,083	
Program service revenue	718,354	791,461	311,404	756,071	1,167,867	
Capital gain or loss	8,801	3,062	2,943	4,925	3,036	
Investment income	16,735	27,665	3,129	6,073	13,758	
Fundraising revenue (income/loss)	37,652	-471,134	-422,519	-315,292	-582,902	
Gaming revenue (income/loss)						
Other revenue	68,626	67,103	18,756	21,726	22,912	
Total revenue	2,296,399	2,526,599	1,787,637	2,128,193	3,501,605	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	136,337	134,648	102,631	123,879	144,040	
Other compensation	987,004	1,003,836	937,265	1,125,719	1,443,467	
Professional fees	29,380	32,814	56,197	122,165	173,013	
Occupancy costs	223,470	246,699	258,461	189,320	331,310	
Depreciation and depletion	598,619	577,345	607,270	650,686	638,243	
Other expenses	650,020	713,038	617,906	576,969	662,175	
Total expenses	2,624,830	2,708,380	2,579,730	2,788,738	3,392,248	
Excess or (Deficit)	-328,431	-181,781	-792,093	-660,545	109,357	
Total exempt revenue	2,296,399	2,526,599	1,787,637	2,128,193	3,501,605	
Total unrelated revenue						
Total excludable revenue	850,168	418,157	-86,287	473,503	624,671	
Total Assets	19,536,997	19,304,975	18,496,123	18,041,908	17,378,682	
Total Liabilities	292,337	432,020	393,148	581,295	529,489	
Net Fund Balances	19,244,660	18,872,955	18,102,975	17,460,613	16,849,193	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$		14			
INVESTMENT INTEREST	13,758		14			
TOTAL	<u>\$ 13,758</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 118,188	\$ 115,845	\$ 2,343	\$
PAYROLL SERVICE FEE	51,895	43,938	2,788	5,169
MARKETING CONSULTANT	314		314	
TOTAL	\$ 170,397	\$ 159,783	\$ 5,445	\$ 5,169

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DONOR CULTIVATION	\$ 4,247	\$ 2,936	\$ 463	\$ 848
PROMO ITEMS	2,669	1,845	291	533
VISITOR SERVICES	503	348	55	100
INVENTIONEERS LAB	239		239	
CAFE SUPPLIES	222	154	24	44
	150	153	-3	
TOTAL	\$ 8,030	\$ 5,436	\$ 1,069	\$ 1,525

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
HOME TECH	\$ 10,000	\$
HILLENBRAND FAMILY FOUNDATION		
ARTHREX	80,000	
FOGLIA FOUNDATION	50,000	
FLORIDA DIVISION OF CULTURAL AFFAIRS	87,359	
LOTUS GUNWORKS		
JULIE DALTON	10,000	
SHELIA DAVIS	10,000	
DEBBINK FAMILY FOUNDATION	10,000	
KPL CAPITAL		
ALLYSON LOOS		
MARTHA MEYERS		
HOWARD & PATSY NORTON		
NORRIS FOUNDATION DELLORA & LESTER	30,100	
PREMIER SOUTHEBY'S INTL REALTY	67,500	
REGIONS BANK		
RICHARD & CATHERINE SINGLETON		
RALPH STAYER	88,048	
ANNE D THOMAS		
WOLLMAN GERRKE & SOLOMAN	20,800	
WOODWARD, PIRES & LOMBARDO	25,000	
JOHN & BECKY ALLEN	10,000	
BNY	66,000	
GEORGE & MARY BARON		
BESSEMER TRUST		
CAMPBELL FAMILY FOUNDATION		
JAMES & CARMEN CAMPBELL		
ANNE CANNING		
COMMUNITY FOUNDATION OF COLLIER CNTY	9,000	
DALTON FOUNDATION INC	65,000	
ALAN & HEIDI FARRUGIA	20,000	
FERRIS MARKETING, INC.		
FIFTH THIRD		
FLORIDA DEPARTMENT OF STATE	43,258	
FRANZ PSCHIBUL TRUST 1996		
THOMAS & CONNIE GALLOWAY		
DONALD F. GARRETT		
GOLDSMITH		
PAUL & BARBARA HILLS	125,000	
HOWARD & PATSY HORTON		
JET 1 CHARTER INC.		
JOHN JORDAN	50,000	
JOAN LOOS	631,000	429,697
MAXINE PSCHIBUL TRUST		
JIM & GAIL MCCREADY		
MIRACLES ON THE MARCH		
TOM & SANDRA MORAN		
NAPLES CHILDREN & EDUCATION FOUNDATI	50,000	
THOMAS & NANCY O'NEILL	68,030	
RICHARD & ANNETTE SCOTT	35,250	
ROBERT & JOAN CLIFFORD	260,540	59,237
TED & LINDSAY CORBIN	27,000	
GREENSPIRE & ASSOCIATES	43,921	
MATTHEW & SARAH JACKSON		

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SCOTT & SIMONE LUTGERT	\$ 261,325	\$ 60,022
MELISSA MCMAHON		
JAMES MCGLOTHIN		
BETH ANN REID		
RUSSELL & TRACEY SCURTO	52,000	
THE LAZY PARROT		
KRISTIN WEARDON		
BB&T	5,000	
DAVID & MARGARET CLARE FOUNDATION	200,246	
THE LEAGUE CLUB		
NAPLES WOMAN'S CLUB		
MARY SMALLWOOD		
THOMAS AND ANNE WAMSER	15,000	
WELLS FARGO	5,000	
LAKE MICHIGAN CREDIT UNION	6,900	
BOND, SCHOENECK & KING	5,000	
BPSWFL, LLC	11,000	
DAVID & MARGARET CLARE		
CLIFFORD LAW OFFICES	278,040	76,737
DEBBINK FAMILY FOUNDATION	5,000	
DUNLAP SILSBY FAMILY FOUNDATION	15,000	
FINEMARK BANK	10,000	
GATES CONSTRUCTION	25,000	
ROB CAITO & DENA HANCOCK	135,591	
HILL BARTH & KING	5,000	
JERNIGAN	5,000	
JOHNSONVILLE HOLDINGS, LLC	30,000	
KAYE FAMILY FOUNDATION	5,000	
KENT, MAURICE	10,000	
MONTGOMERY, MARK & JODIE	53,800	
PUBLIX	20,000	
SUNCOAST SCHOOLS FEDERAL CREDIT UNIO	5,110	
ANTHONY GARVY CHARITABLE TRUST	21,500	
CORBIN FAMILY CHARITABLE TRUST	14,600	
BAYSTATE FINANCIAL	5,000	
BEDFORD FOUNDATION	46,192	
BENSON BLACKBURN, LLC	5,000	
BRIAN & VIVIENNE CARR	12,500	
BRIDGE POINT RISK MANAGEMENT	5,000	
BILL CARY	7,500	
COASTAL MAINTENANCE & RESTORATION	5,000	
KIM COLLINS	13,725	
MICHALE DEL DUCA	5,000	
CHRIS & JAMIE ESSIG	21,000	
PAUL & JODY FLEMING	10,000	
JEFFREY & VALERIE GARGIULO	7,500	
GULFSHORE MEDIA		
BURT & MARYSIA HARTINGTON	10,000	
JOHN MICHAEL PAZ FOUNDATION	15,000	
MCLOTHLIN - THE UNITED COMPANY	100,000	
MIMY & JOHN VALENTI	5,000	
RICHARD FREUND	5,000	
GARY & SUSAN GARRABRANT	10,000	
APRIL GARRETT	10,000	

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
DAVID & JERRI HOFFMAN	\$ 104,350	\$
STEVE & SARAH JACKSON	130,000	
JORDAN CHARITABLE FOUNDATION	25,000	
WILLIAM & PATRICIA KASSLING	25,000	
PETER & ANNE KLEIN	6,000	
SUSAN MCCURRY	34,200	
SHAWN & TANDY MCGRAIL	5,650	
RICHARD & HELENE MONAGHAN	5,000	
MARK & JODIE MONTGOMERY	7,500	
DUANE & PAMELA PADDOCK	74,100	
ROBERT & KAREN SCOTT	10,000	
THE AHUJA FOUNDATION	30,000	
THE ANTHONY GARVY CHARITABLE TRUST	20,000	
JON WAGNER	11,250	
RICHARD HOFFMAN	40,000	
ASHLEY GERRY & ADAM GERRY	40,950	
BODINE PERRY, LLC	5,000	
BTM MCCARTHY	5,000	
BOARD OF COLLIER COUNTY COMMISSIONER	325,097	123,794
DAVID & DR. ALISE BARTLEY	61,337	
G.L. HOMES OF FLORIDA CORP	5,000	
JOHN P & ANNE WELSH MCNULTY FND	27,874	
PRIMROSE SCHOOL OF NORTH NAPLES	25,000	
PZS HOLDINGS CO. LLC	75,000	
SAKS SAKS	10,000	
BRIAN BRADY	5,000	
COASTAL BEVERAGE	5,000	
KIM AND PHIL COLLINS	10,000	
DEAN CORSONES	5,000	
DON & DARLENE DE MICHELE	10,000	
WALT & MICHELLE FAWCETT	39,200	
JENNIFER AND RONALD FERRIS	60,500	
DAVID & VERNA GEORGE	50,000	
CHARLA GOODNIGHT	15,000	
LUND FAMILY FOUNDATION	21,000	
TONY & BETSY MARKEL	40,000	
SCOTT AND BONNIE PHILLIPS	5,000	
CYNTHIA SCHAPPERT	12,000	
HEATHER SCHULMAN	5,000	
EDWARD AND ELLEN WOLLMAN	5,000	
RODNEY AND KATHY WOODS	15,000	
EVA AND MARCUS RINDERER	28,850	
BRUCE MCEVER	22,415	
JANET SERIO	5,000	
MEGHAN AND JAMIE HOUDE	5,000	
JANA AND BRENT SEAMAN	78,150	
AMY AND JOHN QUINN	52,660	
GISSELLE AND JORGE CALLEJA	5,500	
KAREN AND CHADD GARCIA	11,500	
SMALL BUSINESS ADMINISTRATION	216,868	15,565
ALLISON RAINEY	5,000	
CARLA AND DANIEL PERRY	11,700	
CORNWALL FOUNDATION, INC.	5,700	
CORPORATE VALUATION SERVICES INC.	5,000	

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CUMMINGS & LOCKWOOD LLC	\$ 17,000	\$
DR. THORNBURG WELLNESS	10,000	
EDEE AND MICHAEL DELUCA	6,200	
ELI REYES AND VINCENT PETERS	5,500	
ELIZABETH AND RAKESH PATEL	50,000	
GENESIS CARE	25,000	
GULFSHORE LIFE	5,000	
JAMES W. & FRANCES G. FOUNDATION	10,000	
JASAM FOUNDATION	15,000	
JESSICA AND RON SANTELLA	5,000	
JILL AND STEVE MILLER	10,450	
JIM AND CINDY BOYCE FAMILY FUND	5,000	
JULIE AND EVAN CHRISTIE	5,240	
KLARA SILHAVA AND ANTHONY GARVY	10,000	
LAURA AND WHIT ALEXANDER	5,000	
MEDICAL GROUP CARE LLC	5,000	
MELISSA AGUIRRE AND CHRIS CENTRELLA	10,000	
MICHAL WIESLER	5,000	
MONIKA AND ALEKSANDER STEPANOVICH	26,100	
MR. AND MRS. JOSEPH C. SMALLWOOD JR.	5,000	
MRS. JOAN T. LOOS		
NANCY AND REBECCA MADDOX	13,500	
ROCHELLE AND CHRISTOPHER SHUCART	6,800	
SARAH AND MATT WATERS	9,900	
SMALL BUSINESS ADMINISTRATION	216,867	15,564
SHERA AND CASEY ASKAR	10,000	
SONYA AND BRIAN SAWYER	11,100	
STEPHANIE AND JEFFREY FELDMAN	7,802	
TAKARA SEWITT AND DYLAN KELLEY	15,000	
THE CALLEJA GROUP	5,000	
THE MARK A. SUSZ REV TRUST	15,000	
THE WELLINGTON GROUP	10,000	
TOTAL	<u>\$ 5,912,145</u>	<u>\$ 780,616</u>

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Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$
INVESTMENT INTEREST	13,758
TOTAL	<u>\$ 13,758</u>

Schedule A, Part II, Line 9(e)

Description	Amount
BACKYARD BASH	\$
NIGHT AT THE MUSEUM	-582,902
LESS: DEDUCTIONS	-1,000
TOTAL	<u>\$ -583,902</u>

Schedule A, Part II, Line 10(e)

Description	Amount
CAFE	\$
TOTAL	<u>\$ 0</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ADMISSIONS	\$ 981,376
PROGRAM INCOME	186,491
OTHER INCOME	2,111
STORE	42,173
TOTAL	<u>\$ 1,212,151</u>

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Night at the Museum

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
AUCTION ITEMS	\$ 165,705
OTHER EXPENSES	130,439
PRIZES	<u>223,298</u>
TOTAL	<u>\$ 519,442</u>