

KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS
800 FORT NEGLEY BOULEVARD
NASHVILLE, TN 37203

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52

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CLIENT'S COPY



ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS
800 FORT NEGLEY BOULEVARD
NASHVILLE, TN 37203

DEAR MR. SCHULZ:

ENCLOSED IS THE ORGANIZATION'S 2003 EXEMPT ORGANIZATION
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 16, 2005.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN
FILING THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX
RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED
RECEIPT FOR PROOF OF TIMELY FILING.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST
THAT YOU RETAIN THIS COPY INDEFINITELY.

YOURS VERY TRULY,

KRAFTCPAS PLLC

Filing Instructions

Prepared for:

ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS
800 FORT NEGLEY BOULEVARD
NASHVILLE, TN 37203

Prepared by:

KRAFTCPAS PLLC
555 GREAT CIRCLE ROAD, SUITE 200
NASHVILLE, TN 37228-1310

2003 FORM 990

PLEASE SIGN AND MAIL ON OR BEFORE MAY 16, 2005.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2003Open to Public
Inspection**A** For the 2003 calendar year, or tax year beginning **JUL 1, 2003** and ending **JUN 30, 2004****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS**

Number and street (or P.O. box if mail is not delivered to street address)

800 FORT NEGLEY BOULEVARD

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37203**D** Employer identification number**62-0479192****E** Telephone number**(615) 862-5160****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ **WWW.ADVENTURESCI.COM****J** Organization type (check only one) ☒ 501(c) (03) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **5,551,246.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	3,079,192.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c	441,520.			
	d	Total (add lines 1a through 1c) (cash \$ 3,489,712. noncash \$ 31,000.)	1d	3,520,712.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	1,078,082.	
	3	Membership dues and assessments			3	212,794.	
	4	Interest on savings and temporary cash investments			4	2,851.	
	5	Dividends and interest from securities			5	66,307.	
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c		
7	Other investment income (describe ▶)			7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	505,781.	8a	5,000.	
	b	Less: cost or other basis and sales expenses		545,359.	8b		
	c	Gain or (loss) (attach schedule)		<39,578.>	8c	5,000.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 2	STMT 3	8d	<34,578.>	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a				
	b	Less: direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c		
	10a	Gross sales of inventory, less returns and allowances	10a	155,611.			
	b	Less: cost of goods sold	10b	84,281.			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			STMT 4	10c	71,330.
	11	Other revenue (from Part VII, line 103)			11	4,108.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	4,921,606.		
Expenses	13	Program services (from line 44, column (B))			13	2,444,013.	
	14	Management and general (from line 44, column (C))			14	303,550.	
	15	Fundraising (from line 44, column (D))			15	550,985.	
	16	Payments to affiliates (attach schedule)			16		
	17	Total expenses (add lines 16 and 44, column (A))			17	3,298,548.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	1,623,058.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	6,601,019.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5			20	158,596.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	8,382,673.	

**ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS**

62-0479192

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)			STATEMENT 8	
	cash \$ 13,376. noncash \$	22 13,376.	13,376.		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 204,710.	144,935.	15,763.	44,012.
26	Other salaries and wages	26 1,055,253.	746,998.	81,808.	226,447.
27	Pension plan contributions	27			
28	Other employee benefits	28 163,578.	100,997.	18,943.	43,638.
29	Payroll taxes	29 104,041.	72,889.	11,474.	19,678.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 24,204.	10,969.	7,727.	5,508.
34	Telephone	34 28,618.	15,740.	7,154.	5,724.
35	Postage and shipping	35 12,115.	2,918.	1,459.	7,738.
36	Occupancy	36 47,367.	14,641.	32,726.	
37	Equipment rental and maintenance	37 41,721.	28,844.	5,747.	7,130.
38	Printing and publications	38 19,907.	16,095.		3,812.
39	Travel	39 9,670.	4,797.	1,630.	3,243.
40	Conferences, conventions, and meetings	40			
41	Interest	41 163,058.	163,058.		
42	Depreciation, depletion, etc. (attach schedule) ...	42 466,873.	434,192.	32,681.	
43	Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	SEE STATEMENT 6	43e 944,057.	673,564.	86,438.	184,055.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 3,298,548.	2,444,013.	303,550.	550,985.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a EXHIBITS - SEE ATTACHED STATEMENT		
	(Grants and allocations \$ _____)	869,239.
b EDUCATION PROGRAMS (LIFE, SOCIAL, HEALTH, PHYSICAL SCIENCE) - SEE ATTACHED STATEMENT		
	(Grants and allocations \$ 13,376.)	1,288,886.
c PLANETARIUM - SEE ATTACHED STATEMENT		
	(Grants and allocations \$ _____)	285,888.
d		
	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,444,013.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	160,388.	45	61,177.
	46 Savings and temporary cash investments	342,761.	46	369,744.
	47 a Accounts receivable 47a 23,370.			
	b Less: allowance for doubtful accounts 47b	27,291.	47c	23,370.
	48 a Pledges receivable 48a 3,023,688.			
	b Less: allowance for doubtful accounts 48b 149,887.	1,014,238.	48c	2,873,801.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use	30,155.	52	11,893.
	53 Prepaid expenses and deferred charges	25,762.	53	12,947.
	54 Investments - securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,597,088.	54	1,647,865.
	55 a Investments - land, buildings, and equipment: basis 55a			
	b Less: accumulated depreciation 55b		55c	
56 Investments - other SEE STATEMENT 10	49,667.	56	132,394.	
57 a Land, buildings, and equipment: basis 57a 13,726,910.				
b Less: accumulated depreciation 57b 6,442,998.	6,381,358.	57c	7,283,912.	
58 Other assets (describe)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	9,628,708.	59	12,417,103.	
Liabilities	60 Accounts payable and accrued expenses	253,223.	60	931,745.
	61 Grants payable		61	
	62 Deferred revenue	44,214.	62	47,569.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	2,730,252.	64b	3,055,116.
	65 Other liabilities (describe)		65	
66 Total liabilities (add lines 60 through 65)	3,027,689.	66	4,034,430.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,287,098.	67	4,111,281.
	68 Temporarily restricted	691,053.	68	2,648,524.
	69 Permanently restricted	1,622,868.	69	1,622,868.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,601,019.	73	8,382,673.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	9,628,708.	74	12,417,103.

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

Part IV-A	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return
------------------	---

a	Total revenue, gains, and other support per audited financial statements	a	5,145,577.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 158,596.		
(2)	Donated services and use of facilities ... \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	b	158,596.
c	Line a minus line b	c	4,986,981.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 ... \$ 13,906.		
(2)	Other (specify): STMT 12 \$ <79,281.>		
	Add amounts on lines (1) and (2)	d	<65,375.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	4,921,606.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	3,363,923.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify):		
	STMT 11		
	Add amounts on lines (1) through (4)	b	79,281.
c	Line a minus line b	c	3,284,642.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	13,906.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,298,548.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)
---------------	--

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed TENNESSEE		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 39		
91	The books are in care of ANN SCHMIDT Telephone no. (615) 862-5160		

Located at 800 FORT NEGLEY BLVD., NASHVILLE, TN

ZIP + 4 37203

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

ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS

Form 990 (2003)

62-0479192 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **GENERAL ADMISSIONS**

b **PROGRAM FEES**

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a **MISCELLANEOUS**

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 **Total** (add line 104, columns (B), (D), and (E))

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

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

SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

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

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

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

Please Sign Here	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.			
	Signature of officer		Date	Type or print name and title.
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4 KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310			EIN (615) 242-7351

Form 990 (2003)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2003

Name of the organization **ADVENTURE SCIENCE CENTER-NASHVILLE**
F/K/A CUMBERLAND MUSEUMS

Employer identification number
62 0479192

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

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED STATEMENT				
Total number of other employees paid over \$50,000	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DESIGN CRAFTSMEN		
P.O. BOX 2126 MIDLAND, MI	EXHIBIT BUILDER	423,177.
SALLY CORPORATION		
745 W. FORSYTH STREET JACKSONVILLE, FL 32204	EXHIBIT BUILDER	237,500.
BRUCE D. ROBINSON ARCHITECTURAL DESIGN		
28 CENTRAL PARKWAY WEST CINCINNATI, OH 45210	EXHIBIT DESIGN	218,436.
RALPH APPLEBAUM ASSOCIATES, INC.		
88 PINE STREET NEW YORK, NY 10005	EXHIBIT DESIGN	176,186.
KNESTRICK CONTRACTOR, INC.		
2617 GRANDVIEW AVENUE NASHVILLE, TN 37211	BUILDING CONTRACTOR	144,017.
Total number of others receiving over \$50,000 for professional services	3	

ADVENTURE SCIENCE CENTER-NASHVILLE

Schedule A (Form 990 or 990-EZ) 2003 F/K/A CUMBERLAND MUSEUMS

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 14		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 15	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2003

ADVENTURE SCIENCE CENTER-NASHVILLE

Schedule A (Form 990 or 990-EZ) 2003 **F/K/A CUMBERLAND MUSEUMS**

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

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,174,969.	2,107,304.	1,555,885.	700,612.	6,538,770.
16 Membership fees received	217,925.	139,475.	128,078.	134,970.	620,448.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,306,541.	808,577.	850,270.	864,723.	3,830,111.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	66,558.	88,044.	117,970.	105,392.	377,964.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	5,838.	4,061.	SEE STATEMENT 16 5,347.	10,392.	25,638.
23 Total of lines 15 through 22	3,771,831.	3,147,461.	2,657,550.	1,816,089.	11,392,931.
24 Line 23 minus line 17	2,465,290.	2,338,884.	1,807,280.	951,366.	7,562,820.
25 Enter 1% of line 23	37,718.	31,475.	26,576.	18,161.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 151,256.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 963,020.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,562,820.
d Add: Amounts from column (e) for lines: 18 377,964. 19 22 25,638. 26b 963,020.					26d 1,366,622.
e Public support (line 26c minus line 26d total)					26e 6,196,198.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.9297%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

323121 12-05-03

Schedule A (Form 990 or 990-EZ) 2003

ADVENTURE SCIENCE CENTER-NASHVILLE

Schedule A (Form 990 or 990-EZ) 2003 F/K/A CUMBERLAND MUSEUMS

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Part V**Private School Questionnaire** (See page 7 of the instructions.)

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2003

ADVENTURE SCIENCE CENTER-NASHVILLE

Schedule A (Form 990 or 990-EZ) 2003 F/K/A CUMBERLAND MUSEUMS

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table><thead><tr><th>If the amount on line 40 is -</th><th>The lobbying nontaxable amount is -</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 40</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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

2003

*** Not Open to Public Inspection ***

Total Excess Contributions to Schedule A, Line 26b	963,020.
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Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2003

Name of organization

ADVENTURE SCIENCE CENTER-NASHVILLE
F/K/A CUMBERLAND MUSEUMS

Employer identification number

62-0479192

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(03) (enter number) organization

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General Rule and a Special Rule-see instructions.)

General Rule-

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

Special Rules-

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

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

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

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2003)

Name of organization ADVENTURE SCIENCE CENTER-NASHVILLE F/K/A CUMBERLAND MUSEUMS	Employer identification number 62-0479192
--	--

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SUDEKUM MEMORIAL TRUST GLENN WORLEY SUNTRUST P.O. BOX 305110 NASHVILLE, TN 37230-5110	\$ 299,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE MEMORIAL FOUNDATION 1000 NORTHCHASE DRIVE, SUITE 320 GOODLETTSVILLE, TN 37072	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE TURNER FOUNDATION 30 BURTON HILLS BLVD. NASHVILLE, TN 37215	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

FORM 990, PART II, LINE 42 DEPRECIATION:

FIXED ASSETS ARE REPORTED AT COST. DEPRECIATION IS
CALCULATED BY THE STRAIGHT-LINE METHOD TO ALLOCATE THE COST
OF DEPRECIABLE ASSETS OVER THEIR ESTIMATED USEFUL LIVES
STARTING THE PERIOD IN WHICH THE ASSETS ARE PLACED IN
SERVICE. BUILDINGS ARE DEPRECIATED OVER ESTIMATED USEFUL
LIVES OF 15 - 40 YEARS. EQUIPMENT AND EXHIBITS ARE
DEPRECIATED OVER ESTIMATED USEFUL LIVES OF 3 - 20 YEARS.

PROPERTY AND EQUIPMENT CONSISTS OF THE FOLLOWING AT 6/30/03:

BUILDINGS	6,973,486.
EQUIPMENT AND EXHIBITS	6,753,424.

LESS: ACCUMULATED DEPRECIATION	<6,442,998.>
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NET BOOK VALUE	7,283,921.
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FORM 990		GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION		GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF SECURITIES		505,781.	545,359.	0.	<39,578.>	
TO FORM 990, PART I, LINE 8		505,781.	545,359.	0.	<39,578.>	

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	3
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
GAIN ON SALE OF EQUIPMENT	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
VARIOUS	5,000.	0.	0.	0.	5,000.
TO FM 990, PART I, LN 8	5,000.	0.	0.	0.	5,000.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT	4
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INCOME

1. GROSS RECEIPTS	155,611	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		155,611
4. COST OF GOODS SOLD (LINE 13)	84,281	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		71,330

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	30,155	
7. MERCHANDISE PURCHASED	66,019	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		96,174
12. INVENTORY AT END OF YEAR	11,893	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		84,281

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	158,596.
TOTAL TO FORM 990, PART I, LINE 20	158,596.

FORM 990	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL FEES & DUES	67,983.	40,074.	12,484.	15,425.
MISCELLANEOUS	39,259.	6,139.	12,241.	20,879.
EXHIBITS	278,107.	249,872.	5,455.	22,780.
BUILDING MAINTENANCE	79,912.	67,926.	10,388.	1,598.
UTILITIES	123,009.	104,558.	15,991.	2,460.
TOWER	0.			
VOLUNTEERS	9,047.	9,047.		
FUNDRAISING EXPENSE	0.			
MARKETING	161,340.	161,340.		
TRUSTEE FEES	13,906.		13,906.	
INSURANCE	53,243.	34,608.	15,973.	2,662.
FUNDRAISING EXPENSE	118,251.			118,251.
TOTAL TO FM 990, LN 43	944,057.	673,564.	86,438.	184,055.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

TO PROVIDE ENJOYABLE LEARNING EXPERIENCES IN TECHNOLOGY, HISTORY, WORLD CULTURES, NATURE, THE ENVIRONMENT AND OTHER SCIENCES.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	8
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
LORENE SHARP WHITE SCHOLARSHIP	SEE ATTACHED STATEMENT	SEE ATTACHED STATEMENT	NONE	7,250.
	SEE ATTACHED STATEMENT	SEE ATTACHED STATEMENT	NONE	6,126.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				13,376.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCKS AND BONDS	1,647,865.				1,647,865.
TO 990, LN 54 COL B	1,647,865.				1,647,865.

FORM 990	OTHER INVESTMENTS	STATEMENT	10
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DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY MARKET FUNDS	MARKET VALUE	132,394.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		132,394.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
GAIN ON DISPOSITION OF ASSETS	<5,000.>
MUSEUM SHOP COST OF GOODS SOLD	84,281.
TOTAL TO FORM 990, PART IV-B	79,281.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
GAIN ON DISPOSITION OF ASSETS	5,000.
MUSEUM SHOP COST OF GOODS SOLD	<84,281.>
TOTAL TO FORM 990, PART IV-A	<79,281.>

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	13
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93, 94 & 102 103	ADMISSIONS, PROGRAM FEES, MEMBERSHIPS, MISCELLANEOUS INCOME - PROVIDES STRUCTURED EDUCATION PROGRAMS FOR ELEMENTARY SCHOOL CHILDREN AND A VARIETY OF STRUCTURED AND UNSTRUCTURED PROGRAMS AND EXHIBITS FOR THE GENERAL PUBLIC. EARNINGS FROM THE SALE OF EDUCATIONAL ITEMS WHICH RELATE TO SPECIFIC EDUCATIONAL PROGRAMS AND EXHIBITS THROUGHOUT THE YEAR.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC, . PART III, LINE 2	STATEMENT	14
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FURNISHING OF GOODS, SERVICES, OR FACILITIES: SEE PART VII, SCHEDULE A. A TRUSTEE'S COMPANY PROVIDED CONTRACTING SERVICES AND RECEIVED COMPENSATION FOR SUCH SERVICES. ALL SERVICES WERE APPROVED BY THE BOARD OF TRUSTEES AND THE TRANSACTION WAS CONDUCTED AT ARMS LENGTH.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 15
	PART III, LINE 3	

THE LORENE SHARP WHITE SCHOLAR FUND AWARDS SCHOLARSHIPS TO ECONOMICALLY DISADVANTAGED CHILDREN. THE SCHOLARSHIP IS USED TO PAY FOR TUITION AND RELATED COSTS FOR THE CHILDREN TO ATTEND SUMMER CAMPS CONDUCTED BY AND AT THE CUMBERLAND MUSEUM. SCHOLARSHIPS ARE GENERALLY \$175 PER CHILD, WITH \$7,250 AWARDED IN THE CURRENT YEAR.

SCHEDULE A	OTHER INCOME	STATEMENT 16
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DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS INCOME	5,838.	4,061.	5,347.	10,392.
TOTAL TO SCHEDULE A, LINE 22	5,838.	4,061.	5,347.	10,392.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ADVENTURE SCIENCE CENTER-NASHVILLE F/K/A CUMBERLAND MUSEUMS	Employer identification number 62-0479192
	Number, street, and room or suite no. If a P.O. box, see instructions. 800 FORT NEGLEY BOULEVARD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

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

☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 16, 2005.

5 For calendar year _____, or other tax year beginning JUL 1, 2003 and ending JUN 30, 2004.

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

7 State in detail why you need the extension
TAXPAYERS ARE AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

Notice to Applicant - To Be Completed by the IRS

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

☐ We **cannot consider** this application because it was filed after the due date of the return for which an extension was requested.

☐ Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 323832 05-01-03	Name KRAFTCPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 555 GREAT CIRCLE ROAD SUITE 200
	City or town, province or state, and country (including postal or ZIP code) NASHVILLE, TN 37228