Form	990-T	E	Exempt Orga	nization E	3usine:	ss Inco	me T	ax Re	turr	i	OMB N	o 1545-0047	
	, <u>,</u>		=	nd proxy tax	under se	ction 603	3(e))				2	019	
		For cal	lendar year 2019 or other tax ye	- · -		, and en			<del> </del>	-	2	ט וט	
Depar Interna	tment of the Treasury al Revenue Service	•	Do not enter SSN number		it may be mad	de public if yo	ur organiz		01(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only		
A L	Check box if address changed		Name of organization ( Last box in finite changes and see instructions.)								Employer identification number Employees' trust, see nstructions)		
	xempt under section	Print	& SCIENCE								<u>35-0874517</u>		
X	501( <b>c<u>4()</u>8</b> )	Tuese Number, Street, and room or suite no. if a P.O. box, see instructions.										ess activity code	
	408(e) 220(e)	Type	411 S E RIV							_			
	]408A530(a) ]529(a)		City or town, state or pro			n postal code				453	000	•	
C Boo	ok value of all assets end of year		F Group exemption num					<u></u>					
	<u>21,367,3</u>		<b>G</b> Check organization typ		c) corporation	50 <sup>-</sup>	(c) trust		401(a)	trust		Other trust	
		-	ation's unrelated trades or	businesses. 🕨 _	1		Describe	the only (or	fırst) un	irelated			
	de or business here 🕨							, complete P				9,	
des	scribe the first in the b	lank spa	ace at the end of the previo	us sentence, comp	lete Parts I an	d II, complete	a Schedule	e M for each	addition	nal trade	e or		
	siness, then complete												
			poration a subsidiary in an	<b>-</b> .	a parent-subsi	diary controlle	d group?			Ye	s LX	∐ No	
			tifying number of the pare	nt corporation.			<b>T</b> -16			1 0	405	2406	
			MARY BOWER de or Business Inc			(A) Inco		one number					
<del>(Z ) /</del>	., ,,					(A) IIIC	me	(D) C	xpenses	*******	1923468586	(C) Net	
	Gross receipts or sale		49,576.	1		40	576.						
-	Less returns and allow		A less 7)	c Balance	1c		380.	100000000000000000000000000000000000000					
2	Cost of goods sold (S Gross profit. Subtract				3		, <u>196.</u>	#2500#1800#500			200000000000000000000000000000000000000	42,196.	
3 4 a			ch Schedule D)	$\neg$	4a	- 74	, 100.			******		12,100.	
b	Net gain (loss) (Form	4707 P	Part II, line 17) (attach For	n 4797\	4b								
					4c								
5	Income (loss) from a	partners	stis ship or an Sepreoration (2	uttach-statement)	5								
6	Rent income (Schedu	le C) = 1	MOV	751	6	÷ · · · · · · ·	•/	20000000 -3-1 -2000-2000	nanc-naox connox	nononne som	-~		
7	Unrelated debt-finance	ed incor	me (Schedule E)	7 1	7	/	V	7					
8	Interest, annuities, roy	yaltı <u>ę</u> s, a	and rents from a controlled	organization (Sched	dule F) 8		ינד	3					
9	Investment income of	a se <u>ctio</u>	on_50.1(e)(7), (9), or (17) o	organization (Sched	ule G) 9								
<b>` 10</b>	Exploited exempt activ	vity inco	ome (Schedule I)		10								
11	Advertising income (S	Schedule	e J)		11/	,							
12	Other income (See in:	struction	ns; attach schedule)		12					****			
	Total- Combine lines				/ 13_		,196.				l	<u>42,196.</u>	
₽₽ā			ot Taken Elsewhe be directly connected v				luctions)	)					
14	Compensation of off	icers, di	rectors, and trustees (Sch	edule K)		-				14			
≈ 15	Salaries and wages		•							15		<u>25,077.</u>	
205 16	Repairs and mainten	ance		/		ı				16			
17 سے	Bad debts			•						17			
18 اسب	Interest (attach sche	dule) (s	ee instructions)							18	<u> </u>		
¥¥20	Taxes and licenses						1			19	<u> </u>		
<b>≥</b> 20	Depreciation (attach		· /			}	20						
$\bigcirc$ 21	·	aimed oi	n Schedule A and elsewhe	re on return		Ļ	21a			21b	<u> </u>	<del></del>	
22 23 24 25 25	Depletion									22	-	•	
$=\frac{23}{2}$	Contributions to defe		propensation plans							23	<u> </u>		
₹ <sup>24</sup>	Employee benefit pro Excess exempt expe		obodulo I)							24	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
တ် <sub>26</sub>	Excess readership c									26		· · · · · · · · · · · · · · · · · · ·	
27	Other deductions (at	-	· · · · · · · · · · · · · · · · · · ·			SEE	STAT	EMENT	1	20		7,800.	
28	Total deductions. A					تدر	O TIST		-	28		32,877.	
29			income before net operatin	a loss deduction S	Subtract line 2	8 from line 13				29		9,319.	
30	/		loss arising in tax years be										
•	(see instructions)		and and jeal of or	. g			STAT	EMENT	2	30		5,330.	
/	•	havable :	innama Cuhtrant lina 20 fr	am has an					_	34		3 989	

Form **990-T** (2019)

		EVANSVILLE MUSEUM OF		IENCE		<u>35-</u>	-0874517 Page 2
Part	JH!	Total Unrelated Business Taxal	ble Income		_		
32	Total of	unrelated business taxable income computed	l from all unrelated trades or businesses (	see instructions)	1	32	3,989.
33	Amoun	s paid for disallowed fringes	Yait			3,3	
34	Charital	le contributions (see instructions for limitatio			_	. 3/4	0.
35	Total ur	related business taxable income before pre-2	018 NOLs and specific deduction Subtract	line 34 from the sum of	f lines 32 and 33	35	3,989.
36		on for net operating loss arising in tax years b				36	<del></del>
37		unrelated business taxable income before spe		•	1	37	3,989.
38		deduction (Generally \$1,000, but see line 38			$\triangleleft$	38	1,000.
39		ed business taxable income. Subtract line 38		e 37,			
		e smaller of zero or line 37	•		37	39	2,989.
Pařt	<b>W</b>	ax Computation					
	_	ations Taxable as Corporations. Multiply line	39 by 21% (0.21)			40	628.
	-	axable at Trust Rates See instructions for ta		t on line 39 from:		<b>'</b>	
•	$\overline{}$	x rate schedule or Schedule D (Form			•	41	
42		xx. See instructions	, , ,			42	
	_	ive minimum tax (trusts only)				43	
		Noncompliant Facility Income See instruction	ons			44	
		dd lines 42, 43, and 44 to line 40 or 41, which			7	45	628.
		ax and Payments				¥O.	
	7	tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46a		<b>***</b>	
	_	edits (see instructions)		46b	••		
		business credit. Attach Form 3800	Pa(7)	46c		<b>- 1888</b>	
-		or prior year minimum tax (attach Form 8801)	or 8827)	46d		<b>∀‱</b> [	
		edits Add lines 46a through 46d	0.0021	_400		46e	
47		t line 46e from line 45				47	628.
48		xes. Check if from: Form 4255	Form 8611 Form 8607 Form	8866 Other	(attach schedule)	48	020.
		x. Add lines 47 and 48 (see instructions)	1011110011101111003110111	TOUCH CITIES	(attach schedule)	49	628.
		t 965 tax liability paid from Form 965-A or Fo	rm 065 P. Part II. column (k) line 2		-1	50	0.
50			Thi 900-b, Fart ii, Column (k), inte 3	51a		8 88	
	-	its: A 2018 overpayment credited to 2019		51a		-  <b>      </b>	
		timated tax payments				-	
		osited with Form 8868	(and unathrustiana)	51c	<del></del>	<b>⊣‱</b>	
		organizations: Tax paid or withheld at source	(see instructions)	51d		-  <b>****</b>	
		withholding (see instructions)	/-M 0044)	51e		<b>⊣‱</b>	
		or small employer health insurance premiums		51f		<b>⊣‱</b>	
g			orm 2439	_			
50			ther Total	► 51g		-	
52		syments. Add lines 51a through 51g			8	-   <del>32</del>	25
53		ed tax penalty (see instructions). Check if Form	• —			53	25.
54		. If line 52 is less than the total of lines 49, 50				7 <del>1 34 +</del>	653.
55	•	yment If line 52 is larger than the total of lines		_		55	
		e amount of line 55 you want: Credited to 202 Statements Regarding Certain			funded >	56	
Part	^~ ^			•			
57	•	ime during the 2019 calendar year, did the org	-	' <del>-</del> '		,	Yes No
		nancial account (bank, securities, or other) in	-				
		Form 114, Report of Foreign Bank and Financ	cial Accounts It "Yes," enter the name of th	ie toreign country			377
	here						<u>X</u>
58	-	the tax year, did the organization receive a dis		transferor to, a forei	ign trust?		X
		see instructions for other forms the organizat	•				
59		e amount of tax-exempt interest received or a					
Sign	Ui	ider penalties of perjury, I declare that I have examined frect, and complete Declaration of preparer (other that	d this return, including accompanying schedules : in taxpayer) is based on all information of which p	and statements, and to reparer has any knowle	the best of my kn dge	owledge and	d belief, it is true,
Here	١,	1 han Burel	1 44 45 44 5		[	May the IRS	discuss this return with
nere		Mary Tour	Date EXECU	TIVE DIRE			shown below (see
		Signature of officer	Date Ittle	<del></del>		nstructions)	
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	_
Paid			MICHELLE SMITH,		self- employed		
	arer	MICHELLE SMITH, CPA	·	<u> 11/12/20</u>	т		00844511
-	Only		ROUP LLP		Firm's EIN	· 37	7-0818432
	3	i .	CREST BLVD				
		Firm's address ► EVANSVILLE	E, IN 47715		Phone no.	(812)	421-8000
923711	01-27-20						Form <b>990-T</b> (2019)

Page 3

Form 990-T (2019) & SCIENCE

Schedule A - Cost of Good	s Sold. Enter	method of invent	OFV V	aluation ► N/A						
1 Inventory at beginning of year	1	0.		Inventory at end of year	,		6	7		0.
2 Purchases	2	7,380.		Cost of goods sold. Su		ine 6	-	<del>                                     </del>		
3 Cost of labor	3	7,300.	•	from line 5. Enter here a						
4a Additional section 263A costs	"			line 2	2110 1111	urt i,	7	1	7,3	80.
(attach schedule)	4a		8	Do the rules of section :	263A (	with respect to			Yes	No
<b>b</b> Other costs (attach schedule)	4b		Ů	property produced or a	•	•				
5 Total Add lines 1 through 4b	5	7,380.		the organization?	oquii oc	1101 100ais) apply to				x
Schedule C - Rent Income			Pe		_eas	ed With Real Pro	per	ty)		
(see instructions)						···			<del></del>	
1 Description of property										
(1)				-						
(2)										
(3)									•	
(4)										
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	y conn nd 2(b)	ected with the i (attach schedu	ncome (	n
(1)	·							······		
(2)										
(3)	-									
(4)										
Total	0.	Total			0.					
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)				0.
Schedule E - Unrelated Det		Income (see	nstru	ctions)	<u> </u>	Tact, title 0, column (b)				
		•		. Gross income from		Deductions directly cor to debt-finan-			ble	
1. Description of debt-fir	nanced property		-	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other de (attach sc		ıs
(1)							+			
(2)	· · · · · · · · · · · · · · · · · · ·	<u> </u>				·				
(3)										
(4)	·									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Altocable (column 6 x to 3(a) an	tal of co	
(1)				%		<del></del>	1			
(2)				%						
(3)				%						
(4)				%						
						inter here and on page 1, Part I, line 7, column (A)		Enter here and Part I, line 7,		
Totals						0				0.
Total dividends-received deductions in	ichided in colum	n 8								0.

EVANSVILLE MUSEUM OF ARTS HISTORY Form 990-T (2019) & SCIENCE 35-0874517 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5 Part of column 4 that is included in the controlling 2 Employer identification 3 Net unrelated income 4. Total of specified 6. Deductions directly 1. Name of controlled organization (loss) (see instructions) connected with incor in column 5 number organization's gross income (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7. Taxable Income 11. Deductions directly connected with income in column 10 8. Net unrelated income (loss) 9. Total of specified payments (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I. line 8, column (A) line 8, column (B) 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions Set-asides 1 Description of income 2 Amount of income directly connected (attach schedule) and set-asides (attach schedule) (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) **Totals** 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or Gross income 6 Expenses directly connected expenses (column business (column 2 minus column 3) If a 1 Description of unrelated business from activity that 6 minus column 5, with production exploited activity is not unrelated income from of unrelated column 5 but not more than gain, compute cols 5 through 7 business income business income (1) (2)(3) (4) Enter here and page 1, Part I, page 1, Part I, on page 1. line 10, col (A) line 10, col (B) Part II. line 25 0. Schedule J - Advertising Income (see instructions) Partil Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain or (loss) (col 2 minus Excess readership 2. Gross 3. Direct 5. Circulation 6. Readership costs (column 6 minus 1. Name of periodical advertising col 3) If a gain, compute cols 5 through 7 advertising costs income costs column 5, but not more than column 4) (1) (2) (3) (4)

Form 990-T (2019)

Totals (carry to Part II, line (5))

6

0

0

4

35-0874517

Page 5

Form 990-T (2019) & SCIENCE 35-08745
Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)							
(3)							
(4)							
Totals from Part I	<b>0.</b>	0.				0	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 28	
Totals, Part II (lines 1-5)	<b>-</b> 0.	0.				- 0	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2019)

## EVANSVILLE MUSEUM OF ARTS HISTORY & SCIE

FORM 990-7		OTHER I	DEDUCTI	ONS	STATEMENT	1	
DESCRIPTIO	DN				AMOUNT		
INSURANCE MISCELLANE POSTAGE &						55. 27. 08.	
TOTAL TO E	FORM 990-T, PAGE 1,	LINE 27			7,80	00.	
FORM 990-1	r NET	OPERATING	LOSS D	EDUCTION	STATEMENT	2	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLII		LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/18	5,330.		0.	5,330.	5,330		
				5,330.	5,330	_	