For	_m 990-T	Į E	Exempt Organization Bus	sine	ss Income T	ax Return	1	OMB No 1545-0047	
		Ĭ	(and proxy tax und	er se	ection 6033(e))	1010/		0040	
	- · ·	For ca	lendar year 2019 or other tax year beginning		, and ending	1911	_	2019	
	partment of the Treasury rnal Revenue Service	▶	► Go to www irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may			Open to Public Inspection for 501(c)(3) Organizations Only			
A	Check box if address changed		Name of organization (Emr)	loyer identification number ployees' trust, see uctions)			
В	Exempt under section	Print	DISCOVERY CENTER MUSEU	M 0	F ROCKFORD,	INC	3	6-3292135	
	∑ 501(८√√ 3)	501(cW3) or Number, street, and room or suite no. If a P.O. box, see instructions.							
	408(e)220(e)	Туре	711 NORTH MAIN STREET				,	instructions)	
	408A530(a) 529(a)		City or town, state or province, country, and ZIP of ROCKFORD, IL 61103	r foreig	on postal code				
_c =	Book value of all assets		F Group exemption number (See instructions.)	>					
2	3,306,5	92.	G Check organization type ► X 501(c) corp	ooratio	n 501(c) trust	401(a)	trust	Other trust	
	nter the number of the	organiza	tion's unrelated trades or businesses. 🕨	1	Describe	the only (or first) unr	related		
			EE STATEMENT 1			, complete Parts I-V. I			
2 5	escribe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	rts I ar	nd II, complete a Schedule	e M for each additiona	ıl trade	e or	
<u>ت ٥</u>	usiness, then complete l								
			oration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	▶ ∟	Y	es X No	
			ifying number of the parent corporation.				4 -	060 6860	
			IS. SARAH WOLF le or Business Income			, 	T 2 -	963-6769	
2	55.7 mm omp1		le of business income	I	(A) Income	(B) Expenses		(C) Net	
M.	Gross receipts or sale		a Polones	۱.,		i je paljera di d			
S	 Less returns and allow Cost of goods sold (S 		C Balance	1c 2		2016 12 30 Extra 1820 1820 1820 1820 1820 1820 1820 1820			
3	Gross profit. Subtract		•	3	l 		FILE PL		
3 4 a				4a					
i l			art II, line 17) (attach Form 4797)	4b			in and a		
·	: Capital loss deduction		•	4c			\$5,130	 	
5	•		hip or an S corporation (attach statement)	5		776	₽.	ECEIVED	
6	Rent income (Schedul		mp of all o corporation (attach statement)	6		r r		COLIVED	
7	Unrelated debt-finance	•	ne (Schedule F)	7		27		- 1 4 0000 S	
8			nd rents from a controlled organization (Schedule F)	8			- >	P 1 4 2020 မိ	
9			n 501(c)(7), (9), or (17) organization (Schedule G)	9		1-1		<u> </u>	
10	Exploited exempt activ			10		l " <u>" </u>	0	GDEN. UT	
11	Advertising income (S	-	•	11					
12	Other income (See ins	truction	s; attach schedule)	12					
13	Total. Combine lines	3 throug	gh 12	13	0.				
P			t Taken Elsewhere (See instructions fo						
	(Deductions	must b	e directly connected with the unrelated busin	ess in	come)				
14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)				14		
15	Salaries and wages					1	15		
16	Repairs and maintena	ance	-				16		
17	Bad debts						17		
18	Interest (attach sched	dule) (se	e instructions)			<u> </u>	18		
19	Taxes and licenses						19		
20	Depreciation (attach l		· /		20		K.54		
21		imed on	Schedule A and elsewhere on return		21a	· · · -	21b		
22	Depletion].	22		
23	Contributions to defe	7	npensation plans			-	23	·	
24	Employee benefit pro	_				-	24		
25	Excess exempt expen					•	25		
26	Excess readership co	•				-	26		
27	Other deductions (att		•			}	27	<u> </u>	
28 29	Total deductions Ad			lies of	from line 12	}	28	0.	
	#		come before net operating loss deduction. Subtract			}	29	<u>U.</u>	
30	/	aung K	oss arising in tax years beginning on or after Januar	y 1, 20	110	l	20	0.	
31	(see instructions)	ıyahle in	come Subtract line 30 from line 29			ŀ	30 31	0.	
			vork Reduction Act Notice, see instructions			<u> </u>	<u> </u>	Form 990-T (2019)	
						7		(2013)	

_		DISCOVERY CENTER MUSEUM OF ROCKFORD, INC		<u>5-3292</u>	<u> 135</u>	Page 2
Part	207/00	Total Unrelated Business Taxable Income				
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u> </u>		<u>0.</u>
33	Amour	ts paid for disallowed fringes	33	<u> </u>		
34	Charita	ble contributions (see instructions for limitation rules)	34	<u> </u>		0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35			
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	√ 37			
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	1,0	00.
39	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter th	ne smaller of zero or line 37	39			0.
Part		Tax Computation		'		
40		zations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			0.
41	_	Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		T		-
•••	$\overline{}$	ax rate schedule or Schedule D (Form 1041)	41	1		
42		ax See instructions	42	†		
	-	tive minimum tax (trusts only)		†		
43		, , , , , , , , , , , , , , , , , , , ,	43	-	-	
44		Noncompliant Facility Income See instructions	44	 		0.
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments	45			<u> </u>
Part				-		
		tax credit (corporations attach Form 1118; trusts attach Form 1116)	\dashv			
b	Other c	redits (see instructions)	4	1		
C	Genera	business credit. Attach Form 3800	4			
ď	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	┩—	_		
е	Total c	redits Add lines 46a through 46d	46e	ļ <u>.</u>		
47		et line 46e from line 45	47			<u>0.</u>
48	Other to	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)	49	<u> </u>		0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019 51a				
b	2019 es	stimated tax payments 51b	7			
		oosited with Form 8868 51c				
	•	organizations: Tax paid or withheld at source (see instructions) 51d				
		withholding (see instructions) 51e				
		or small employer health insurance premiums (attach Form 8941) 51f	┪			
		redits, adjustments, and payments: Form 2439	┪			
y		orm 4136 Other Total > 51g	'	-		
E0			- 50	-		
		ayments. Add lines 51a through 51g	52	 		
53		ed tax penalty (see instructions). Check if Form 2220 is attached	53	+		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	+		—
55	•	yment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	+		
56 Part		e amount of line 55 you want: Credited to 2020 estimated tax Refunded	56	1		
		Statements Regarding Certain Activities and Other Information (see instructions)				
57		ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country				لنظ
	here	-				X
		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				X
	If "Yes,"	see instructions for other forms the organization may have to file				l.,
59	Enter th	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲				
0:	Ur	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl trect, and,complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ledge and	belief, it is true,	,	
Sign		$\Lambda_{\alpha} \rightarrow \Lambda_{\alpha} = \Lambda_{\alpha$	May the IF	RS discuss this	return w	vith
Here		//////////////////////////////////////	-	rer shown below		
			instruction	ns)? X Ye	s	No
		Print/Type preparer's name Preparer's signature Date Check	ıf PT	IN		
Paid	1	CRAIG GUGLIEMETTI, CRAIG GUGLIEMETTI, self- employed				
Prep		CPA CPA 07/27/20		00230	716	
•		Firm's name ► WIPFLI LLP Firm's EIN ►		9-0758		9
use	Only	4949 HARRISON AVENUE, SUITE 300			<u> </u>	
			815	399.77	700	
923711 (01-27-20	Thome inc.	<u> </u>	Form 99		(2010)
J	- , -, -20			I OITH JO		(CU19)

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year 1			T	Inventory at end of year	ır		6		
2 Purchases	2			Cost of goods sold. St		line 6			
3 Cost of labor	3 Cost of labor 3			from line 5. Enter here and in			1		
4a Additional section 263A costs			line 2						
(attach schedule)	4a		8 Do the rules of section 263A (with respect to						No
b Other costs (attach schedule) 4b				property produced or a	acquirec	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)	
(See Instructions)	_	···-				.			
Description of property									
(1)									
(2)									
(3)			-	·			-		
_(4)	2 Pant rocan	ed or accrued				<u> </u>			
(a) From personal property (if the percei	- -		and nore	onal property (if the percentage	70	3(a) Deductions directl	y conne	cted with the income in	1
(a) From personal property in the percentage of rent for personal property is more than 10% but not more than 50%)			personal	property exceeds 50% or if ed on profit or income)	90	columns 2(a) a	ınd 2(b) (attach schedule)	
(1)						<u></u>			
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income Add totals of columns 2(here and on page 1, Part I, line 6, column (ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt		Income (see	ınstru	ctions)	<u> </u>	Part i, line 6, column (b)			<u> </u>
				_		3 Deductions directly cor to debt-finan			
4			2	. Gross income from or allocable to debt-	(a)	Straight line depreciation	ced prop	(b) Other deduction	
Description of debt-finan	ісеа ргорепу			financed property	\-'	(attach schedule)		(attach schedule)	
(1)			 						
(2)							1		
(3)									
(4)		•							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%				·	
(2)			1	%					
(3)				%			\neg		
(4)			T	%			1 -		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I line 7, column (I	
Totals					·	0		,	0.
Total dividends-received deductions incli		. 0					+		0.

Form 990-T (2019)

1. Name of periodical	•	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (toss) (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 (carry to Part II, line (5))		0.	0.				0.

Form 990-T (2019)

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

1 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	•	0.	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 26
Totals, Part II (lines 1-5)	▶	0.	0.				0

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

1 Name	2 Title	3. Percent of time devoted to business	4 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)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

THIS ORGANIZATION DOES NOT HAVE UNRELATED BUSINESS ACTIVITIES.

TO FORM 990-T, PAGE 1