Form	990-T	- E	xempt Orga	nization Bus	sines	ss Income T	ax Return	  -  -	OMB No 1	545-0687
	/	(and proxy tax under section 6033(e))								
	,	For cal	For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019							
	tment of the Treasury ' al Revenue Service									
ΑĹ	Check box if address changed	Name of organization ( Check box if name changed and see instructions )							oyer identificat loyees' trust, s ictions )	
ВЕ	xempt under section	Print	SCIENCE MUSI	EUM OF MINN	ESOI	'AA'			1-070	
X	] 501( <b>d))</b> 3)	or	Number, street, and room	or suite no. If a P.O. bo	x, see in	structions.			ated business nstructions )	activity code
	408(e) 220(e)	Туре	120 W KELLO	GG BLVD				1		
	408A530(a) 529(a)		City or town, state or prod ST PAUL, MN	vince, country, and ZIP o	r foreigr	postal code		523	000	
C Bo	ok value of all assets and of year		F Group exemption numb	oer (See instructions.)	<b>_</b>					
	143,769,7	68.	G Check organization type	e 🕨 🛛 501(c) corp	poration	501(c) trust	401(a	) trust		Other trust
H En	ter the number of the o	organiza	tion's unrelated trades or b	usinesses. 🕨	3	Describe	the only (or first) ur	ırelated	1	
			<u>EE STATEMENT</u>				, complete Parts I-V			,
de	scribe the first in the bl	ank spa	ce at the end of the previou	us sentence, complete Pa	irts I and	d II, complete a Schedule	e M for each addition	al trade	Or	
	siness, then complete l						. ,	<del></del> -		<del></del>
			oration a subsidiary in an a		nt-subsi	diary controlled group?	►l	Ye	ıs XII	٧o
			ifying number of the paren	t corporation.		<del></del>	. 5	· r 1	221 0	410
		_	BARRY GISSER le or Business Inc	ome	T		one number > 6			Net
x.546w			le or business inc	Onle	1	(A) Income	(B) Expense:	s Markana	(U) Tables Calles	ivet
	Gross receipts or sale		-	Data N	ا ۱					
_	Less returns and allov		A ( 7)	c Balance	1c			Target and	ANTONIA TOUR	
2	Cost of goods sold (S		· ·	111748	3	<del></del>		er resser	Assessablisher	SEA CELL OF SEA
3	Gross profit. Subtract				4a	4,086.	ALEXINE E	1		4,086.
<b>(</b> A)				. 4707)		69.	1-X1 HE X2 G			69.
0			art II, line 17) (attach Form	14/9/)	4b		TIME INTO SERVICE	200 ALMAN		
ANNED	Capital loss deduction				4c	56,882.		Qx(200) 2-1-10-1	5.0	6,882.
<b>5</b>			thip or an S corporation (at	tach statement)	5	30,002.	7716850-286-30 KL -28	yrt Tim	٠, ر	J,002.
m	Rent income (Schedul		(C-b-d-1- F)		6 7			-		
Ö	Unrelated debt-finance				8					
ا مے	•		nd rents from a controlled o	· ·	<del> </del>					
ر 10			n 501(c)(7), (9), or (17) or	ganization (Scheoole G)	10					
	Exploited exempt activ	•	'		11					
월1 네1	Advertising income (S Other income (See ins		•		12	<del></del>	S-16-12-12-12-12-12-12-12-12-12-12-12-12-12-	A THE SECOND		
<b>X</b> 12	Total. Combine lines				13	61.037.	2.0 ( %0 6 2% - 1/4 %6 2 2 M	an in the	6	1,037.
√3 KPa			it Taken Elsewher	e (See instructions fo						- /
<del>3</del> ::::			itions, deductions must					1		
14	•	cers, dır	ectors, and trustees (Sche	dule K)				14		
15	Salaries and wages							15		
16	Repairs and mainten	ance						16		
17	Bad debts							17		<del></del>
18	Interest (attach sche	dule) (se	e instructions)					18		010
19	Taxes and licenses							19	•	3,910.
20			instructions for limitation	rules)		1 1		20 5355		
21	Depreciation (attach		•			21		121477 22144		
22	Less depreciation cla	imed on	Schedule A and elsewhere	e on return		22a	<del></del>	22b		
23	Depletion							23		
24	Contributions to defe	rred cor	npensation plans					24		<del></del>
25	Employee benefit pro	•						25		
26	Excess exempt exper		· ·					26		
27	Excess readership co	•	•					27		
28	Other deductions (att		•				->n	28		010
29	Total deductions Ad		<del>-</del>				<i>0</i> 50	29		3,910.
30			come before net operating				01	30		7,127.
31	·	_	oss arising in tax years beg	· -	ry 1, 20	18 (see instructions)	31	31		
32	Unrelated husiness to	axable in	come Subtract line 31 fro	m line 30			ント	32	, J	7,127.

59

2018.05020 SCIENCE MUSEUM OF MINNESO 32628\_\_1

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

ı			
Form 990-	(2018) SCIENCE MUSEUM OF MINNESOTA 41	-0706172	Page
Partil			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	614,353.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	614,353.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	378 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	$a\Box$	
	enter the smaller of zero or line 36	39   🛵 📗	613,353.
∤Part(I	VI Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	40 > 39	128,804.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from		
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> 40	
41	Proxy tax. See instructions	<b>▶</b> #1	
42	Alternative minimum tax (trusts only)	#2	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	15 44	128,804.
Parti	Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
c	General business credit. Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	n l	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	128,804.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	47 48	128,804.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
		008.	
	2018 estimated tax payments 5 56b 170,	600.	
	Tax deposited with Form 8868 50c		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments Form 2439		
1	Form 4136 Other Total ▶ 50g	·	
£1	Total payments. Add lines 50a through 50g	5	173,608.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached   X	52	
1 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	⊱► 53	
<del>7</del> 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	\$\rightarrow \begin{array}{c c c c c c c c c c c c c c c c c c c	44,804.
<b>₩</b> 55	Enter the amount of line 54 you want Credited to 2019 estimated tax   44,804. Refunded	>>> 5 <u>5</u>	0.
(Parti)	II Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial 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		
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	ust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete Declaration of geoparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge and beli	ief, it is true,
Sign		May the IRS o	discuss this return with
Here	2/28/20 PRESIDENT AND CEO		hown below (see
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	LAWRENCE H. MOHR,	mployed	
Prepa	rer CPA Jones A Ph pp 2/20/20		0447603
Use C	only Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP Firm's	s EIN ► 39	-0859910
	225 S 6TH ST #2300		
	Firm's address ► MINNEAPOLIS, MN 55402 Phon	<u>eno 612.8</u>	76.4500

Phone no 612.876.4500 Form 990-T (2018)

823711 01-09-19

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	aluation N/A	7				
1 Inventory at beginning of year	1		6	Inventory at end of ye	ory at end of year 6				
2 Purchases	2			Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	e and in f	Part I,			
4 a Additional section 263A costs				line 2			7	<del></del>	
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes No		
b Other costs (attach schedule)	4b			property produced or	l for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	From Real F	Property and	l Pers	sonal Property I	_ease	d With Real Prop	erty)		
Description of property				-		,			
(1)			_						
(2)									
(3)									
(4)									
		d or accrued				3(a) Deductions directly	connected with the	ie income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	or rent for g	personal	onal property (if the percent property exceeds 50% or if id on profit or income)	age	columns 2(a) an	d 2(b) (attach sch	edule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)	,				
			2	. Gross income from		3. Deductions directly conr to debt-financ		cable	
1. Description of debt-fir	nanced property			or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)	_								
(2)					l				
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finan	adjusted basis locable to ced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns i) and 3(b))	
(1)		-		%					
(2)				%_					
(3)				%					
(4)	·			%					
	-			· <del>-</del>		nter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)	
Totals				<b>•</b>		0 .		0.	
Total dividends-received deductions in	icluded in column	8		•				0.	
-							Fo	rm 990-T (2018)	

Page 4

<u> </u>	- Indicas, rioya			Controlled O				(0000	suucuon	<del>-/</del>
1. Name of controlled organizat	Identi	nployer fication nber		related income e instructions)		ital of specified ments made	includ	rt of column 4 led in the contration's gross	olling	6. Deductions directly connected with income in column 5
(1)					<del> </del>		_			
(2)		-			<del> </del> -					
(3)		•	,		<del></del>				<del></del>	
(4)	-	-			<del></del>				-	
Nonexempt Controlled Organi					·					
7 Taxable Income	8. Net unrelated incol (see instruction	me (loss) is)	9 Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng organ i income	nization's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)	-									· · · · · · · · · · · · · · · · · · ·
(3)								-	_	
(4)	<u> </u>								-	
					_	Add colum Enter here and line 8, c	on page	1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section :	501(c)(7	'), (9), or ( <sup>-</sup>	17) Org	ganization				
(see insti	ructions)			2. Amount of	ıncome	3. Deduction directly connect	cted	4, Set-		5. Total deductions and set-asides
(4)	- <del></del>			<del> </del>		(attach sched	ule)	(attaon s		(col 3 plus col 4)
(1)				<del></del>		<del> </del>				<del> </del>
(2)				ļ		ļ .				<del>-</del>
(3)					<del></del>	-				<del> </del>
Totals			<b>.</b>	Enter here and o Part I, line 9, col	0 •					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru		Income	, Other	Than Adv	ertisir	ng Income				
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exp directly co with proi of unre business	onnected duction alated	4. Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity the is not unrelate business incor	nat ed	6 Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>									
(2)			-							
(3)					-					
(4)										
Totals <b>&gt;</b>	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertisir		instructions		100 de 2 de la constantin de	T KARACON OF	W2211 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a: • · _aa	SP2 (CESTEPHE EX 25	or and the property	
Raiti Income From I				solidated	Basis					
1 Name of periodical	2. Gross advertising income		. Direct rtising costs	4 Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus in, comput	5. Circulati e income	ón	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)					yar y				]	
(3)										
(4)						<b>2</b>				
Totals (carry to Part II, line (5))	<b>•</b>	0.	0						T	0.
										Form 990-T (2018)

# 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	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></b>	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 27	
Totals, Part II (lines 1-5)	▶	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		<b>▶</b>	0.

Form 990-T (2018)

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

LIMITED PARTNERSHIP INVESTMENT ACTIVITY

TO FORM 990-T, PAGE 1

FOOTNOTES	STATEMENT 2
FORM 990-T, LINE 5, INCOME (LOSS) FROM A PARTNERSHIP OR S CORPORATION:	
QUANTUM ENERGY PARTNERS VI, LP (46-5446698)	60,927.
QUANTUM PARALLEL PARTNERS VII-D, LP (81-5275928)	-29,955.
WILSHIRE U.S. PRIVATE MARKETS FUND V, LP (71-0900849)	-1,680.
PARTNERS GROUP SECONDARY 2011 (USD), LP INC. (98-1048499)	28,285.
Q-BLK CO-INVESTMENT FUND II, LP (26-1469047)	-275.
57 STARS GLOBAL OPPORTUNITY FUND 3 (U.S.), LP (45-2626534)	-420.
	56,882.

## **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For celendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name	science Museum of Minne:	SOTA	A	41-07061	
	Unrelated business activity code (see instructions) > 72100				
	Describe the unrelated trade or business FACILITIE	S R	ENTAL - MN O	NLY	
Pâ	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 355,919.				
þ	Less returns and allowances c Balance ▶	1c_	355,919.		
2	Cost of goods sold (Schedule A, line 7)	2		SPEEDER OF THE	30.00 (1.00
3	Gross profit Subtract line 2 from line 1c	3	355,919.		355,919.
4 a	Capital gain net income (attach Schedule D)	4a			<u> </u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				54 25 26
	statement)	5_			2
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	_		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			Ž
13	Total. Combine lines 3 through 12	13	355,919.		355,919.
[Pái	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unit of the connected with the connected w				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	106.000
15	Salaries and wages			15	126,098.
16	Repairs and maintenance			16_	7,980.
17	Bad debts			17	1

Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 21 Depreciation (attach Form 4562) 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 Depletion 23 24 24 Contributions to deferred compensation plans 28,416. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) SEE STATEMENT 3 103,101. 28 28 Other deductions (attach schedule) 265,595. 29 29 Total deductions. Add lines 14 through 28 90,324. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 31 90,324. Unrelated business taxable income Subtract line 31 from line 30 32

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page	3
rauc	J

Form 990-T (2018)							Page 3
SCIENCE M	USEUM OF	MINNESO	TA		41-0706	172	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation 🕨 N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	ar	L	6	
2 Purchases	2		7 Cost of goods sold. St	line 6	1		
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	I for resale) apply to		3 4
5 Total. Add lines 1 through 4b	5		the organization?	•	,		X
Schedule C - Rent Income (	From Real	Property and		.ease	d With Real Prope	erty)	
(see instructions)	•		•				
Description of property							
(1)			<del>.</del>				
(2)							
(3)	-	-					
(4)							
	2. Rent receive	ed or accrued			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the in d 2(b) (attach schedul	le)		
(1)			- ' '				
(2)							
(3)	<del></del>						
(4)							
Total	0.	Total	.,,,	0.			
(c) Total income. Add totals of columns 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 Deb		Income (see	inetri ictions)	<u> </u>	Part I, line 6, column (6)	<b>P</b>	<u>.                                 </u>
Concedic E Chi clated Des	· · · · · · · · · · · · · · · · · · ·	111001110 (366	instructions)		3. Deductions directly conne	ected with or allocab	le .
			2. Gross income from		to debt-finance	d property	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de	ductions hedule)
					,		
(1)							
(2)							
(3)						1	
(4)		<del>-</del>					
4. Amount of average acquisition	E Average	adjusted basis	6. Column 4 divided		7. Gross income	8. Allocable	deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis inced property in schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x tol 3(a) an	tal of columns
(1)			%			1	
(2)			%				
(3)			%	<u> </u>		1	
(4)			%			1	
(4)					nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, o	
Totals			_	[	0.		0.
Total dividends-received deductions in	cluded in column	. 8				<del> </del>	0.
LOTAL RIAIDCHOS-LECCIAER REGRETIONS III	ologoo iii Golulliii					Form	990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
SUPPLIES UTILITIES GENERAL OPERATING EXPENSE CONTRACTED SERVICES ADVERTISING ADMINISTRATIVE OVERHEAD		1,688. 1,032. 34. 10,081. 7,676. 82,590.
TOTAL TO SCHEDULE M, PART II	, LINE 28	103,101.

### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income for Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30,

Department of the Treasury Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

► Go to www.irs.gov/Form990T for instructions and the latest information.

2018

501(c)(3) Organizations Only

OMB No 1545-0687

ENTITY

Employer identification number Name of the organization SCIENCE MUSEUM OF MINNESOTA 41-0706172 Unrelated business activity code (see instructions) 812930 Describe the unrelated trade or business ► PARKING RAMP OPERATION - MN ONLY Partill Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1,099,742. 1 a Gross receipts or sales 1,099,742 b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 1,099,742. 1,099,742. Gross profit Subtract line 2 from line 1c 3 erazio presidenta 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 1,099,742. Total. Combine lines 3 through 12 13 13 Partiff Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 220,414. 15 15 Salaries and wages 39,769. 16 Repairs and maintenance 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 54,030. 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 170,428. 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 Depletion 23 24 24 Contributions to deferred compensation plans 50,519. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 27 27 SEE STATEMENT 4 97,680. 28 28 Other deductions (attach schedule) 632,840. 29 29 Total deductions. Add lines 14 through 28 466,902. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

466,902.

31

32

31

SCIENCE M	USEUM OF	MINNESO	TA		41-0706	172	
Schedule A - Cost of Goods	s Sold. Enter	method of inven	itory valuation   N/A	1			
1 Inventory at beginning of year	1 1		6 Inventory at end of year	ar	_	6	
2 Purchases	2	<u>-</u>	7 Cost of goods sold. S	ubtract l	ine 6	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	•	•	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		LMCU B I B	X	
Schedule C - Rent Income (	(From Real	Property and	i Personai Property L	_ease	d with Real Prope	rty)	
(see instructions)	_					<u> </u>	
Description of property							
(1)							
(2)					· · ·		
(3)						·. ·	
(4)							
		ed or accrued			3(a) Deductions directly co	unnected with the income in	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	columns 2(a) and	2(b) (attach schedule)	
(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		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2 0		3 Deductions directly connect to debt-financed		
1.0			<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other deductions	
Description of debt-fir	lanced property		financed property	``	(attach schedule)	(attach schedule)	
				<u> </u>			
(1)		<del></del>		-			
(2)			-	<del>                                     </del>			
(3)			· · · · · · · · · · · · · · · · · · ·	-			
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				1	nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			<b>•</b>	L	0.	0.	
Total dividends-received deductions in	icluded in column	8			<b>&gt;</b>	0.	
						Form 990-T (2018)	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4		
DESCRIPTION	·	AMOUNT		
SUPPLIES UTILITIES GENERAL OPERATING EXPENSE CONTRACTED SERVICES INTEREST		13,153. 32,710. 46,037. 3,610. 2,170.		
TOTAL TO SCHEDULE M, PART II, LI	INE 28	97,680.		

#### SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► 60 to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

41-0706172 SCIENCE MUSEUM OF MINNESOTA

Partil Short-Term Capital Gai	ns and Losses (See	instructions.)				
See instructions for how to figure the amounts			(2)		(ħ) Gain or (loss) Subtract	
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	<ul><li>(g) Adjustments to gain or loss from Form(s) 8949,</li></ul>		
This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	Part I, line 2, column (g	Part I, line 2, column (g)		
1a Totals for all short-term transactions						
reported on Form 1099-B for which basis was reported to the IRS and for which you						
have no adjustments (see instructions).						
However, if you choose to report all these transactions on Form 8949, leave this line						
blank and go to line 1b				學法		
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on					1	
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked						
4 Short-term capital gain from installment sales		7		_4		
5 Short-term capital gain or (loss) from like-kind				5	,	
6 Unused capital loss carryover (attach computa	•			6	1	
7 Net short-term capital gain or (loss). Combine				7	-1.	
Part II Long-Term Capital Gain	ns and Losses (See	nstructions)	-· <sub>T</sub>			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e) Cost	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract column (d) and	
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	or loss from Form(s) 8949, Part II, line 2, column (g)		
8a Totals for all long-term transactions reported						
on Form 1099-B for which basis was reported to the IRS and for which you have						
no adjustments (see instructions). However,						
if you choose to report all these transactions on Form 8949, leave this line blank and go to						
line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on					4 000	
Form(s) 8949 with Box E checked					4,087.	
10 Totals for all transactions reported on						
Form(s) 8949 with Box F checked		<u> </u>				
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37						
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						
14 Capital gain distributions	14 15	4 005				
15 Net long-term capital gain or (loss) Combine	4,087.					
Part III Summary of Parts I and				16	<u> </u>	
16 Enter excess of net short-term capital gain (lin	4 000					
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					4,086.	
18 Add lines 16 and 17 Enter here and on Form	· · · ·	oper line on other returns.		18	4,086.	
Note: If losses exceed gains, see Capital loss	es in the instructions.					

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Internal Revenue Service

# **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

SCIENCE MUSEUM	OF MINN	ESOTA					706172
Before you check Box A, B, or C bel statement will have the same information broker and may even tell you which it	ow, see whether ation as Form 10	you received any 99-B Either will	y Form(s) 1099-B show whether you	or substitute statem ir basis (usually you	nent(s) fron r cost) was	n your broker A su reported to the IF	bstitute S by your
Part I Short-Term. Transact	ions involving capit	tal assets you held	1 year or less are ge	enerally short-term (see	nstruction	s) For long term	
transactions, see page 2  Note You may aggregate al  codes are required. Enter the	l short-term transac	ctions reported on	Form(s) 1099-B show	ving basis was reporte	d to the IRS	and for which no ac	ljustments or octions)
You must check Box A, B, or C below. If you have more short-term transactions than will	Check only one bo	X. If more than one b	oox applies for your sho	rt-term transactions, comp	lete a separat	e Form 8949, page 1, for	
(A) Short-term transactions re	•	•	-	•	Note abo	ove)	
(B) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis wasn't r	eported to the IRS			
(C) Short-term transactions no	t reported to you	on Form 1099-		т-	T		
1 (a)	(b)	(c)	(d) Proceeds	(e) Cost or other	Adjustment, if any, to gain or loss. If you enter an amount		Gain or (loss). Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr )	Date sold or disposed of	(sales price)	basis See the	in column (g), enter a code in column (f). See instructions.		
		(Mo , day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
57 STARS GLOBAL						aujustinent	
OPPORTUNITY FUND 3			<del> </del>				
(U.S.), L.P. EIN:							
45-2626534							<1.>
			_				
	ļ			ļ			
				<del> </del>			
				<del> </del>			
				<del> </del>			
						_	
				<u> </u>			
				-	-		
				<del>                                     </del>			
2 Totals. Add the amounts in colur	nns (d) (e) (n) a	nd (h) (subtract					
negative amounts) Enter each to							
Schedule D, line 1b (if Box A abo		-					
above is checked), or line 3 (if B	• • • • • • • • • • • • • • • • • • • •	·					<1.>

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment 823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

#### SCIENCE MUSEUM OF MINNESOTA

41-0706172

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which I	ation as Form 103 box to check	99-B Either will:	show whether you	r basıs (usually you	r cost) was	s reported to the IF	RS by your
Part II Long-Term. Transactives see page 1 Note You may aggregate all codes are required. Enter the	l long term transact totals directly on t	tions reported on F Schedule D, line 8a	orm(s) 1099-B showi a, you aren't required	ng basis was reported to report these trans	d to the IRS actions on f	and for which no adj Form 8949 (see instru	ustments or ictions)
You must check Box D, E, or F below. ( If you have more long-term transactions than will  (D) Long-term transactions rep	fit on this page for one	or more of the boxes	, complete as many form	s with the same box ched	ked as you n	eed	each applicable box
X (E) Long-term transactions rep	•		-	ported to the IRS			
1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	e   in column (g), enter a code i		Gain or (loss). Subtract column (e)
		(Mo , day, yr )		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
WILSHIRE U.S.							
PRIVATE MARKETS							
FUND V, L.P. EIN:	ļ						
71-0900849							2.
PARTNERS GROUP							<u>- · · ·</u>
SECONDARY 2011	ļ. ———						
(USD), L.P. INC.							2 006
EIN: 98-1048499							3,906.
57 STARS GLOBAL							
OPPORTUNITY FUND 3							
(U.S.), L.P. EIN:							170
45-2626534							179.
<del></del>	ļ						<u> </u>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

<u>4,087.</u>

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment