

/	- - ₹ 990-T	E	Exempt Orga	nization Bus	sine	ss Income T	ax_Return	. L	OMB No 1545-0047
•	``		(a	nd proxy tax und	ier se	ction 6033(e))	2004	'	0040
		For cal	endar year 2019 or other tax ye	ar beginning $JUL 1$	<u>, 20</u>	19 , and ending JU	N 30, 202	<u>0</u>	2019
	Department of the Treasury					ons and the latest inform		- 1	Open to Public Inspection for
-	nternal Revenue Service A Check box if		Do not enter SSN number	·		de public if your organize and see instructions.)	ation is a 501(c)(3)	D Empt	Open to Public Inspection for 501(c)(3) Organizations Only over identification number loyees' trust, see
-	address changed		GGTTNGE MIG		,	,		ınstru	ictions)
	Exempt under section X 501(d)(3)	Print or	SCIENCE MUS Number, street, and roor					E Unrel	1-0706172 ated business activity code
[7n7]	408(e) 220(e)	Type	120 W KELLO	GG BLVD		_		(300)	nstructions)
. 7	408A 530(a) 529(a)		City or town, state or pro		or foreig	n postal code		523	000
≔ (Book value of all assets at end of year		F Croup avaniation aum	hor (Coo instructions)	>				
<u>}</u> ;	137,787,5	70.	G Check organization typ	e ► X 501(c) co	rporation	501(c) trust	401(a)		Other trust
ĕ ŀ	a cutet the namber of the c	Ji yaiiiza	tion 5 unrelated trades of t	Jusinesses.	3	Describe	the only (or first) un		
-	·		EE STATEMENT				, complete Parts I-V.		
OCAMPIE!	business, then complete		ce at the end of the previo	us sentence, complete P	arts i an	id II, complete a Schedule	e IVI for each addition	ai trade	or
Z .			oration a subsidiary in an	affiliated group or a pare	nt-suhs	idiary controlled group?		Ye	es X No
Ē			ifying number of the parer		5055	raiding controlled group		.,	,3 (== ,10
Ž.	The books are in care of			·		Teleph	one number > 6	51-	221-9418
ים	PartĭI≒ Unrelated	d Trac	le or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
	1 a Gross receipts or sale	S							
	b Less returns and allow	vances		c Balance	1c		A THE REAL PROPERTY OF THE PARTY OF THE PAR	數學	
	2 Cost of goods sold (S	chedule	A, line 7)	04	2		E. L. C. Edilla	3 64	32/32/14A
	3 Gross profit Subtract	line 2 fr	om line 1c ,	271	3			1	
	4 a Capital gain net incom	ne (attac	h Schedule D)		4a	448.			448.
	b Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	1 4797)	4b				
	c Capital loss deduction	for trus	its		4c			¥£	
	5 Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	64,763.			64,763.
	6 Rent income (Schedu	le C)			6		<u>/</u>		
	7 Unrelated debt-finance	ed incon	ne (Schedule E)		7				
	8 Interest, annuities, roy	alties, ai	nd rents from a controlled	organization (Schedule F)	8				
	9 Investment income of	a sectio	ın 501(c)(7), (9), or (17) o	rganization (Schedule G)	9_				
1	10 Exploited exempt active	ıty ınco	me (Schedule I)		10				
1	11 Advertising income (S	Schedule	: J)		11				
1	12 Other income (See ins	struction	s, attach schedule)		12/				
-	13 Total. Combine lines	3 throu	gh 12			65,211.	L		65,211.
	Part II Deductio	ns No	gri 12 ot Taken Elsewher	e (See instructions	or limit	ations (of deally of lines))		
_	(Deductions	must	e directly connected w	ini nie unielace busi	سحودها	come)	~~.·		
	•	cers, dir	ectors, and trustees (Sche	edule K)	88	100 0:0 0001	PS-OS	14	
1	15 Salaries and wages				S)	APR 0 9 2021	13	15	
1	16 Repairs and mainten.	ance			يبيا لعا			16	
	17 Bad debts					COEN II		17	i
	18 Interest (attach sche	dule) (se	ee instructions)	₩ _i	Street many		м манера.	18	4 005
	19 Taxes and licenses							19	4,865.
2	20 Depreciation (attach		,			20			
2	21 Less depreciation cla	imed on	ı Schedule A and elsewher	e on return		21a		21b	
2	22 Depletion							22	
2	23 Contributions to defe		npensation plans					23	
	24 Employee benefit pro							24	
2	25 Excess exempt exper			,				25	
	e Excess readership co							26	
	?7 Other deductions (at							27	
2	8 Total deductions Ai							28	4,865.
2	,		icome before net operating					29	60,346.
3		erating l	oss arising in tax years be	ginning on or after Janua	ary 1, 20	118			
	(see instructions)							30	0.
3	11 Unrelated business ta	axable in	come Subtract line 30 fro	m line 29		 		31	60,346.
9	2370; 01-27-20 LHA FO	r Paper	work Reduction Act Notice						Form 990-T (2019)
9		r Paper	work Reduction Act Notice	e, see instructions	57 0.05	020 SCIENCE	MUSEUM OF		Form 990-

Form 8	990-T (2011 SCIENCE MUSEUM OF MINNESOTA		41-0706172 p	age 2
Par	rt III Total Unrelated Business Taxable Income	,		
32	Fotal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)] [:	287,89	0.
33	Amounts paid for disallowed fringes	ئے ر ہ	33	
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	90	3/4	2.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtact line 34 from the sum of lines 32	2 and 36	287,88	88.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		6	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	- / \	7 287,88	88.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	$O_{3}\square$	8 1,00	0.
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	ΥP		
	enter the smaller of zero or line 37		9 286,88	88.
Par	rt IV \Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)		60,24	6.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	1		
	Tax rate schedule or Schedule D (Form 1041)	▶ [4	(n)	
42	Proxy tax. See instructions	ightharpoons	2	
43	Alternative minimum tax (trusts only)		3	
.44	Tax on Noncompliant Facility Income See instructions	_ ^ [4	1/4	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		60,24	6.
Par	rt V/ Tax and Payments			
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
ь	Other credits (see instructions) 46b		•	
c	General business credit Attach Form 3800 46c		1	
d				
е	Total credits Add lines 46a through 46d	4	Ge .	
47	Subtract line 46e from line 45		60,24	6.
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s		18	
49	Total tax Add lines 47 and 48 (see instructions)		9 60,24	6.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			0.
51 a	a Payments A 2018 overpayment credited to 2019	804.	i	
t		000.		
	c Tax deposited with Form 8868			
(d Foreign organizations. Tax paid or withheld at source (see instructions) 51d			
	e Backup withholding (see instructions) 51e			
f	f Credit for small employer health insurance premiums (attach Form 8941)			
ç	g Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total > 51g			
52	Total payments. Add lines 51a through 51g	_5	94,80	4.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5	58	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		14	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10 5	34,55	8.
.56	Enter the amount of line 55 you want Credited to 2020 estimated tax > 34,558. Refunded	ı ▶ Ş	6	0.
Par	t VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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			1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		<u></u> _	
	here			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	it?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of persyry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete/Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge a	and belief, it is true,	
Sign		May th	ne IRS discuss this return with	
Here	TREBIDENT AND CEO		parer shown below (see	.
	Signature of officer Date Title	ınstruc	tions)? X Yes	No
	Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN	
Paid	d LAWRENCE H. MOHR, LAWRENCE H. MOHR, 02/26/21 self-e	mployed		
	parer CPA CPA CPA		P00447603	
	Only Firm's name ► BAKER TILLY US, LLP Firm'	s EIN 🕨	39-0859910	
	225 S 6TH ST #2300			_
	Firm's address ► MINNEAPOLIS, MN 55402 Phon	e no. 612	2.876.4500	
923711	01-27-20		Form 990-T (2)	019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A	<u> </u>	_		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases 2			7 Cost of goods sold. Subtract line 6				
3 Cost of labor 3			from line 5 Enter here	and in F	Part I,		
4 a Additional section 263A costs	4 a Additional section 263A costs					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	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property L	.ease	d With Real Prope	erty) 	
1 Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued			2/a) Deductions directly o	connected with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ıge		d 2(b) (attach schedule)	
(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	(A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	<u> </u>			
			2. Gross income from		Deductions directly conne to debt-finance	acted with or allocable d property	
1 Description of debt-fin	anced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)					-		
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need 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)			%				
					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			•		0.	0.	
Total dividends-received deductions in	icluded in column	8			<u> </u>	0.	
					<u> </u>	Form 990-T (2019)	

			Exen	npt Controlled O	rganizatio	ons					
Name of controlled organization		identific	2. Employer 3 Ne (loss) number		4. Tota	yments made Inclu		5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
						· · ·					
(4)	olled Organizations				l		L				
'*	<u>_</u>				. Т	48 8		1	44		
7. Taxable Inc	Some 8. Ne	t unrelated income (see instructions)		Total of specified pay made	nents	10 Part of colur in the controlli gross	nn e that is ng organiz s income	ation's	with i	uctions directly connected ncome in column 10	
(1)						•					
(2)							-				
(3)					İ			1		· ·	
(4)								1			
						Enter here and	on page 1	, Part I,	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals				\ (=) (0) (<u> </u>			0.		0.	
Schedule G - I	Investment Inco	ome of a S	ection 501(c)(7), (9), or (17) Org	janization	•				
	1 Description of in	come		2 Amount of	ıncame	3 Deduction directly conne (attach sched	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)	
(1)						,				(сел григе сел зу	
(2)					1						
(3)		-									
(4)			-							-	
Totals				Enter here and Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - E	xploited Exemp (see instructions)	t Activity	Income, Otl	ner Than Adv	ertisin/	g Income					
1 Description	on of unrelativity inco	. Gross ed business ome from or business	3 Expenses directly connecte with production of unrelated business income	minus colum	I trade or Ilumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)							-+			,	
		 +					-+			 	
(3)				+							
(4)	page	here and on a 1, Part I, IO, col (A)	Enter here and or page 1, Part I, line 10, col (B)	n se 440						Enter here and on page 1, Part II, line 25	
Totals	<u> </u>	0.		0.	了多数		aler beig] 0,	
	Advertising Inco										
Part III Incon	ne From Periodi	icals Repo	rted on a C	onsolidated	Basis						
1. Name (of periodical	2 Gross advertising income	3. Direct advertising of	or (loss) (costs col 3) If a g	rough 7	1		6 Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			-						ĝ	THE SECTION	
(2)											
(3)					vanci	8 				end e rekie	
			-			-					
(4)			-	360 F144	, 174.8654.	4					
			1	ı		1	- 1		- 1		

Form 990-T (2019) SCIENCE MUSEUM OF MINNESOTA 41-07061

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)	1		··-				
(3)			_				
(4)				Ī			
Totals from Part I	•	0.	0.	数据数据的数数	4423 MARTINES		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.
Schedule K - Compe	nsation	of Officers, C	Directors, and	Trustees (see in	nstructions)		
					3. Perce		ensation attributable

2. Title 1. Name to unrelated business (1) (2) (3) (4) 0. Total Enter here and on page 1, Part II, line 14

Form 990-T (2019)

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

STATEMENT 1

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) QUANTUM PARALLEL PARTNERS VII-D, LP (81-5275928) CL IV FUNDING HOLDING COMPANY LLC(81-0898827) PARTNERS GROUP SECONDARY 2011 (USD), LP INC. (98-1048499)	72,888. -18,940. -1,020. 7,665.
Q-BLK CO-INVESTMENT FUND II, LP (26-1469047) 57 STARS GLOBAL OPPORTUNITY FUND 3 (U.S.), LP (45-2626534)	3,971. 199.
	64,763.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASS-THROUGH CHARITABLE CONTRIBUTIONS	N/A	2.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	2.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2 28,689	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	0 0 0	-	
ALLOWABLE CONTRIBUTIONS DEDUCTION		-	2
TOTAL CONTRIBUTION DEDUCTION			2

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

227,667.

OMB No 1545-0047

1

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

► 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)

Employer identification number

ENTITY

SCIENCE MUSEUM OF MINNESOTA 41-0706172 721000 Unrelated Business Activity Code (see instructions) ► FACILITIES RENTAL Describe the unrelated trade or business Partil Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 227,667. 1a Gross receipts or sales 227,667 c Balance ▶ b Less returns and allowances 10 Cost of goods sold (Schedule A, line 7) 2 227,667. 227,667. Gross profit Subtract line 2 from line 1c · 3 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 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) R Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule)

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

13

227,667

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	116,535.
16	Repairs and maintenance	16	1,148.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	26,694.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 5	27	76,747.
28	Total deductions. Add lines 14 through 27	28	221,124.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	6,543.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	\$255	
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	6,543.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

13

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		TNUOMA
SUPPLIES UTILITIES GENERAL OPERATING EXPENSE CONTRACTED SERVICES ADVERTISING ADMINISTRATIVE OVERHEAD		456. 721. 719. 2,575. 8,996. 63,280.
TOTAL TO SCHEDULE M, PART II, L	INE 27	76,747.

D.	 	

Form 990-1 (2019) SCIENCE M	USEUM OF	MINNESC	тA		41-0706		Page 3
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. S	ubtract l	line 6		
3 Cost of labor	3						
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	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	.ease	d With Real Prope	rty)	
Description of property			. , , , , , , , , , , , , , , , , , , ,				
(1)							
(2)							
(3)							
(4)					-		
·	2. Rent receiv	red or accrued			0/->0		
 (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) 	than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			1
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi		nter •		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)		***		
			Gross income from or allocable to debt-		3 Deductions directly conne to debt-financed		
1 Description of debt-fit	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	IS
(1)							
(2)							
(3)							
(4)							
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	ļ	7. Gross income reportable (column 2 x column 6)	8 Alfocable deducto (column 6 x total of co 3(a) and 3(b))	tons lumns
(1)			%				
(2)			%				
(3)	1		%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page Part I, line 7, column (
Totals			•		0.		0.
Total dividends-received deductions in	<u>ıcluded ın calu</u> mı	n 8			>		0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Employer identification number

For calendar year 2019 or other tax year beginning $\underline{JUL~1}$, $\underline{2019}$, and ending $\underline{JUN~30}$, $\underline{2020}$

2019

2

Department of the Treasury Internal Revenue Service Name of the organization ► 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)

Open to Pûblic Inspection (or 501(c)(3), Organizations Only

	SCIENCE MUSEUM OF MINNES	SOT	A	72	
$\overline{}$	Inrelated Business Activity Code (see instructions) 81293	0			
[Describe the unrelated trade or business PARKING R.	AMP	OPERATION -	MN ONLY	
Pa	त्त्री Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 730,166.				
b	Less returns and allowances c Balance ▶	1c	730,166.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	730,166.	翻訳でいてを決強機	730,166.
4 a	Capital gain net income (attach Schedule D)	4a		開展が行行の連続機	
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				
	statement)	5			
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			
13	Total. Combine lines 3 through 12	13	730,166.	· ·	730,166.
- · · · ·	Deducations Not Tolera Floreshops (Comments and				

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	176,105.
16	Repairs and maintenance	16	25,361.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	21,724.
20	Depreciation (attach Form 4562) 20 161,960	¥\$\$\$\$	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	161,960.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	40,427.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 6	27	83,588.
28	Total deductions. Add lines 14 through 27	28	509,165.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	221,001.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	221,001.
ΙЦΛ	For Danamark Dadystian Act Nation and materialism	Sobodul	o M (Form 000 T) 2010

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		АМОИМТ
SUPPLIES UTILITIES GENERAL OPERATING EXPENSE CONTRACTED SERVICES INTEREST		4,221. 29,289. 43,913. 4,748. 1,417.
TOTAL TO SCHEDULE M, PART II, LI	INE 27	83,588.

4	-		

Form 990-T (2019)	HIGHIRA OF	MINDECO	m »			41 070	<i>c</i> 1 7		Page 3
SCIENCE M Schedule A - Cost of Good	SOID Enter	method of inven	ton	aluation N/A		41-070	01/	<u> </u>	
1 Inventory at beginning of year	1	metriou or invert	1				-		
2 Purchases	2		6 Inventory at end of year 7 Cost of goods sold Subtract line 6					·	
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4 a Additional section 263A costs	3		line 2						
(attach schedule)	40		١.	8 Do the rules of section 263A (with respect to					No
b Other costs (attach schedule)	4a 4b		┤°	, ,					
5 Total Add lines 1 through 4b	5		property produced or acquired for resale) apply to the organization?						X
Schedule C - Rent Income		Property and	Per		ease	d With Real Prop	erty)		1_22
(see instructions)									
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%)	e than	` 'of rent for p	ersonal	ersonal property (if the percentage nal property exceeds 50% or if columns 2(a) and 2(b) (attach schelased on profit or income)			ted with the income in ittach schedule)	1	
(1)								-	
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column					0.	Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)					
			2	Gross income from		Deductions directly cont to debt-finance			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)			<u> </u>				4		
(2)			<u> </u>				\perp		
_(3)							↓		
(4)			<u> </u>						
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 n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			†	%			1		
(2)				%	•				
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part I, line 7, column (
Totals				.		0 .			0.
Total dividends-received deductions	ncluded in column	18				•	1		0.

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

SCIENCE MUSEUM OF I	MINNESOTA			<u>4</u> 1-	0/061/2
Did the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru-			ur gain or loss		
Part Short-Term Capital Ga	ins and Losses (See I	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	n 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
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)	combine the result with 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					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on	<u> </u>				
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss) Combin	e lines <u>1a through 6 in column</u>	h		7	
ଅନୁart୍ଶାର୍ଭ Long-Term Capital Gai	ns and Losses (See II	nstructions)			
See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments to gai	n	(h) Gain or (loss) Subtract
This form may be easier to complete if you round off cents to whole dollars	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with 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					440
Form(s) 8949 with Box E checked	· - -				448.
10 Totals for all transactions reported on			,		
Form(s) 8949 with Box F checked			<u> </u>	44	
11 Enter gain from Form 4797, line 7 or 9	4 5 0050 1 00 03			11	<u>-</u>
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-king	o exchanges from Form 8824			13	
14 Capital gain distributions15 Net long-term capital gain or (loss). Combine	haa 9a through 14 in column	. h		14	448.
Rant III Summary of Parts I and				15	330.
16 Enter excess of net short-term capital gain (lii		loss (line 15)		16	·
· · ·		•	ne 7)	17	448.
. •	17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				
		por mic on other returns		18_	448.
Note If losses exceed gains, see Capital Los	1252 III (115 111311 UCUONS				

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Schedule D (Form 1120) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Social security number or taxpayer identification no.

SCIENCE MUSEUM OF MINNESOTA

41-0706172

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1	(a)	(b)	(c)	_ (d)	(e)	Adjustme	it, if any, to gain or ou enter an amount	
	Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other basis See the	l in column	(g), enter a code in	Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	Note below and	column (f). See instructions.	Subtract column (e) from column (d) &
			(Mo , day, yr)		see Column (e) In	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
$\overline{\mathbf{p}}$	ARTNERS GROUP		 -					
	ECONDARY 2011		-	·				
	USD), L.P. INC.							
È	IN: 98-1048499	† 						448.
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_		(1)			-			
2	Totals. Add the amounts in colur							
	negative amounts) Enter each to		-					
	Schedule D, line 8b (if Box D abo							440
	above is checked) or line 10 (if F	Roy E above is ch	necked)		1	l		448.

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

Form 8949 (2019)