Comparison Com		Form 9	90 <u>-</u> T	E	Exempt Orgai	nization Bus	sines	s Income T			OMB No 1545-0687		
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a	•				. !	501(c)(3) Organizations Only							
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Excess values of all seasests and end of the organization number (See instructions.) ► ### Either the number of the organization's unraliated trades on businesses. ► ### Either the number of the organization's unraliated trades on businesses. ► ### Describe the only (or first) unreliated trade or business here. ► ### GIET SHOP ### In the time the part of the previous sentence, complete Parts I and II, complete a Schedule for for in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule for for an additional trade or business. Here complete Parts III-V. ### During the tax year, was the composition a subsidiary in an affiliated group or a parent-subsidiary controlled group? ### Part I Unrelated Trade or Business Income (A) Income (9) 4) 396 –6674 ### Part I Unrelated Trade or Business Income (A) Income (8) Expenses (C) Net ### Cost of goods sold (Schedule A, Intr 7) ### Cost of goods sold (Schedule A, Intr 7) ### Cost of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### Note that the part of goods sold (Schedule A, Intr 7) ### No		=					-	postal code		453	220		
HE first the number of the organization type		C Book v	alue of all assets				<u>/</u>			<u> </u>	220		
He Inter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade for business here ▶ GTFT SHOP		at end	of year 6 . 466 . 0	87.			poration	501(c) trust	401(a) trust	Other trust		
trade or business here ► G.F.FT SHOP It only one, complete Parts I-V. It more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III. I During the tax year, was the corporation is subsidiary in an affiliated group or a parent-subsidiary controlled group?		H Enter					1						
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the corporation a subsoldary in an affiliated group or a parent-subsoldary controlled group? Yes				-							than one,		
During the tax year, was the coporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ves						is sentence, complete Pa	rts I and	II, complete a Schedule	e M for each addition	nal trade	or		
The books are mare of MINDY BARKER Telephone number (90.4) 3.96-6.674 Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales 86,242. Balance 1c 86,242. 2		busini	ess, then complete	Parts III	-V								
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1 a Gross recepts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross proft. Subtract line 2 from line 1c 3 3 4.9 , 280 . 49 , 280 . 4 49 , 280 . 49 , 280 . 4 5 Capital goan net income (attach Schedule D) 5 b Met gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) 6 Capital loss deduction for trusts 5 income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Urrelated debt-inanced income (Schedule E) 8 Interest, annuties, royales, and rents from a controlled organization (Schedule F) 8 Interest, annuties, royales, and rents from a controlled organization (Schedule F) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and incomeses 20 Charitable contributions, deductions must be directly connected with the unrelated business income) 21 Ceptibutions to deferred compensation plans 22 Less depreciation claimed on Schedule A and exempters on return 22 Exemptors and maintenance 23 Depletion 24 Contributions (See instructions) 25 Employee benefit programs 26 Excess exempl expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Other deductions (attach schedule) 29 Total deductions (Are through 28 20 Other deductions (attach schedule) 29 Total deductions (Are through 28 20 Urrelated business stable income before net operating loss deduction. Subtract line 29 from line 13 20 Urrelated business stable income before net operating loss deduction. Subtract line 29 from line 13 21 Urrelated business stable income before net operating loss deduction. Subtract line 29 from line 13 21 Urrelated business stable income before net operating loss deduction. Subtract line 29 from line 13 22 Urrelated business stable income before net operating loss deduction. Subtract line 29 from line								· · · · · · · · · · · · · · · · · · ·	T -				
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32 Unrelated business taxable income. Subtract line 31 from line 30 31 32 -45,872.					=	loss deduction. Subtrac	t line 29 f	from line 13			-45,872.		
		31 D	eduction for net op	erating l	oss arısıng ın tax years beç	inning on or after Janua	ry 1, 201	8 (see instructions)	Ĵo	3/1			
							·		31	32			

Form 990-T		01 0110110 0111 00 0 0 0 0 0 0 0 0 0 0	<u> 59-0</u>	<u>65109</u>	0		Page 2
Part II		Total Unrelated Business Taxable Income			<u> </u>		
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instruct	ions)	33		<u>45,8</u>	<u>72.</u>
34	Amou	unts paid for disallowed fringes		34			
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	35			0.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of					
	lines	33 and 34		36		<u>45,8</u>	
37	Speci	ific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3	3 37		1,0	00.
		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1			
	enter	the smaller of zero or line 36	3	38		<u>45,8</u>	<u>72.</u>
Part I	V	Tax Computation					
39	Orga	nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39			0.
	_	s 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)		40]		
41	Prox	y tax. See instructions	1	▶ 41	l	-	
42	-	native minimum tax (trusts only)		42			
		on Noncompliant Facility Income. See instructions		43			
		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	ĺ		0.
Part V		Tax and Payments			•		
45 a	Fore	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a					
		r credits (see instructions) 45b					
C		ral business credit. Attach Form 3800 45c					
d		it for prior year minimum tax (attach Form 8801 or 8827)					
		credits. Add lines 45a through 45d		45e			
46		ract line 45e from line 44	ē	46			0.
47			Other (attach schedu	le) 47			
		tax Add lines 46 and 47 (see instructions)		48			0.
		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
		nents: A 2017 overpayment credited to 2018					
	-	estimated tax payments 50b	-				
		leposited with Form 8868 50c					
		gn organizations: Tax paid or withheld at source (see instructions) 50d					
		up withholding (see instructions) 50e					
		t for small employer health insurance premiums (attach Form 8941) 50f					
		credits, adjustments, and payments: Form 2439					
a	$\overline{}$	Form 4136 Other Total 50g					
51		payments. Add lines 50a through 50g		51	1		
		nated tax penalty (see instructions). Check if Form 2220 is attached		52			
		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶ 53	Ť		
		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	1		
		the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55			
Part V			instructions)	1.00			
L		y time during the 2018 calendar year, did the organization have an interest in or a signature or other a	uthority	-		Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have					
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign co					l '
	here		,				X
57		ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	o a foreign trust?				X
		s," see instructions for other forms the organization may have to file.	o, a foreign trast			 -	
		the amount of tax-exempt interest received or accrued during the tax year >\$					
		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an	d to the best of my kno	owledge and	belief, it is tr	ue,	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	owledge				
Here		Marin Frence 4-10-Jaw PRESIDENT			RS discuss th rer shown be		vith
		Signature of officer Date Title			ns)? X		No
	Щ.	Print/Type preparer's name Preparer's signature Date	Check		IN		,
D-: :		Tropardi 3 dignaturo	self- employ	- I			
Paid		AMY BIBBY AMY BIBBY 03/23/			0044	5891	
Prepa	101	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN		6-07		1
Use O	nıy	500 RIDGEFIELD COURT	1 11111 3 2114				
		Firm's address ASHEVILLE, NC 28806	Phone no.	(828	3) 254	1-22	54
			Fr Home He.	, 526		200_T	

Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory va	aluation N/A		·		
1 Inventory at beginning of year	1	0.		Inventory at end of yea	r		6	(
2 Purchases	2		7	Cost of goods sold. St	ubtract I	ine 6		
3 Cost of labor	3		1	from line 5. Enter here				_
4 a Additional section 263A costs			1	line 2			7	36,962
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes N
b Other costs (attach schedule)	* 4b	36,962.	1	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	36,962.	1	the organization?	·	,		
Schedule C - Rent Income	(From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty	·)
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a) Deductions directly		seted with the recess is
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for pe	ersonal	nal property (if the percentago property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			Ō.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columi		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)		(
Schedule E - Unrelated Del		Income (see)	nstru	ctions)		<u> </u>		·····
		(4	_			3. Deductions directly con		
			2	Gross income from or allocable to debt-	(0)	to debt-finance	ed pro	
1 Description of debt-fi	nanced property			financed property	(4)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							+	-
(2)							_	
(3)						····	_	·= =u
(4)		****				-	十	
4. Amount of average acquisition	5. Average	adjusted basis	6	Column 4 divided		7. Gross income	1	8. Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to nced property h schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of column 3(a) and 3(b))
(1)				%			\perp	
(2)				%		···	\perp	
(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		(
Total dividends-received deductions in		. 0					-	

** SEE STATEMENT 5

MUSEUM OF SCIENCE AND HISTORY Form 990-T (2018) OF JACKSONVILLE, INC. 59-0651090 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 3. Net unrelated income (loss) (see instructions) Total of specified payments made 5. Part of column 4 that is included in the controlling organization's gross income Deductions directly 1. Name of controlled organization ected with in in column 5 number (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's 11. Deductions directly connected with income in column 10 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments made (see instructions) gross income (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 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions 4 Set-asides 2. Amount of income 1 Description of income directly connected and set-aside (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1, Enter here and on page 1 Part I, line 9, column (A) Part I, line 9, column (B) 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 1. Description of unrelated business business (column 2 from activity that with production attributable to 6 minus column 5, exploited activity income from minus column 3) If a is not unrelated of unrelated column 5 but not more than gain, compute cols 5 trade or business business income column 4) through 7 (1) (2) (3) (4) Enter here and on page 1, Part I, Enter here and on Enter here and page 1, Part I. on page 1, Part II line 26 line 10, col (A) line 10, col (B) 0 0 0 Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3. Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (column 6 minus advertising 1. Name of periodical advertising costs col 3) If a gain, compute income costs column 5, but not more ілсоте cols 5 through 7 than column 4) (1) (2) (3)

Form 990-T (2018)

(4)

0.

0.

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

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) (cot 2 minus cot 3) If a gain, compute cots 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)						I	
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 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		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	•	AMOUNT
UTILITIES INSURANCE ALLOCATED OVERHEAD		2,263. 1,456. 44,318.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	48,037.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/14	13,029.	6,186.	6,843.	6,843.
09/30/16	5,159.	0.	5,159.	5,159.
05/31/17	9,173.	0.	9,173.	9,173.
05/31/18	3,203.	0.	3,203.	3,203.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	24,378.	24,378.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
COST OF GOODS SOLD		36,962.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	36,962.