** ***		For cal	endar year 2018 or other tax year b	eginning JUL 1,	201	. 8 , and ending JU	N 30, 2	019	2	J18
Departme	ont of the Treasury					ns and the latest inform		}	Open to Pu	blic Inspection for
	Revenue Service	Ponot enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only								
A L_	Check box if address changed	Name of organization (Check box if name changed and see instructions.) Description in the control in the co							t, see	
B Exer	mpt under section)	Print SCIENCE MUSEUM OKLAHOMA, INC.								82415
X :	501(c)(3 ())	or	Number, street, and room of	r suite no. If a P.O. box	, see in	structions.			ated busine	ss activity code)
	408(e)2 20(e)	Type	2020 REMINGT	ON PLACE						
	408A530(a)		City or town, state or proving			postal code				
	529(a)		OKLAHOMA CIT		<u> 1</u>			453	220	 ,
C Book	value of all assets d of year	_	F Group exemption number		<u> </u>		<u> </u>			(
	83,471,76		G Check organization type			501(c) trust		01(a) trust		Other trust
		-	non's unrelated trades or bus		1		the only (or firs	•		
			EE STATEMENT				complete Parts			1
			ce at the end of the previous	sentence, complete Par	rts I and	II, complete a Schedule	M for each add	itional trade	or	
	ness, then complete P			· · · · · · · · · · · · · · · · · · ·					. 🐯	1
	•	•	oration a subsidiary in an aff		t-subsic	liary controlled group?	ļ	► Ye	S A	No
$\overline{}$			fying number of the parent of	orporation.		Talanh	one number	(405	١ 60	2-3707
Part			EVIN WILSON e or Business Inco	me	1	(A) Income	(B) Expe	- `		(C) Net
7	ross receipts or sales		110,611.		- 	(7) 11001110	, ,			
	ess returns and allowa	20000		c Balance	1c	110,611.	*	٠,		
	ost of goods sold (Sci			Coalance	2	46,571.				-
3 G	ross profit. Subtract li				3	64,040.	, ,	,		64,040.
\cap	apıtal gaın net income				4a 🛌		٠ :		_	
当,	-	•	art II, line 17) (attach Form 4	797)	4b	RECENT		•		
₹ Ca	apital loss deduction f			,	4c	THEULIVE	:0			
₹ ₅ In	come (loss) from a p	artners	hip or an S corporation (atta	ch statement)	5 \$		10	_		
C6 R	ent income (Schedule			·	6 5	MAR 0 2 20				
7 Ui	nrelated debt-financed	d incon	ne (Schedule E)		1		05			
8 In	terest, annuities, roya	lties, ai	nd rents from a controlled org	anızatıon (Schedule F)	8	OGDEN	1=2-125			
9 In	ivestment income of a	sectio	n 501(c)(7), (9), or (17) orga	inization (Schedule G)	9 3		<u>u </u>			
10 Ex	xploited exempt activi	ty inco	ne (Schedule I)		10					
	dvertising income (Sc		•		11					
	ther income (See insti				12	64 040	.1.	•		<u> </u>
	otal. Combine lines 3	throu	th 12	<u> </u>	13	64,040.				64,040.
Part			t Taken Elsewhere tions, deductions must b				income)			
14 (14		
	•	ers, air	ectors, and trustees (Schedu	ile K)				14		58,579.
	Salaries and wages Repairs and maintenai	nce						16	-	
	Sad debts	100						17		
	nterest (attach sched)	ile) (se	e instructions)					18		
	Taxes and licenses	-107 (30	o mon donono)					19	-	
		ıs (See	instructions for limitation ru	les)				20		
	Depreciation (attach F	•		·,		21				<u> </u>
	· ·		Schedule A and elsewhere o	n return		22a		22b		
	Depletion						-	23		
	Contributions to deferi	red cor	npensation plans					24		

EXTENDED TO MAY 15, 2020

Exempt Organization Business Income Tax Ret

(and proxy tax under section 6033(e))

Form **990-T** (2018)

-688

-688.

25

26

SEE STATEMENT

9306704110

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Rec in Bathing/

25

26 27

28

29

30

31

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Part I	II Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-688.				
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	-688.				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	25	87	1,000.				
		-2	17	2,0000				
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	(D)	38	-688.				
Part I	enter the smaller of zero or line 36 V Tax Computation		1 130	000.				
	· · · · · · · · · · · · · · · · · · ·	1.6	$\frac{1}{1}$	0.				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	₹U -	39	- 0.				
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)		40					
41	Proxy tax. See instructions	•	· <u>#1</u>					
42	Alternative minimum tax (trusts only)		42					
43	Tax on Noncompliant Facility Income. See instructions	45	43					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> </u>	44	0.				
Part V	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] ', : '					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits Add lines 45a through 45d		45e					
46	Subtract line 45e from line 44		46	0.				
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	ch schedule)	47					
48	Total tax. Add lines 46 and 47 (see instructions)	UO	\ 48	0.				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	To	49	0.				
	Payments: A 2017 overpayment credited to 2018	686						
	2018 estimated tax payments 50b		ヿ゙゙゙ヿ゙゙゙゙゙゙゙゙゙゙゙゚゚゙゙ヿ゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙					
	Tax deposited with Form 8868		┥ '					
	Foreign organizations: Tax paid or withheld at source (see instructions)		┦╵					
	Backup withholding (see instructions) 50e		┦╵					
f	Credit for small employer health insurance premiums (attach Form 8941)		┨* │					
-	Other credits, adjustments, and payments: Form 2439		ㅓ '					
y	Form 4136 Other Total 50g							
51	Total payments. Add lines 50a through 50g		5	686.				
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52					
52 50	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_	53	<u> </u>				
53		55 T	54	686.				
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refund		55	0.				
Part V			55	0.				
		115)		I V I V.				
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	1 trust?		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 ▶\$							
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Declaration of preparation (of preparation) of preparation (of	or my know	reage and b	Jenet, It IS true,				
Here		Γ	May the IR	S discuss this return with				
Here	X Jan Vandel X2/24/20 PRESIDENT			er shown below (see				
	Signature of officer Date' Title		instructions	s)? X Yes No				
	Print/Type preparer's name Preparer's signature Date Che	ck	if PTI	.N				
Paid		- employe						
Prepa	rer W. LYNDEL LACKEY W. LYNDEL LACKEY 02/19/20			00234298				
Use C	Iniv Firm's name ► HOGANTAYLOR LLP	m's EIN	<u>► 7</u>	3-1413977				
	1225 N BROADWAY AVENUE, SUITE 200							
	Firm's address ► OKLAHOMA CITY, OK 73103 Pt	ione no.	405-	848-2020				
823711 01-	09-19			Form 990-T (2018)				

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuat	ion ► N/A				
1 Inventory at beginning of year	1	0.	6 Inve	entory at end of year			6	0.
2 Purchases	2	46,571.	7 Cos	t of goods sold. Su	ine 6			
3 Cost of labor	3	-	fron	n line 5. Enter here a	and in F	Part I,	}.	
4 a Additional section 263A costs			line	2			_7_	46,571.
(attach schedule)	4 <u>a</u>		8 Dot	the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		prof	perty produced or a	cquired	for resale) apply to		ا ــــا
5 Total. Add lines 1 through 4b	5	46,571.	the	organization?			_	X
Schedule C - Rent Income (From Real	Property and	Person	al Property L	ease	d With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)							•	
(2)							-	
(3)								
(4)								
	2. Rent receive	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	' 'of rent for pe	ersonal prope	roperty (if the percentag rty exceeds 50% or if profit or income)	je	3(a) Deductions directly columns 2(a) a	connect nd 2(b) (a	led with the income in ittach schedule)
(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 Deb	t-Financed	income (see I	nstruction	ıs)				
			0 -	,		Deductions directly con to debt-finance		
4			or allo	ss income from ocable to debt-	(a)	Straight line depreciation	Jeo propi	(b) Other deductions
Description of debt-fin	anced property		finar	nced property	(-/	(attach schedule)		(attach schedule)
(1)							<u> </u>	
(2)							<u> </u>	
(3)						<u></u>		
(4)								<u></u>
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property n schedule)		lumn 4 divided ; column 5		7 Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				,
(3)	-			%				
(4)				%				
					Fr	nter here and on page 1,	F	inter here and on page 1,
						art I, line 7, column (A)		Part I, line 7 column (B)
Totals				▶		0		0.
Total dividends-received deductions in	cluded in column	8					•	0.

`		Ļ	Exempt	Controlled O	rganızatı	ons					
Name of controlled organiza	identii	nployer fication nber		related income a instructions)		tal of specified ments made	includ	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)		1									
(2)	-				···		<u> </u>				
(3)	-		<u> </u>	··	<u> </u>		<u> </u>				
							 			·	
(4) Nonexempt Controlled Organ	ızatıone	<u>_</u> <u>_</u>			l			. . .			
						40 5 3 4 4 4 4			44 5		
7. Taxable Income	8. Net unrelated incol (see instruction		y, rotai	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		eductions directly connected n income in column 10	
(1)								=			
(2)											
(3)											
(4)	T			· · · · · · · · · · · · · · · · · · ·							
						Add colun Enter here and line 8, 6		1, Part I,		dd columns 6 and 11 nere and on page 1 Part I, line 8, column (B)	
Totals								0.		0.	
Schedule G - Investme		Section 5	01(c)(7	7), (9), or (17) Org	ganization					
(see inst	ructions)			T		3. Deductio	ns	T		5. Total deductions	
1 Desc	cription of income			2. Amount of	income	directly conne (attach sched	cted	4, Set- (attach s	asides chedule)	and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)					·						
(4)				1							
				Enter here and o Part I, line 9, co		, , , , , , , , , ,	_			Enter here and on page Part I, line 9, column (B)	
Tatala					ο.	₹.	•			0.	
Schedule I - Exploited	Exempt Activity	Income,	Other	Than Adv		g Income					
(see instru	uctions)			I		-		I			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly co with prod of unrel business	nnected luction lated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)				† · · · · ·		*					
(2)	 			 	- i						
				 				<u> </u>	-		
(3)				-		 -					
(4)	Enter here and on	Catas hasa		 			-			Enter here and	
	page 1, Part I,	Enter here page 1, i	Part I,							on page 1	
	fine 10, col (A)	line 10, c				'		•		Part If line 26	
Totals	0.		0.	•	•					0.	
Schedule J - Advertisi											
Part I Income From	Periodicals Rep	orted on	a Con	solidated	Basis						
1 Name of periodical	2 Gross advertising income		. Direct	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5. Circulat		6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	1	1						i		~ 1	
(2)				7							
(3)		 		\dashv				 			
(4)				-						'	
(7)						-	_	<u> </u>			
Totals (carry to Part II, line (5))	▶	0.	0							0.	

Page 5

Form 990-T (2018) SCIENCE MUSEUM OKLAHOMA, INC. 73-06824

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	•	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	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 (2018)

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

SALES OF UNRELATED ITEMS IN GIFT SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
UTILITIES SS EXPENSES ACCOUNTING FEES		4,289. 1,110. 750.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	6,149.