2021
\odot
9
8
G
AUG
⋖
$\overline{}$
:- 1
SCANNED
=
چ
⋖
\circ
ഗ

		EXT	ENDED TO A	ugus	т 17, 2023	831420	601	0 1
Form 990-T	E	xempt Orga	nization Bu	sine	ss Income 1	ax Retur	n	OMB No 1545-0687
•	For cal	lendar year 2018 or other tax ye	ar beginning OCT 1	, 20	18 , and ending $\overline{\text{SE}}$		19	2018
Department of the Treasury Internal Revenue Service	•	► Go to www Do not enter SSN numbe •			ons and the latest inform de public if your organiz)U _{\$\frac{1}{58}}	pen to Public Inspection for 1(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name	changed	and see instructions.)	- F-F-C	DEmploye	er identification number rees' trust, see
address changed	」 ─	FORT WORTH		SCIE	NCE		instructi	ions)
B Exempt under section X 501(C)(3())	Print	AND HISTORY						-0755335
408(e) 220(e)	Type	Number, street, and room 1600 GENDY		ox, see ir	istructions.			tructions)
408A 530(a)		City or town, state or pro-		or foreig	n postal code		┨	
529(a)		FORT WORTH,					7111	10
C Book value of all assets at end of year		F Group exemption num	per (See instructions)	•				
56,250,4	476.	G Check organization typ	e ▶ 501(c) co) trust	Other trust
H Enter the number of the	e organiza	tion's unrelated trades or t EE STATEMENT	ousinesses -	3		the only (or first) u		
	` —	ce at the end of the previou		Parts Lan		complete Parts I-V. M for each addition		
business, then complete	-	· · · · · · · · · · · · · · · · · · ·	as sometimes, complete	411014	a ii, compicto a concast	o iii ioi odoii dadiido	iai ii aac o	•
		oration a subsidiary in an	affiliated group or a par	ent-subs	idiary controlled group?	>	Yes	X No
		tifying number of the parer						
		HE ORGANIZA				one number 🕨 (<u> </u>	255-9300
		de or Business Inc	come		(A) Income	(B) Expense	<u>s</u>	(C) Net
1a Gross receipts or said b Less returns and allo			c Balance	1c				
2 Cost of goods sold (A. line 7)	Coalance	2			-	
3 Gross profit. Subtract		•		3			$\overline{}$	
4 a Capital gain net inco				4a				
b Net gain (loss) (Forn	n 4797, P	art II, line 17) (attach Form	1 4797)	4b				
c Capital loss deduction				4c				
• •	-	ship or an S corporation (a	ttach statement)	5				
6 Rent income (Sched	•	na (Cabadula E)		6			\longrightarrow	
7 Unrelated debt-finan 8 Interest, apputies, re		,	avanamentara (Sabadula E	7				
	-	nd rents from a controlled in 501(c)(7), (9), or (17) o	-	′				
10 Exploited exempt act			gamzation (constant)	10				
11 Advertising income (-	,		11				
12 Other income (See in	nstruction	s, attach schedule)		12				
13 Total, Combine line			/	13	0.			
Part II Deduction	ons No	ot Taken Elsewher utions, deductions must	(See instructions	for limita	ations on deductions)	s incomo)		
14 Compensation of of	fficare di	rectors, and trustees (Sche	The dilates with the A	EHUB'S	elvice	s income)	T 44 T	
15 Salaries and wages		ectors, and trustees (Sche		2 9	- USB		15	
16 Repairs and mainte			Ţ	ł			16	
17 Bad debts			AUG 23 Kansas Cit	ZUZU			17	
18 Interest (attach sch	edule) (se	e instructions)	Kansas Cit	v. MO			18	
19 Taxes and licenses	_			,,			19	
		Instructions for limitation	rules)		Laci		20	
21 Depreciation (attach22 Less depreciation c		962) n Schedule A and elsewher	o on return		21 22a	- -	22b	
23 Depletion	ialivieu oli	Schedule A and elsewher	e on return		224	- ·	23	
24 Contributions to de	/ ferred cor	npensation plans					24	
25 Employee benefit p		, , , , , , , , , , , , , , , , , , ,					25	
26 Excess exempt exp		hedule I)					26	
27 . Excess readership of							27	
28 Other deductions (a							28	
29 Total deductions.			a lana dadirika - O 15		Norman ha i do		29	0.
/		icome before net operating					30	<u> </u>
/		oss arising in tax years beg ncome. Subtract line 31 fro		iaiy i, Zl	TO (SEE INSURCTIONS)		31	0.
82370 01-09-19 LHA F					1.		1 25	Form 990-T (2018)
	•			47	14			' ('9)

		0755335	
Part/		11_	
33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	41
/34	Amounts paid for disallowed fringes	34	
/ 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) \$TMT 2	\$ 35	21
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1.0
	lines 33 and 34	36	19
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1 0 37 -	1
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, exter the smaller of zero or line 36	11 1	18
Part		1 1 30	
39/	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from		
	X Tax rate schedule or Schedule D (Form 1041)	40	5
41	Proxy tax. See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	_
43	Jax on Noncompliant Facility Income. See Instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	5
	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 60b as well to (corporations)	— ' '	
/ b			
	General business credit. Attach Form 3800 Credit for prior year minimum tay (attach Form 9901 or 9927)	;	
0	Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 45a through 45d	 , [
46	Subtract line 45e from line 44	45e	5
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch		
48	Total tax. Add lines 46 and 47 (see instructions)	48	5
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments: A 2017 overpayment credited to 2018 50a		
!	2018 estimated tax payments 50b		
(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		
	Form 4136	— <u>"</u>	
51 52	Total payments. Add lines 50a through 50g		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	\$\frac{\fir}{2}}}}}}}}}}{\frac{\frac{\frac{\frac{\fir}{\fint}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	5
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	\$5	
Part			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	- 1	Y
	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		
			_ L
	here >	·	[]
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "Yes," see instructions for other forms the organization may have to file.	17	
57 58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigsec\$\$		
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "Yes," see instructions for other forms the organization may have to file.		ef, it is trui
58 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus if "Yes," see instructions for other forms the organization may have to file. 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 preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge and bet	uss this ref
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus if "Yes," see instructions for other forms the organization may have to file. 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	my knowledge and bel May the IRS disc the preparer show	uss this ret
58 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus if "Yes," see instructions for other forms the organization may have to file. 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 complate rectangles of preparer (other than taxpayer) is based on all information of which preparer has any knowledge OR 17/2020 CHIEF OF STAFF Title	my knowledge and bet May the IRS discretible preparer show instructions)?	uss this ret
Sign Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "Yes," see instructions for other forms the organization may have to file. 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 preparer (other than taxpayer) is based on all information of which preparer has any knowledge OS /7/2020 CHIEF OF STAFF Title Print/Type preparer's name Preparer's signature Date Check	May the IRS discithe preparer show instructions)?	uss this ret
58 Sign	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus If "Yes," see instructions for other forms the organization may have to file. 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 preparer (other than taxpayer) is based on all information of which preparer has any knowledge OR 17 2020 CHIEF OF STAFF Signature of officer Date Print/Type preparer's name Preparer's signature Date Check self- empty	May the IRS discrithe preparer show instructions)?	uss this ret

823711 01-09-19

Form **990-T** (2018)

Form 990-T (2018) AND HISTORY

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A						
1 Inventory at beginning of year	11		6 Inventory at end of year			6	T		
2 Purchases	2	_	7 Cost of goods sold. S		ine 6				
3 Cost of labor	3		from line 5 Enter here			}			
4 a Additional section 263A costs			line 2		· · · ·	7]		
(attach schedule)	4a	•	8 Do the rules of section	1 263A (\	with respect to		'	Yes	No
b Other costs (attach schedule)	4b		property produced or		•		Ì		
5 Total. Add lines 1 through 4b	5		the organization?				Ì		l
Schedule C - Rent Income ((see instructions)	From Real	Property and		Leas	ed With Real Pro	pert	у)		
1. Description of property									
(1) FACILITIES RENTA	<u>. </u>				· · · · · · · · · · · · · · · · · · ·				
(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%)	than	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or it t is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) ai	conne nd 2(b) (cted with the in attach schedul	icome ir ie)	1
(1)									
(2)									
(3)									
(4)								-	
Total	0.	Total		0.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)						
			2 Gross income from		Deductions directly conto debt-finance			le	
Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dec (attach sch		S
(1)				1					
(2)					·				
(3)	,								
(4)				1					
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 schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable column 6 x tota 3(a) and	al of colu	
(1)			%	<u>† </u>		1			
(2)			%	1	· -				
(3)			%	<u> </u>		\top			
(4)			%		·				
		•	,		nter here and on page 1, lart I, line 7, column (A)		Enter here and e		
Totals			•		0				0.
Total dividends-received deductions inc	cluded in column	8							0.
							-		

				Exempt	Controlled O	rganızat	ions				
1 Name of controlled organizat	tion	2. Em identif num			related income e instructions)	4. Total of specified payments made		5. Part of column 4 included in the con organization's gross		trolling	6. Deductions directly connected with income in column 5
(1)	 -	 -		†			<u></u>	<u> </u>			
(2)											<u> </u>
(3)											
(4)											
Nonexempt Controlled Organi	zations			•							
7. Taxable Income		unrelated incor see instruction		9. Total	of specified pay made	ments	10. Part of column the controllingross		inization's		eductions directly connected h income in column 10
(1)	<u> </u>	-					_	_			
(2)											
(3)						**					
(4)		_									
							Add colum Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.		0
Schedule G - Investme		me of a	Section	1 501(c)	(7), (9), or	(17) O	rganization)			
	ription of inc	ome		·	2. Amount of	income	3 Deduction directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)	•										
(3)											
(4)											
					Enter here and Part I line 9, co				<u> </u>	_	Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploited (see instru	•	t Activity	Incom	ne, Othe	r Than Ac		ing Income	;			
·			2 -		4. Net incom	ne (loss)					7.5
1. Description of exploited activity	unrelated incon	Gross d business ne from business	directly of with proof un	penses connected oduction related ss income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	1									•	
(3)					<u> </u>						
(4)					†						-
	page	re and on 1, Part I, , col (A)	page 1	ere and on 1, Part I, col (B)					•		Enter here and on page 1, Part II, line 26
Totals -		0.		0.							0
Schedule J - Advertisi											
Part I Income From I	Periodio	cals Rep	orted o	n a Cor	solidated	Basis	i				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (co			ion	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)		-							l]
(3)]
(4)								-			1
Totals (carry to Part II, line (5))			0.	0	١.						0

Form 990-T (2018) AND HISTORY

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

		,				
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			, -			
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)) 0.	0.				0
Cahadula K. Campanast	ion of Officers	Directors on	d Tructoco /cos			

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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

SCREENING COMMERCIAL FILMS FACILITIES RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/17 09/30/18	2,287. 19,358.	0.	2,287. 19,358.	2,287. 19,358.
NOL CARRYOV	ER AVAILABLE THIS	YEAR .	21,645.	21,645.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

153,350.

► 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).

501(c)(3) Organizations Only

153,350.

ENTITY

OMB No 1545-0687

Internal Revenue Service (99) Name of the organization

Department of the Treasury

FORT WORTH MUSEUM OF SCIENCE AND HISTORY

Employer identification number 75-0755335

512000 Unrelated business activity code (see instructions) ► SCREENING COMMERCIAL FILMS Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 3 Gross profit. Subtract line 2 from line 1c 3 4a 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 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 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 STMT 153,350. 153,350. Other income (See instructions, attach schedule) 12 12

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, 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	44,160.
16	Repairs and maintenance	16	8,665.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 33,709.		_
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	33,709.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 4	28	274,679.
29	Total deductions. Add lines 14 through 28	29	361,213.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-207,863.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-207,863.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

FORM 990-T (M)	OTHER	INCOME	STATEMENT	3
DESCRIPTION			AMOUNT	
OMNI ADMISSIONS			153,35	0.
TOTAL TO SCHEDULE M, PA	ART I, LINE 12		153,35	0.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	4
DESCRIPTION		to 1	AMOUNT	
DESCRIPTION DISTRIBUTION AND PRODUCTHER ADMINISTRATIVE EX				

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

275,619.

y year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 20

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 Public Inspection for 501(c)(3) Organizations Only

275,619.

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

FORT WORTH MUSEUM OF SCIENCE AND HISTORY

Employer identification number 75-0755335

522100 Unrelated business activity code (see instructions) ► FACILITIES RENTAL Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 275,619. 1a Gross receipts or sales 275,619. b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 275,619. 275,619 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, 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	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)	_ 2	21 17,2	246.		
22	Less depreciation claimed on Schedule A and elsewhere on return	2	2a		22b	17,246.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs		•		25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	SEE	STATEMENT	5	28	216,864.
29	Total deductions. Add lines 14 through 28				29	234,110.
30	Unrelated business taxable income before net operating loss deduction. Subtract	line 2	29 from line 13		30	41,509.
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 20	18 (see			
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	41,509.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

3

orm 990-T (2018)	FORT	WORTH	MUSEUM	OF	SCIENCE
	3 3 T T	T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	-		

7 :	5 – 1	0	7	5	5	3	3	5

AND HISTO						/5-0/5	233	<u> </u>	
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory va	aluation 🕨 N/A	<u> </u>				
 Inventory at beginning of year 	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract i	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Y	es No
b Other costs (attach schedule)	4b		1	property produced or a					
5 Total. Add lines 1 through 4b	5		1	the organization?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			x
Schedule C - Rent Income (see instructions)	(From Real	Property and			Leas	ed With Real Pro	pert	у)	- · ·
Description of property			·						_
(1)			-						
(1)									
(2)									
(3)									
(4)	2 Rent receiv	ed or accrued				· · · · · · · · · · · · · · · · · · ·			 -
(a) From personal property (if the per			nd norce	nal property (if the percenta	200	3(a)Deductions directl	y conne	cted with the inco	me in
rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal p	property (if the percent property exceeds 50% or if d on profit or income)		columns 2(a) a	nd 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 (B)	•		0
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	ctions)					
	•					3 Deductions directly cor			
	÷			Gross income from or allocable to debt-	/01	to debt-finan	ced prop		
1. Description of debt-fit	nanced property			financed property	(4)	Straight line depreciation (attach schedule)		(b) Other dedu- (attach sched	
						,			
(1)			1				\top		-:-
(2)			1						-
(3)			† 				\top		
(4)			1				+		
4. Amount of average acquisition	5 Average	adjusted basis	6	Column 4 divided		7. Gross income		8. Allocable de	ductions
debt on or allocable to debt-financed property (attach schedule)	of or a	illocable to nced property	"	by column 5		reportable (column	(column 6 x total o	of columns
property (attach schedule)		schedule)	Ι,			2 x column 6)		3(a) and 3	(b))
/1)			 '	%		· · ·	+-		
(1)			1				+-		
(2)			┿┈┈	%			+		
(3)			 	%			+	·	
(4)			<u> </u>	%			-		
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu	
Totals				>		0			0
Total dividends-received deductions in	cluded in column	18					\rightarrow		0
								F 00	0 T (2016

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	AMOUNT
CATERING CONTRACTED SERVICES SALARIES AND WAGES	120,968. 92,743.
CREDIT CARD SERVICE CHARGES SUPPLIES	699. 611.
CONTRACT SERVICES REPAIRS AND MAINTENANCE	228. 1,615.
TOTAL TO SCHEDULE M, PART II, LINE 28	216,864.

SCHEDULE I (Form 1041)

Alternative Minimum Tax - Estates and Trusts

➤ Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2018

Department of the Treasury Internal Revenue Service Name of estate or trust

FORT WORTH MUSEUM OF SCIENCE AND HISTORY

Employer identification number

75-0755335

Pa	irt I Estate's or Trust's Share of Alternative Minimum Taxable	Incom	е			
1	Adjusted total income or (loss) (from Form 1041, line 17)				1	19,864.
2	Interest				2	
3	Taxes				3	
4	Reserved for future use				4	
5	Refund of taxes				_5	()
6	Depletion (difference between regular tax and AMT)				6	
7	Net operating loss deduction. Enter as a positive amount	SEE	STATEMENT	6	7	21,645.
8	Interest from specified private activity bonds exempt from the regular tax				8	
9	Qualified small business stock (see instructions)				9	
10	Exercise of incentive stock options (excess of AMT income over regular tax income)				_10	
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)				11	
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)				12	
13	Disposition of property (difference between AMT and regular tax gain or loss)				13	
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)				14	
15	Passive activities (difference between AMT and regular tax income or loss)				15	
16	Loss limitations (difference between AMT and regular tax income or loss)				16	
17	Circulation costs (difference between regular tax and AMT)				17	
18	Long-term contracts (difference between AMT and regular tax income)				18	
19	Mining costs (difference between regular tax and AMT)				19	
20	Research and experimental costs (difference between regular tax and AMT)				20	
21	Income from certain installment sales before January 1, 1987				21	()
22	Intangible drilling costs preference				22	
23	Other adjustments, including income-based related adjustments				23	
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies	;)			24	()
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24				25	41,509.
	Note: Complete Part II below before going to line 26.		•			
26	Income distribution deduction from Part II, line 44 N/A	· L	26			
27	Estate tax deduction (from Form 1041, line 19) N/A	L	27			
28	Add lines 26 and 27				28	
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 $$				29	41,509.
	If line 29 is:					

- \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax.
- Over \$24,600, but less than \$180,300, go to line 45.

\$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.

	• \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52.		
Pa	rt II Income Distribution Deduction on a Minimum Tax Basis N/A		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for		
	charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	_
35	Capital gains computed on a minimum tax basis included on line 25	35	()
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2018)

_	dule (Form 1041) (2018) FORT WORTH MUSEUM OF SCIENCE		·		-0755335 Page 2
_	rt II Income Distribution Deduction on a Minimum Tax Basis		nued)	N/A	<u> </u>
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line	37.			
	If zero or less, enter -0-			43	. <u></u>
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.			
_	Enter here and on line 26			44	
	rt III Alternative Minimum Tax			T T	
	Exemption amount	۱	I 41 FOO	45	\$24,600 00
46	Enter the amount from line 29	46	41,509	<u>-</u>	
47	Phase-out of exemption amount	47	\$81,900 00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	<u> </u>	ا <u>.</u> . ا	0
49	Multiply line 48 by 25% (0.25)			49	24,600.
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	16,909.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	-			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	se, it iini	9 51 IS -		
	• \$191,100 or less, multiply line 51 by 26% (0.26).				4 206
	• Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result			52	4,396.
	Alternative minimum foreign tax credit (see instructions)			53	4,396.
54	Tentative minimum tax. Subtract line 53 from line 52		0-1	54	5,366.
55 56	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sched			55	3,300.
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	and or	1	56	0.
Da	Form 1041, Schedule G, line 1c rt IV Line 52 Computation Using Maximum Capital Gains Ra	hoe		56	<u> </u>
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Worl		· · · · · · · · · · · · · · · · · · ·	1 1	
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruct	-			
	before completing this part.	10110		i i	
57	Enter the amount from line 51			57	
	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax	1		\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
•	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58			
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)				
	(as refigured for the AMT, if necessary). If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	59			
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the			7	
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter				
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	60			
61	Enter the smaller of line 57 or line 60		<u> </u>	61	
62	Subtract line 61 from line 57			62	
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by				_
	28% (0.28) and subtract \$3,822 from the result			63	
64	Maximum amount subject to the 0% rate	64	\$2,600 00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D				
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't				
	complete Schedule D or either worksheet for the regular tax, enter the amount				
	from Form 1041, line 22; if zero or less, enter -0-	65		_	
66	Subtract line 65 from line 64. If zero or less, enter -0-	66		_	
67	Enter the smaller of line 57 or line 58	67	·	_	
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68		_	
69	Subtract line 68 from line 67	69			

819862 12-13-18

Schedule I (Form 1041) (2018)

Pa	rt IV Line 52 Computation Using Maximum Capital Gains Rat	es _{(CC}	ntinued)		
70	Maximum amount subject to rates below 20%	7Ò	\$12,700 00		
71	Enter the amount from line 66	71		}	
72	Enter the amount from line 27 of Schedule D (Form 1041), line 18 of the		- 	}	
	Schedule D Tax Worksheet, or line 5 of the Qualified Dividends Tax				
	Worksheet, whichever applies (as figured for the regular tax). If you				
	didn't complete Schedule D or either worksheet for the regular tax, enter				
	the amount from Form 1041, line 22; if zero or less, enter -0-	72			
73	Add line 71 and line 72	73			
74	Subtract line 73 from line 70. If zero or less, enter -0-	74			
75	Enter the smaller of line 69 or 74	75			
76	Multiply line 75 by 15% (0.15)		•	76	
77	Add lines 68 and 75	77			
	If lines 77 and 57 are the same, skip lines 78 through 82 and go to line 83. Otherwise, go	to line	78.		
78	Subtract line 77 from line 67	78			
79	Multiply line 78 by 20% (0.20)		>	79	
	If line 59 is zero or blank, skip lines 80 through 82 and go to line 83. Otherwise, go to line	e 80.			
80	Add lines 62, 77, and 78	80			
81	Subtract line 80 from line 57	81			
82	Multiply line 81 by 25% (0.25)		•	82	
83	Add lines 63, 76, 79, and 82			83	
84	If line 57 is \$191,100 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 2	28% (0.	28)		
	and subtract \$3,822 from the result			84	
85	Enter the smaller of line 83 or line 84 here and on line 52			85	
				S	chedule I (Form 1041) (2018)

SCHEDULE I	NET OF	PERATING LOSS CARRYOVER	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	AMOUNT
09/30/17 09/30/18	2,287. 19,358.	0. 0.	2,287. 19,358.
TOTAL TO S	CHEDULE I, LINE 7		21,645.