T heo	Ex	empt Organization Bu	ısin	ess Income	e Tax Retu	ırn	ОМ	IB No 1545-06	87
Form STU-I		(and proxy tax un	der	section 60	33(e))		4	തെ 🗗 🖸	•
\\	For cale	ndar year 2018 or other tax year beginning					4	5W I Q	
Department of the Treasury	<b></b>	Go to www.irs.gov/Form990T for li	nstruc	tions and the late	st information.		Openito	Public Inspect	ion for
Internal Revenue Service	► Do no	t enter SSN numbers on this form as it m	ay be n	nade public if your or	ganization is a 501		501(c)(	3) Organizations	s Only
A Check box if address changed	ŀ		x if nam	e changed and see ins	structions )			ntification num t, see instructions	
B Exempt under section		SCIENCE SPECTRUM, INC							
X 501 (C )(23 )	Print	Number, street, and room or suite no. If a f	O box	k, see instructions				184555	
408(e) 220(e)	or	P O BOX 93178					lated bus instructions	iness activity	code
408A 530(a)	Туре	City or town	State		ZIP code				
529(a)		LUBBOCK	TX		79493				
		Foreign country name Fo	reign p	rovince/state/county Fe	oreign postar code		713	3990	
C Book value of all assets at	F Grou	up exemption number (See instruct	tions )	<b>•</b>		L			
end of year 17,383,280		ck organization type ► X 501(		poration 50	1(c) trust	401(a)	trust	Other tr	rust
		ization's unrelated trades or busine			Descri			irst) unrelate	ed
trade or business he	re 🔊			If only one, com	plete Parts I–V	If more	than on	e, describe	the
trade or business, the	e at the e	end of the previous sentence, comp	plete F	Parts I and II, com	iplete a Schedu	le M for e	each ad	ditional	
				u a marant aubaidia		.=2		<del></del>	<del></del>
		poration a subsidiary in an affiliated gi ntifying number of the parent corporat		r a parem-subsidia	ry controlled grot	upr	[	Yes <u>  X</u>	∐No
		CASSANDRA HENRY	1011	Telen	hone number	<b>≥</b> 806-	-745-25	25	
Part I Unrelated 1				(A) Income		penses	1	(C) Net	
1 a Gross receipts or s		1,010,407	T		<del>-  </del>		$\neg$		T
<b>b</b> Less returns and allow		c Balance ▶	1c	1,010,407	y			<b>'</b> •	
2 Cost of goods sold	(Schedule	e A, line 7)	2		•	-			
3 Gross profit Subtra			3	1,010,407				1,010,407	7
4 a Capital gain net inc			4a						↓
•		rt II, line 17) (attach Form 4797)	4b						<del> </del>
c Capital loss deduct			4c						<del></del>
<ul><li>5 Income (loss) from a pa</li><li>6 Rent income (Sche</li></ul>		or an S corporation (attach statement)	6			1	+		+-
7 Unrelated debt-fina		ome (Schedule E)	7				_		+-
		from a controlled organization (Schedule F)	8				$\top$		+-
· · ·	•	(7), (9), or (17) organization (Schedule G)	9						1
10 Exploited exempt a	ctivity inc	ome (Schedule I)	10						
11 Advertising income			11				$\bot$		↓
-		ns, attach schedule)	12			*	$+\!-$		—
13 Total. Combine line			13	1,010,407	-111	0		1,010,407	
<del></del>		ken Elsewhere (See instruction		<i>-</i> \		Except	tor con	itributions,	,
		directly connected with the uni	relate	g business inco	ome.)	<del></del>	<del></del>		<del></del>
<ul><li>14 Compensation of o</li><li>15 Salaries and wages</li></ul>		ectors, and trustees (Schedule K)	ハド	10/08/		_	5	46 106	,—
16 Repairs and mainte		SECE.		.a  &			6	46,106	Ή—
17 Bad debts	manoc	ee instructions)	<b>1</b>	012 / 10			7		+-
18 Interest (attach sch	edule) (se	ee instructions)	<b>3</b> "		•		8		$\top$
19 Taxes and licenses		e instructions for limitation rules)	أيسد			1	9	3,814	1
			n/c	Market 1		2	20		
21 Depreciation (attac				21			_		
	laimed or	n Schedule A and elsewhere on je	tűrn	22a			2b		<b>↓</b>
23 Depletion	farrad aam	mnanastran nlana				_	23	···	┼—
24 Contributions to de 25 Employee benefit p		ripensation plans					25		┼─
26 Excess exempt exp		chedule I)					6		+
27 Excess readership							7		
28 Other deductions (a							8	947,995	
29 Total deductions.						_	9	997,915	_
		ncome before net operating loss de				3		12,492	1
<u> </u>		ansing in tax years beginning on or a		nuary 1, 2018 (see	instructions)	3		10.100	<del></del>
		ncome Subtract line 31 from line 3	10		<u> </u>	3	2	12,492	
For Paperwork Reduction	Act Notice	e, see instructions.					Fo	orm <b>990-T</b> (	(2018)

Form 99	90-T (2018)	SCIENCE SPECTRUM, INC				75-2	184555	i	P	age <b>2</b>
Part	1 <u>0</u>	otal Unrelated Business Taxable Income								
33		unrelated business taxable income computed from	all unrelated trade:	s or bu	ısınesses (see					
	instruction				•		33	1:	2,492	
34	Amounts	paid for disallowed fringes .					34			
35	Deduction	in for net operating loss arising in tax years beginning	ng before January	1, 201	l8 (see					
	instruction	ons)					35	1:	2,492	
36	Total of	inrelated business taxable income before specific o	leduction Subtrac	t line 3	5 from the sum	1	1 [			
	of lines 3	33 and 34 .					36		0	
37		deduction (Generally \$1, 000, but see line 37 instru					37		0	
38		d business taxable income. Subtract line 37 from	line 36 If line 37 i	s grea	iter than line 36	,				
		smaller of zero or line 36					38		0	
Part		ax Computation								
39	_	ations Taxable as Corporations. Multiply line 38 b	•				39		0	
40		axable at Trust Rates. See instructions for tax com	•							
		on line 38 from Tax rate schedule or	Schedule D (Form	1041	) .	. ▶	40			
41	-	x. See instructions .			•		41			
42		ve minimum tax (trusts only)					42			
43		Noncompliant Facility Income. See instructions				•	43			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever a	pplies				44		0	
Part		ax and Payments				<del></del>	т т			
45 a		ax credit (corporations attach Form 1118, trusts att	ach Form 1116)	45a		-	.			
		edits (see instructions)	,	45b		_				
C		business credit Attach Form 3800 (see instructions	•	45c		+				
d		r prior year minimum tax (attach Form 8801 or 8827	′)	45d			1:		ړ	
		edits. Add lines 45a through 45d	•				45e 46		0	
46		line 45e from line 44 s Check if from Form 4255 Form 8611 Form 8	697 Form 8866		1 04 (-4	المانيات	47			
47 49		s Check if from Form 4255 Form 8611 Form 86 c. Add lines 46 and 47 (see instructions)	09/ F0IIII 8800	L	Other (attach sche	equie)	48		0	
48 49		: 965 tax liability paid from Form 965-A or Form 965	-B Part II column	(k) for	ne 2		49			
50 a		s A 2017 overpayment credited to 2018	-b, r art ii, cosaiiiii	50a	i Z	1	<del>                                     </del>			
b b	-	imated tax payments		50b		†	1			
c		osited with Form 8868		50c		†	1			
d	•	organizations Tax paid or withheld at source (see in	nstructions)	50d		1	1 1			
e	-	withholding (see instructions) .	,	50e		1	1			
f		r small employer health insurance premiums (attach	n Form 8941)	50f		1	i i			
g		edits, adjustments, and payments Form 2439	<b>,</b>				1 }			
J	_	4136 Other	Total ►	50g	ĺ ,	ا			ĺ	
51		yments. Add lines 50a through 50g		oug		-	<u>-</u> 51		o	
52		d tax penalty (see instructions) Check if Form 2220	) is attached		•		52			
53		. If line 51 is less than the total of lines 48, 49, and 5		wed		_▶	53		0	
54		ment. If line 51 is larger than the total of lines 48, 4			overpaid	•	54		0	
55		amount of line 54 you want Credited to 2019 estimate			Refunde	d ►	55		0	
Part		atements Regarding Certain Activities and		tion (	see instruction	s)				
56		me during the 2018 calendar year, did the organizat					authorit	tv	Yes	No
		nancial account (bank, securities, or other) in a forei							$\Box$	
		Form 114, Report of Foreign Bank and Financial Ac								
	here <b>&gt;</b>	. ,	•			_				Χ
57	During th	e tax year, did the organization receive a distribution fro	m, or was it the gra	ntor of	or transferor to	a forei	gn trust	?		Х
	_	see instructions for other forms the organization ma	-				_			
58	Enter the	amount of tax-exempt interest received or accrued	during the tax yea							
		r penalties of penjury. I declare that I have examined this return, including ac				my know	ledge and	belief, it is true	correct	
Sign	and	omplete Declaration of preparer (other than taxpayer) is based on all inform	nation of which preparer ha	as any kn	owleage		May the	IRS discuss th	ıs retum	with
Here		rasander X. Henry 11-14-	<i>.]∪i⁰</i>	IDEN	r <u>.                                    </u>		the prepa	arer shown bel	ow (see	
		nature of officer Date	Title				instruction	ons)? X Y	es	No
		Print/Type preparer's name Preparer's s	signature 011		Date	Chec	_k 🗆	ıf PTIN		
Paid		SCOTT CHERRY SCOTT C	HERRY SHE	len	11/11/2019		employed		8737	
Prep		Firm's name CHERRY, LIGHT AND RIDLEY				Fırm's	EIN ▶	75-289850		
Use	Only	Firm's address 1117 65TH DR, LUBBOCK, TX 79	9412			Phone		(806) 747-		
		7117 CO.1.7 E. 1/4 EO CO. C. 1/4 TX TX	- · · <del>-</del>							

Form 990-T (2018) SC	IENCE SPECT	RUM, INC	_			75	-2184555	Page 3
Schedule A-Cost of Good	ds Sold. Ente	r method o	f inventory valua	tior	i <b>▶</b>			
1 Inventory at beginning of		1	6		entory at en	d of year	6	
2 Purchases		2	7	Co	st of goods	sold. Subtract		
3 Cost of labor		3		line	e 6 from line	5 Enter here		
4 a Additional section 263A c	osts			an	d in Part I, lii	ne 2 .	7	0
(attach schedule)	<u> </u>	la	8	Do	the rules of	section 263A (w	th respect to	Yes No
b Other costs (attach sched	<i>_</i>	lb		pro	operty produ	ced or acquired f	or resale)	
5 Total. Add lines 1 through		5	0]		ply to the org			
Schedule C—Rent Income	(From Real	Property a	nd Personal Pro	ppe	erty Leased	d With Real Pr	operty)	
(see instructions)							······································	
1 Description of property								
(1)								
(2)								
(3)						<del></del>	<del> </del>	
(4)	•					I	<del></del>	
	2. Rent receiv	red or accrued						
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and personal prope e of rent for personal pro the rent is based on pro	pert	y exceeds		irectly connected with a) and 2(b) (attach so	
(1)								
(2)								
(3)								
(4)								
Total	0	Total			0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(c) Total income. Add totals of col here and on page 1, Part I, line 6, c	, ,	(b) Enter ►			0	(b) Total deduct Enter here and of Part I, line 6, col	on page 1,	0
Schedule E—Unrelated De		Income (se	ee instructions)					
1 Description of debt-			2 Gross income from allocable to debt-finance		3 (	Deductions directly con to debt-finan		ible
T Description of debt-	ппапсец ргорену		property	Jeu		line depreciation h schedule)	(b) Other ded (attach sch	
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	5. Average adj of or alloc debt-financed (attach sci	able to d property	6 Column 4 divided by column 5			come reportable 2 × column 6)	8 Allocable de (column 6 × total 3(a) and 3	of columns
(1)				%		0		0
(2)				%		. 0		0
(3)				%		0		0
(4)				%		0		0
Totals						and on page 1, 7, column (A)	Enter here and Part I, line 7, c	
10(4)2				-		U		U

Form **990-T** (2018)

Total dividends-received deductions included in column 8

Schedule F-Interest, Annuiti	es, Royalties,	and Rer	nts From	Con	trolled Orga	nizations (se	e instru	uctions)	
			Controlled			,			
Name of controlled organization	2 Employer identification number	3. Net un	related incom	ne	4. Total of specific payments made		e controll	ing conr	eductions directly ected with income in column 5
(1)				$\neg$					
(2)									
(3)									
(4)									
Nonexempt Controlled Organization	s	÷							
7 Taxable Income	, 8 Net unrelated (loss) (see instru				of specified ents made	10. Part of column the organization's e	e controll	ing conne	Deductions directly cled with income in column 10
(1)									
(2)									
(3)									
(4)									
						Add columns Enter here and Part I, line 8,	d on page	1, Enter	columns 6 and 11 nere and on page 1, , line 8, column (B)
Totals					▶	•		0	0
Schedule G—Investment Inco	<u>me of a Section</u>	on 501(c	<u>)(7), (9), (</u>	<u>or (1</u>	<u>7) Organiza</u>	tion (see instru	ictions)	•	
1. Description of income	2. Amount of	ncome	dırı		actions onnected chedule)	4. Set-aside (attach schedi		and so	etal deductions et-asides (col. 3 elus col. 4)
(1)									0
(2)									0
(3)									0
(4)									0
Totals ►	Enter here and of Part I, line 9, col		-				•	1	e and on page 1, e 9, column (B) 0
Schedule I—Exploited Exemp	t Activity Inco			A dve	ertising Inco	me /see instru	ctions)	<u> </u>	
Schedule I—Exploited Exemp	ACTIVITY IIICO	ine, Our	Ci iliali /	Auve	rusing inco	ine (see institut	T		
Description of exploited activity	2. Gross unrelated business incon from trade or business	ne conn prod un	expenses lirectly ected with duction of irelated ess income	from or bu 2 mi If a	et income (loss) unrelated trade usiness (column inus column 3) gain, compute s 5 through 7	5 Gross income from activity that is not unrelated business income	attnb	expenses outable to olumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					0		†		0
(2)					0	<del></del>			0
(3)					0				0
(4)					0				0
	Enter here and page 1, Part I line 10, col (A	page ) line 1	nere and on e 1, Part I, 0, col (B)				•		Enter here and on page 1, Part II, line 26
Totals Schedule J—Advertising Inco	· · · · · · · · · · · · · · · · · · ·	0	0)						0
			2	-44	Doolo				
Part I Income From Perio	dicais Reporte	ed on a C	onsolia	ated	Basis		T		
1 Name of penodical	2 Gross advertising income		Direct tising costs	gair , 2 m a g	Advertising n or (loss) (col ninus col 3) If gain, compute s 5 through 7	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)				ļ					
(2)		<del></del>							
(3)							<u> </u>		
(4)		_		<u> </u>			<u> </u>		
Totals (carry to Part II, line (5))	<b>&gt;</b>	0	0		0	0		0	0

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part 以 columns 2 through 7 on a line-by-line basis.) 4 Advertising gain or (loss) (col 7. Excess readership 2. Gross costs (column 6 minus column 5, 6. Readership 3 Direct 5 Circulation 1. Name of penodical advertising 2 minus col 3) If advertising costs income costs a gain, compute cols 5 through 7 but not more than column 4) ıncome (1) 0 0 (2) 0 0 (3) 0 0 (4) 0 0 Totals from Part I 0 0 0  $\blacktriangleright$ Enter here and on page 1, Part I, line 11, col (A) Enter here and Enter here and on page 1, Part I, line 11, col (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

Octicadic it	Compensation of Chicers, Director	of and managed foce mendenens		
	1. Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here	e and on page 1, Part II, line 14		<b>&gt;</b>	0

Form 990-T (2018)

Line 28 (990-T) - Other Deductions

Ellie 20 (000 1) Other Beautione		
1 Advertising and promotion	1	2,861
2 Bank charges	2	5,840
3 Cash long and short	3	184
4 Donations required by state law	4	46,427
5 Equipment rent	5	60,383
6 Insurance	6	1,167
7 Janitorial	7	3,700
8 Miscellaneous	8	461
9 Office expenses	9	449
0 Prizes	10	733,106
1 Rent and utilities	11	61,366
2 Supplies	12	30,967
3 Telephone	13	1,084
4 Total other deductions	. 14	947,995
5 Total deductions less expenses for offsetting credits	. 15	947.995