OMB No 1545-0047

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e)))

For Paperwork Reduction Act Notice, see instructions.

HTA

Form 990-T (2019)

Form 99	90-T (2019)	SCIENCE SPECTRUM, INC	75-2	184555	Page 2
Part	III	otal Unrelated Business Taxable Income			
		unrelated business taxable income computed from all unrelated trades or businesses (see		,	•
	instruction	·	Į,	32	10,793
33		s paid for disallowed fringes		33	0
34		le contributions (see instructions for limitation rules)		34	<u> </u>
35		related business taxable income before pre-2018 NOLs and specific deduction. Subtract	~	 	
•		om the sum of lines 32 and 33	9	85	10,793
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see	1		10,700
	instruction		10	36	10,793
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	0
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	
39	-	ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		30	
00		smaller of zero or line 37		39	0
Part !		ax Computation		_ 30	<u>.</u>
Part				40	
40	_	ations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	0
41		axable at Trust Rates. See instructions for tax computation. Income tax on the			
		on line 39 from Tax rate schedule or Schedule D (Form 1041)		41	
42		x. See instructions	•	42	
43		ve minimum tax (trusts only)		43	
44		Noncompliant Facility Income. See instructions		44	
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
Part	V T	ax and Payments			
46 a	Foreign	ax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other cr	edits (see instructions) 46b			
C	General	business credit Attach Form 3800 (see instructions) 46c			
d	Credit fo	r prior year minimum tax (attach Form 8801 or 8827) 46d			
е	Total cre	edits. Add lines 46a through 46d		46e	0
47	Subtract	line 46e from line 45	ı	47	0
48	Other taxe	s Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedi	ule)	48	
49		x. Add lines 47 and 48 (see instructions)		49	0
50		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	Ì	50	
51 a		s A 2018 overpayment credited to 2019 51a	ľ		
b		imated tax payments 51b			
		osited with Form 8868 51c			
	•	organizations Tax paid or withheld at source (see instructions) 51d	\dashv	1	
		withholding (see instructions) 51e			
f	•	r small employer health insurance premiums (attach Form 8941) 51f			
		edits, adjustments, and payments Form 2439			
9					
		4136 Other Total ▶ 51g	0		
52		yments. Add lines 51a through 51g	,	52	0
53		d tax penalty (see instructions) Check if Form 2220 is attached ▶	_J	53	
54		If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶	54	0
55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	0
56		amount of line 55 you want. Credited to 2020 estimated tax. Refunded	<u> </u>	56	0
Part	VI St	atements Regarding Certain Activities and Other Information (see instructions)			
57	At any tu	ne during the 2019 calendar year, did the organization have an interest in or a signature or c	ther a	authority	Yes No
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma			
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fo	•		1 1
	here ▶	The second of th		country	X
58		e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	forei	in trust?	
		see instructions for other forms the organization may have to file	1 101016	jii a asc	 ^
59		amount of tax-exempt interest received or accrued during the tax year > \$			
		penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	y knowl	edge and helie	Lit is true, correct
C:	l and c	omplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	.,	age and belie	, 1113 1146, 66/1661,
Sign		Passange L. Henry 11-11-2070 PRESIDENT			discuss this return with
Here			- [the preparer s instructions)?	Shown below (see
	Sigi	nature of officer Date Title			X Yes No
Paid		Print/Type preparer's name Preparer's stignature Date	Chec	k 🔲 if	PTIN
		SCOTT CHERRY SCOTT CHERRY 11/11/2020	self-e	mployed	P00118737
Prep		Firm's name ► CHERRY, LIGHT AND RIDLEY	Firm's	<u>_</u>	2898506
Use	Only	Firm's address 1117 65TH DR LLIBBOOK TY 79412	Phone		6) 747 2542

Form 990-T (2019))-T (2019)
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SCIENCE SPECTRUM, INC.

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10.	·_	10	

Page 3

Schedule A—Cost of Good	ds Sold. Ente	r method o	f inventory va	aluation	1▶	<u>-</u>			
1 Inventory at beginning of	year	1		6 Inv	ventory at en	d of year	6		
2 Purchases		2		7 Cc	st of goods	sold. Subtract	- 1	 .	
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)	4	a		8 Do	the rules of	section 263A (wit	h respect	to Yes	No
b Other costs (attach sched	iule) 4	b				ced or acquired fo	•		
5 Total. Add lines 1 through		5	0		ply to the org	•	,	1	
Schedule C-Rent Income		Property a	nd Personal				perty)		
(see instructions)	•	•		-			,		
Description of property									
(1)	.		• "						
(2)									
(3)						<u> </u>			
(4)			_						
	2. Rent receiv	ed or accrued					_		
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and person te of rent for person the rent is based of	al propert	y exceeds	3(a) Deductions di in columns 2(a		cted with the inco attach schedule)	me
(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 deduc Enter here and o Part I, line 6, coli	n page 1,	>	0
Schedule E-Unrelated De	bt-Financed	Income (se	e instructions)						
1. Description of debt-	financed property		2. Gross income from or allocable to debt-financed			onnected with or allocable need property			
			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)								<u> </u>	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6. Columi 4 divided by column			come reportable 2 × column 6)	(column	ocable deductions 6 × total of columi (a) and 3(b))	
(1)	-			%		0			0
(2)				%		0			0
(3)				%		0		·	0
(4)				%	· · · · ·	0	_		0
					Enter here	and on page 1,	Enter he	re and on page	
						7, column (A)		ne 7, column (E	
Totals				►Ì		0	- 1		0
Total dividends-received deduct	ions included in	column 8				•			

Sche	dule F—Interest, Annu	ities, Royalties,			d Organizatio		inizations (se	e instru	ictions)		
	A Manage of a setable d	. F	Exemp	or Countoner	J Organizatio	1115			<u> </u>		
	Name of controlled organization	2 Employer identification number		unrelated incor		of specifie ents made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly nected with income in column 5	
(1)											
(2)											
(3)											
(4)		<u>l</u>	<u> </u>		i				l		
Nonex	cempt Controlled Organization	ons									
7. Taxable Income			8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		ng conne	Deductions directly ected with income in column 10	
(1)		-									
(2)											
(3)											
(4)		1				-					
							Add columns Enter here and Part I, line 8, o	on page	1, Enter	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals								_	0	0	
Sche	dule G-Investment Inc	come of a Section	on 501(c)(7), (9),	or (17) Org	ganizat	t ion (see ınstru	ctions)			
	1 Description of income	2. Amount of	ncome		3. Deductions rectly connected attach schedule)	į	4. Set-aside: (attach schedu		and s	otal deductions et-asides (col 3 plus col 4)	
(1)										0	
(2)			·							0	
(3)									0		
(4)	=									0	
		Enter here and		-						re and on page 1,	
		Part I, line 9, col	umn (A)	١,				Part I, lin	e 9, column (B)		
Totals		<u> </u>		<u> </u>						0	
Sche	dule I—Exploited Exem	npt Activity Inco	me, Ot	<u>her Than</u>	<u>Advertisin</u>	g Inco	me (see instruc	tions)			
	1 Description of exploited activity	2. Gross unrelated business incor from trade of business	ne cor	Expenses directly nected with oduction of unrelated iness income	4. Net income from unrelate or business (in 2 minus columbia from colors 5 through the colors	d trade column mn 3) mpute	5. Gross income from activity that attrib		xpenses utable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						0		<u> </u>		0	
(2)						0				0	
(3)						0				0	
(4)						0				0	
		Enter here and page 1, Part I line 10, col. (A	, pa) line	r here and on ge 1, Part I, 10, col (B)		, '				Enter here and on page 1, Part II, line 25	
Totals	Table 1 Add a Add a section		_0		1		 			0	
	dule J—Advertising Inc										
Part	Income From Per	iodicals Reporte	<u>ed on a</u>	Consolic	lated Basis	<u> </u>				r	
	1 Name of periodical	2 Gross advertising income		3 Direct ertising costs	4. Advertis gain or (loss 2 minus col a gain, com cols 5 throu) (col 3) If pute	5 Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										. 1	
(2)] .	ſ]	
(3)]	Ì] [
(4)					<u></u>	[<u> </u>	
	(carry to Part II, line (5))	•	0			٥				0	

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

%

%

▶

						70 270 1000	rage C
Part II 'Income From	Periodic	cals Reported	on a Separate	Basis (For each	periodical listed	l in Part II, fi	ll in
· columns 2 thro	ugh 7 or	<u>a line-by-line l</u>	oasis)				
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)				0			C
(2)				0			C
(3)				0			C
(4)				0			C
Totals from Part I		0	0	·			C
, ——·		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		the second		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0	0		,	•	l c
Schedule K—Compensa	tion of C	Officers, Direct	ors, and Trus	tees (see instruction	ns)		
1. Name				2 Title	3. Percent of time devoted to business		ation attributable to ed business
(1)					9/	6	
(2)					0,	,	

Form **990-T** (2019)

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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information

2019

Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number 990T SCIENCE SPECTRUM, INC 75-2184555 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 360 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L 30-year 30 yrs MM S/L d 40-year 40 yrs MM Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 360 23 For assets shown above and placed in service during the current year, enter the

23

Line 27 (990-T) - Other Deductions

1	Advertising and promotion	1	1,854
•2	Bank charges	2	6,348
3	Cash long and short	3	75
4	Donations required by state law	4	57,197
5	Equipment rent	5	66,068
6	Insurance	6	1,440
7	Janitorial	7 —	4,292
8	Miscellaneous	8	267
9	Office expenses	9	668
10	Prizes	10	785,486
11	Rent and utilities	11	66,621
12	Supplies	12	34,312
13	Telephone	13	1,261
14	Total other deductions	14	1,025,889
<u>15</u>	Total deductions less expenses for offsetting credits	15	1,025,889