

PUBLIC INSPECTION COPY

Enclosed is a copy of your annual information return, Form F-1120, for public inspections, which excludes any specific schedules that are not open for public inspection. This public inspection form must be properly signed.

Your exemption application (Form 1023 or Form 1024), a copy of your IRS exemption acceptance, as well as the last three years (from filing date) annual information return must be available for public inspection to anyone who requests so in writing.

(Reg. 301.6104(d)(3), (4), and (5)).



Florida Corporate Income/Franchise Tax Return
FEIN 59-0838924

CSOL
F-1120, R. 01/16
Rule 12C-1.051
Florida Administrative Code
Effective 01/16

For calendar year 2015 or tax year beginning
10/01/15 ending 09/30/16

862302016093000020050373359083892400001



Name **TALLAHASSEE MUSEUM OF HISTORY AND**
Address
Address **3945 MUSEUM DRIVE**
City/State/ZIP **TALLAHASSEE FL 32310**

Computation of Florida Net Income Tax

Check here if any changes have been made to name or address

1. Federal taxable income (see instructions) Attach pages 1-5 of federal return	Check here if negative <u>X</u>	-29,248.00
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative _____	.00
3. Additions to federal taxable income (from Schedule I)	Check here if negative _____	.00
4. Total of Lines 1, 2 and 3.	Check here if negative <u>X</u>	-29,248.00
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative _____	0.00
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <u>X</u>	-29,248.00
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <u>X</u>	-29,248.00
8. Nonbusiness income allocated to Florida (from Schedule R)	Check here if negative _____	0.00
9. Florida exemption		0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9)		0.00
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)		0.00
12. Credits against the tax (from Schedule V)		.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12)		0.00
14. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____ Line 14 Total ▶		.00
15. Total of Lines 13 and 14		0.00
16. Payment credits: Estimated tax payments 16a \$ <input type="text"/> Tentative tax payment 16b \$ <input type="text"/>		.00
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19		0.00
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon		.00
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon		.00

Florida Corporate Income Tax Return

Do Not Detach

YEAR ENDING 09/30/16

CSOL
F-1120
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To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name **TALLAHASSEE MUSEUM OF HISTORY AND**
Address
Address **3945 MUSEUM DRIVE**
City/State/ZIP **TALLAHASSEE FL 32310**

590838924	0	0	0
20151001	0	0	0
20160930	-2924800	0	0
00000000	0	0	0
012	0	0	0
211	0	0	0
-2924800	0	0	0
0	0	0	0



TALLAHASSEE MUSEUM OF HISTORY AND
 FEIN **59-0838924**

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This return is considered incomplete unless a copy of the federal return is attached.
 If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	
	<i>Kathleen Broton, CPA</i>	08/07/17	PRESIDENT/CEO	
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	ZIP
	CARROLL AND COMPANY, CPAS 2640-A MITCHAM DRIVE TALLAHASSEE FL		59-3038528	32308

- A. State of incorporation: FL
- B. Florida Secretary of State document number: 700373
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
- G. A Florida extension of time was timely filed? YES NO
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.

- H-2. Part of a federal consolidated return? YES NO If yes, provide:
 FEIN from federal consolidated return: _____
 Name of corporation: _____
- H-3. The federal common parent has sales, property, or payroll in Florida? YES NO
- I. Location of corporate books:
3945 MUSEUM DRIVE
 City: TALLAHASSEE State: FL
 ZIP: 32310
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
 a) List years examined: _____
- L. Contact person concerning this return: RUSSELL DAWS
 a) Contact person telephone number: 850-575-8684
 b) Contact person e-mail address: RDAWS@TALLAHASSEEMUSEUM.ORG
- M. Type of federal return filed 1120 1120S or 990T

Where to Send Payments and Returns

Make check payable to and mail with return to:
 Florida Department of Revenue
 5050 W Tennessee Street
 Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
 Florida Department of Revenue
 PO Box 6440
 Tallahassee FL 32314-6440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEIN on your check.
- ✓ Sign your check and return.

- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME **TALLAHASSEE MUSEUM OF HISTORY AND** FEIN **59-0838924** TAXABLE YEAR ENDING **09/30/16**

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. New markets tax credit	14.	14.
15. Entertainment industry tax credit	15.	15.
16. Credits for spaceflight projects	16.	16.
17. Research and Development tax credit	17.	17.
18. Energy Economic Zone tax credit	18.	18.
19. Other additions (attach statement)	19.	19.
20. Total Lines 1 through 19 in Columns (a) and (b). Enter totals for each column on Line 20. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.	20.	20.

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total >	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total >	2.	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.		
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense (see instructions)	9.	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5	12.	12.



NAME **TALLAHASSEE MUSEUM OF HISTORY AND** FEIN **59-0838924** TAXABLE YEAR ENDING **09/30/16**

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	.	.		X 25% or	
2. Payroll	.	.		X 25% or	
3. Sales (Schedule III-C below)	.	.		X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods	
2. Buildings and other depreciable assets	
3. Land owned	
4. Other tangible and intangible (financial org. only) assets (attach schedule)	
5. Total (Lines 1 through 4)	
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)		6a. _____		6b. _____	
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)					
7. Rented property (8 times net annual rent)					
a. Rented property in Florida		7a. _____		7b. _____	
b. Rented property Everywhere					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida		8a. _____			
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere		8b. _____			
III-C Sales Factor			(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	
1. Sales (gross receipts)			N/A	.	
2. Sales delivered or shipped to Florida purchasers			.	N/A	
3. Other gross receipts (rents, royalties, interest, etc. when applicable)			.	.	
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])			.	.	
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T—Annual Report)		.	.	.	
2. Transportation services		.	.	.	

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1. .	1. .
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2. .	2. .
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. .	3. .
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4. .	4. .
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5. .	5. .
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6. .	6. .
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instr.)	7. .	7. .
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8. .	8. .
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. .	9. .


 NAME **TALLAHASSEE MUSEUM OF HISTORY AND** FEIN **59-0838924** TAXABLE YEAR ENDING **09/30/16**

1. Florida health maintenance organization credit (attach assessment notice)	1.	.
2. Capital investment tax credit (attach certification letter)	2.	.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	.
4. Community contribution tax credit (attach certification letter)	4.	.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	.
6. Rural job tax credit (attach certification letter)	6.	.
7. Urban high crime area job tax credit (attach certification letter)	7.	.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.	.
9. Hazardous waste facility tax credit	9.	.
10. Florida alternative minimum tax (AMT) credit	10.	.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.	.
12. State housing tax credit (attach certification letter)	12.	.
13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	13.	.
14. Florida renewable energy technologies investment tax credit	14.	.
15. Florida renewable energy production tax credit	15.	.
16. New markets tax credit	16.	.
17. Entertainment industry tax credit	17.	.
18. Credits for spaceflight projects	18.	.
19. Research and Development tax credit	19.	.
20. Energy Economic Zone tax credit	20.	.
21. Other credits (attach schedule)	21.	.
22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	22.	.

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.	.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.	.
3. Additions to federal taxable income (from Schedule I, Column [b])	3.	.
4. Total of Lines 1 through 3	4.	.
5. Subtractions from federal taxable income (from Schedule II, Column [b])	5.	.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.	.
7. Florida portion of adjusted federal income (see instructions)	7.	.
8. Nonbusiness income allocated to Florida (see instructions)	8.	.
9. Florida exemption	9.	.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.	.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.	.



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NAME **TALLAHASSEE MUSEUM OF HISTORY AND** FEIN **59-0838924** TAXABLE YEAR ENDING **09/30/16**

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
Total allocated to Florida (Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	1. 0.

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
Total allocated elsewhere		2. 0.

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 (Enter here and on Schedule II, Line 7)	3. 0.
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Form F-1120	FL Net Operating Loss Carryover Worksheet	2015
For calendar year 2015, or tax year beginning 10/01/15 , ending 09/30/16		
Name TALLAHASSEE MUSEUM OF HISTORY AND		Employer Identification Number 59-0838924

Preceding Taxable Year	Apportionment Fraction	Adj to NOL FL Inc (Loss) After Adj	Prior Year NOL Util/(Inc Offset) Carryovers	Current Year Carryover NOL Utilized	Next Year Carryover
18th 09/30/98	1.000000				
17th 09/30/99	1.000000				
16th 09/30/00	1.000000				
15th 09/30/01	1.000000				
14th 09/30/02	1.000000				
13th 09/30/03	1.000000				
12th 09/30/04	1.000000				
11th 09/30/05	1.000000				
10th 09/30/06	1.000000				
9th 09/30/07	1.000000				
8th 09/30/08	1.000000				
7th 09/30/09	1.000000				
6th 09/30/10	1.000000				
5th 09/30/11	1.000000				
4th 09/30/12	1.000000				
3rd 09/30/13	1.000000				
2nd 09/30/14	1.000000				
1st 09/30/15	1.000000				
NOL Carryover Available To Current Year			0		
Current Year	1.000000	-29,248			29,248
NOL Carryover Available To Next Year					29,248

Adjustments to Federal Taxable Income

State income taxes deducted _____
Schedule I additions _____
Schedule II subtractions before NOL _____
Apportionment fraction 1.000000
Schedule IV carryovers and other adjustments _____
Net adjustments _____

Current Year Income (Loss)

Federal Income (Loss) -29,248
Apportionment fraction 1.000000
-29,248
Net adjustments 0
Current Year Income (Loss) -29,248

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2015

For calendar year 2015 or other tax year beginning **10/01/15**, and ending **09/30/16**

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section

501(c) (**C**) (**3**)

408(e) 220(e)

408A 530(a)

529(a)

Name of organization (Check box if name changed and see instructions.)
TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENCE, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
3945 MUSEUM DRIVE

City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE FL 32310

D Employer identification number (Employees' trust, see instructions.)
59-0838924

E Unrelated business activity codes (See instructions.)
453220

C Book value of all assets at end of year
2,797,142

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.
GIFT SHOP

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **REBEKKA WADE** Telephone number **850-575-8684**

Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	114,888			
b Less returns and allowances				
c Balance		114,888		
2 Cost of goods sold (Schedule A, line 7)		144,136		
3 Gross profit. Subtract line 2 from line 1c		-29,248		-29,248
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from partnerships and S corporations (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions; attach schedule)				
13 Total. Combine lines 3 through 12		-29,248		-29,248

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)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 0
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)	28		
29 Total deductions. Add lines 14 through 28	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-29,248
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-29,248
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-29,248

Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here **See instructions and:**

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ **(2)** \$ _____ **(3)** \$ _____

b Enter organization's share of: **(1)** Additional 5% tax (not more than \$11,750) \$ _____
(2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.) **42**

43 Total tax. Add lines 41 and 42 **43** **0**

44a Payments: A 2014 overpayment credited to 2015 **44a**

b 2015 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: **Credited to 2016 estimated tax** **Refunded** **49**

Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority 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 **Yes** **No** **X**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No** **X**

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **COST METHOD**

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	16,525
2 Purchases	2	63,638	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	144,136
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a			<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Other costs (attach schedule) STMT 1	4b	97,023			
5 Total. Add lines 1 through 4b	5	160,661			X

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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title **PRESIDENT/CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **KATHLEEN E. BROTHERS** Preparer's signature: *Kathleen E. Brothers, CPA* Date: **08/07/17** Check if self-employed if PTIN **P01256711**

Firm's name: **CARROLL AND COMPANY, CPAS** Firm's EIN: **59-3038528**

Firm's address: **2640-A MITCHAM DRIVE TALLAHASSEE, FL 32308** Phone no.: **850-877-1099**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
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. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
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	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Income From Periodicals Reported on a Consolidated 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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).						

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) N/A						
(2)						
(3)						
(4)						
Totals from Part I		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).						

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) N/A			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			

Federal Statements

Statement 1 - Form 990-T, Schedule A, Line 4b - Other Costs

<u>Description</u>	<u>Amount</u>
STORE - UNRELATED	\$ 97,023
TOTAL	\$ 97,023

Net Operating Loss Carryover Worksheet

Form **990-T**

For calendar year 2015, or tax year beginning **10/01/15**, ending **09/30/16**

Name
**TALLAHASSEE MUSEUM OF HISTORY AND
 NATURAL SCIENCE, INC.**

Employer Identification Number
59-0838924

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
18th 09/30/98					
17th 09/30/99					
16th 09/30/00					
15th 09/30/01					
14th 09/30/02					
13th 09/30/03					
12th 09/30/04					
11th 09/30/05					
10th 09/30/06					
9th 09/30/07					
8th 09/30/08					
7th 09/30/09					
6th 09/30/10					
5th 09/30/11					
4th 09/30/12					
3rd 09/30/13					
2nd 09/30/14					
1st 09/30/15					
NOL carryover available to current year			0		
Current year	-29,248				29,248
NOL carryover available to next year					29,248

Year Ending: September 30, 2016

59-0838924

TALLAHASSEE MUSEUM OF HISTORY AND
NATURAL SCIENCE, INC.
3945 MUSEUM DRIVE
TALLAHASSEE, FL 32310

NOL Carryback Election

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.