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

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

8623020160930000020050373359083892400001

Name
TALLAHASSEE MUSEUM OF HISTORY AND

Address
3945 MUSEUM DRIVE
TALLAHASSEE FL 32310

Computation of Florida Net Income Tax

1. Federal taxable income (see instructions)
   Check here if negative __X__ -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 _______ -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 _______ -29,248.00
7. Florida portion of adjusted federal income (see instructions)
   Check here if negative _______ -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) _______ 0.00
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 _____________.
    _______ 0.00
15. Total of Lines 13 and 14 _______ 0.00
16. Payment credits: Estimated tax payments 16a $ _____________.
    Tentative tax payment 16b $ _____________.
    _______ 0.00
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
    _______ 0.00
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon
    _______ 0.00

Florida Corporate Income Tax Return

Do Not Detach

YE 09/30/16
R. 01/16

Name
TALLAHASSEE MUSEUM OF HISTORY AND

Address
3945 MUSEUM DRIVE
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

0 8623 0 20160930 0002005037 3 3590838924 0000 1
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)

Signed: [Signature]  Date: 08/07/17

Title: PRESIDENT/CEO

Preparer's signature: [Signature]  Date: 08/07/17

Firm's name (or yours if self-employed) and address: CARROLL AND COMPANY, CPAS
2640-A MITCHAM DRIVE
TALLAHASSEE FL

Paid preparers only

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

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.
<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Column (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For page 1</td>
<td>For Schedule VI, AMT</td>
</tr>
</tbody>
</table>

1. Interest excluded from federal taxable income (see instructions)  
2. Undistributed net long-term capital gains (see instructions)  
3. Net operating loss deduction (attach schedule)  
4. Net capital loss carryover (attach schedule)  
5. Excess charitable contribution carryover (attach schedule)  
6. Employee benefit plan contribution carryover (attach schedule)  
7. Enterprise zone jobs credit (Florida Form F-1156Z)  
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)  
9. Guaranty association assessment(s) credit  
10. Rural and/or urban high crime area job tax credits  
11. State housing tax credit  
12. Credit for contributions to nonprofit scholarship funding organizations  
13. Renewable energy tax credits  
14. New markets tax credit  
15. Entertainment industry tax credit  
16. Credits for spaceflight projects  
17. Research and Development tax credit  
18. Energy Economic Zone tax credit  
19. Other additions (attach statement)  
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.

<table>
<thead>
<tr>
<th>Column (a)</th>
<th>Column (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>For page 1</td>
<td>For Schedule VI, AMT</td>
</tr>
</tbody>
</table>

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 $  

2. Gross subpart F income less attributable expenses  
   (a) Enter s. 951, IRC subpart F income $  
   (b) less direct and indirect expenses $  

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)  
4. Florida net capital loss carryover deduction (see instructions)  
5. Florida excess charitable contribution carryover (see instructions)  
6. Florida employee benefit plan contribution carryover (see instructions)  
7. Nonbusiness income (from Schedule R, Line 3)  
8. Eligible net income of an international banking facility (see instructions)  
9. s.179, IRC expense (see instructions)  
10. s. 168(k), IRC special bonus depreciation (see instructions)  
11. Other subtractions (attach statement)  
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.
NAME: TALLAHASSEE MUSEUM OF HISTORY AND ART  
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.

<table>
<thead>
<tr>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) (Numerator)</td>
<td>(b) (Denominator)</td>
</tr>
</tbody>
</table>

1. Property (Schedule III-B below)  
2. Payroll  
3. Sales (Schedule III-C below)  
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [d]). Enter here and on Schedule IV, Line 2.

III-B For use in computing average value of property (use original cost).

<table>
<thead>
<tr>
<th>Property</th>
<th>WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Numerator)</td>
<td>(Denominator)</td>
<td></td>
</tr>
</tbody>
</table>

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 only) assets (attach schedule)  
5. Total (Lines 1 through 4)  
6. Average value of property  
7. Rented property (8 times net annual rent)  
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).

III-C Sales Factor

<table>
<thead>
<tr>
<th>TOTAL WITHIN FLORIDA</th>
<th>TOTAL EVERYWHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) (Numerator)</td>
<td>(b) (Denominator)</td>
</tr>
</tbody>
</table>

1. Sales (gross receipts)  
2. Sales delivered or shipped to Florida purchasers  
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

1. Insurance companies (attach copy of Schedule T-Annual Report)  
2. Transportation services

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Column (a)</td>
<td>Column (b)</td>
</tr>
</tbody>
</table>

1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI, for AMT in Col. [b])  
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])  
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)  
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)  
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)  
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)  
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)  
8. Total carryovers apportioned to Florida (add Lines 4 through 7)  
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)
### Taxable Year Ending 09/30/16

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

Enter total credits on Page 1, Line 12

---

### Federal Alternative Minimum Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Federal alternative minimum taxable income after exemption (attach federal Form 4626)</td>
<td>1.</td>
</tr>
<tr>
<td>2</td>
<td>State income taxes deducted in computing federal taxable income (attach schedule)</td>
<td>2.</td>
</tr>
<tr>
<td>3</td>
<td>Additions to federal taxable income (from Schedule I, Column [b])</td>
<td>3.</td>
</tr>
<tr>
<td>4</td>
<td>Total of Lines 1 through 3</td>
<td>4.</td>
</tr>
<tr>
<td>5</td>
<td>Subtractions from federal taxable income (from Schedule II, Column [b])</td>
<td>5.</td>
</tr>
<tr>
<td>6</td>
<td>Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)</td>
<td>6.</td>
</tr>
<tr>
<td>7</td>
<td>Florida portion of adjusted federal income (see instructions)</td>
<td>7.</td>
</tr>
<tr>
<td>8</td>
<td>Nonbusiness income allocated to Florida (see instructions)</td>
<td>8.</td>
</tr>
<tr>
<td>9</td>
<td>Florida exemption</td>
<td>9.</td>
</tr>
<tr>
<td>10</td>
<td>Florida net income (Line 7 plus Line 8 minus Line 9)</td>
<td>10.</td>
</tr>
<tr>
<td>11</td>
<td>Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11</td>
<td>11.</td>
</tr>
<tr>
<td>Line</td>
<td>Description</td>
<td>Type</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>------</td>
</tr>
<tr>
<td>1.</td>
<td>Nonbusiness income (loss) allocated to Florida</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Nonbusiness income (loss) allocated elsewhere</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Total nonbusiness income</td>
<td>Grand total. Total of Lines 1 and 2</td>
</tr>
</tbody>
</table>
# FL Net Operating Loss Carryover Worksheet

**Form F-1120**

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

<table>
<thead>
<tr>
<th>Preceding Taxable Year</th>
<th>Apportionment Fraction</th>
<th>Adj to NOL FL Inc (Loss) After Adj</th>
<th>Prior Year NOL Util/(Inc Offset) Carryovers</th>
<th>Current Year Carryover NOL Utilized</th>
<th>Next Year Carryover</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/30/98</td>
<td>1.000000</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>09/30/99</td>
<td>1.000000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/30/00</td>
<td>1.000000</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>09/30/01</td>
<td>1.000000</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>09/30/02</td>
<td>1.000000</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<tr>
<td>09/30/04</td>
<td>1.000000</td>
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<tr>
<td>09/30/05</td>
<td>1.000000</td>
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<tr>
<td>09/30/06</td>
<td>1.000000</td>
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<tr>
<td>09/30/07</td>
<td>1.000000</td>
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<tr>
<td>09/30/08</td>
<td>1.000000</td>
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<td></td>
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<tr>
<td>09/30/09</td>
<td>1.000000</td>
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<tr>
<td>09/30/10</td>
<td>1.000000</td>
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<tr>
<td>09/30/11</td>
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<tr>
<td>09/30/12</td>
<td>1.000000</td>
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<tr>
<td>09/30/13</td>
<td>1.000000</td>
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<td>09/30/14</td>
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<tr>
<td>09/30/15</td>
<td>1.000000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOL Carryover Available To Current Year**

| 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 |

<table>
<thead>
<tr>
<th>Federal Income (Loss)</th>
<th>-29,248</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apportionment fraction</td>
<td>1.000000</td>
</tr>
<tr>
<td>Net adjustments</td>
<td>0</td>
</tr>
<tr>
<td>Current Year income (Loss)</td>
<td>-29,248</td>
</tr>
</tbody>
</table>
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2015 or other tax year beginning 01/01/15, 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).

Name of organization
TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENCE, INC.

Employer identification number
59-0838924

Type
3945 MUSEUM DRIVE

City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE FL 32310 453220

Type of organization
501(c) corporation

Name of organization (Check box if name changed and see instructions.)

Employer identification number (Employees' trust, see instructions.)

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

City or town, state or province, country, and ZIP or foreign postal code (See instructions.)

Net operating loss deduction (limited to the amount on line 30)

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

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Compensation of officers, directors, and trustees (Schedule K)

Salaries and wages

Rewards and maintenance

Bad debts

Interest (attach schedule)

Taxes and licenses

Charitable contributions (See instructions for limitation rules)

Depreciation (attach Form 4562)

Less depreciation claimed on Schedule A and elsewhere on return

Depletion

Contributions to deferred compensation plans

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

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

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income ((attached form 990-T, line 13)
Form 990-T (2015)  TALLAHASSEE MUSEUM OF HISTORY AND  59-0838924  

Page 2

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 $ ________

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)

37 Proxy tax. See instructions

38 Alternative minimum tax $ ________

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

Tax and Payments

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

40b Other credits (see instructions) $ ________

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

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

40e Total credits. Add lines 40a through 40d $ ________

41 Subtract line 40e from line 39 $ ________

42 Other taxes. Check it from:  Form 4265  Form 8611  Form 8697  Form 8876  Other (atl. sch.)

43 Total tax. Add lines 41 and 42 $ ________

44a Payments: A 2014 overpayment credited to 2015 $ ________

44b 2015 estimated tax payments $ ________

44c Tax deposited with Form 8865 $ ________

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

44e Backup withholding (see instructions) $ ________

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

44g Other credits and payments:  Form 2439 $ ________

45 Total payments. Add lines 44a through 44g $ ________

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

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

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

49 Enter the amount of line 48 you want:  Credited to 2016 estimated tax $ ________

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.  

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

3 Enter the amount of tax-exempt interest received or accrued during the tax year.  $ ________

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

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.

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

Signature of officer

PRESIDENT/CEO

Sign Here

Print/Type preparer's name  KATHLEEN E. BROTHERS

Preparer's signature  __________________________

Preparer's EIN  59-3038528

Use Only

Firm's name  CARROLL AND COMPANY, CPAS

Firm's address  2640-A MITCHAN DRIVE

Phone no.  850-877-1099

Form 990-T (2015)

DAA
### 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**

   (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)

   (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**
   
   (1) N/A
   
   (2)
   
   (3)
   
   (4)

2. **Gross income from or allocable to debt-financed property**

   (a) Straight line depreciation (attach schedule)
   
   (b) Other deductions (attach schedule)

3. **Deductions directly connected with or allocable to debt-financed property**

   (a) Symbol
   
   (b) Symbol

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))

9. **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**

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 income**

6. **Deductions directly connected with income in column 5**

1. **Nonexempt Controlled Organizations**

2. **Exampt Controlled Organizations**

3. **Nonexempt Controlled Organizations**

4. **Exampt Controlled Organizations**

5. **Total taxable income**

6. **Net unrelated income (loss) (see instructions)**

7. **Total of specified payments made**

8. **Part of column 9 that is included in the controlling organization's gross income**

9. **Deductions directly connected with income in column 10**

10. **Total dividends-received deductions included in column 11**

### Totals

Enter here and on page 1, Part I, line 8, column (A).

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)

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. N/A</strong></td>
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</tbody>
</table>

**Totals**

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

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. N/A</strong></td>
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</tbody>
</table>

**Totals**

### Schedule J - Advertising Income (see instructions)

**Income From Periodicals Reported on a Consolidated Basis**

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<tbody>
<tr>
<td><strong>1. N/A</strong></td>
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</tbody>
</table>

**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.)

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. N/A</strong></td>
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</tbody>
</table>

**Totals from Part I**

**Totals, Part II (lines 1-5)**

### Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. N/A</strong></td>
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<tr>
<td>(<strong>4</strong>)</td>
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</tr>
</tbody>
</table>

**Total. Enter here and on page 1, Part II, line 14**
**Statement 1 - Form 990-T, Schedule A, Line 4b - Other Costs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>STORE - UNRELATED</td>
<td>$97,023</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$97,023</td>
</tr>
</tbody>
</table>
## Net Operating Loss Carryover Worksheet

**Form 990-T**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>TALLAHASSEE MUSEUM OF HISTORY AND NATURAL SCIENCE, INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Identification Number</td>
<td>59-0838924</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preceding Taxable Year</th>
<th>Prior Year</th>
<th>Current Year</th>
<th>Next Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adj. To NOL Inc/(Loss) After Adj.</td>
<td>NOL Utilized (Income Offset)</td>
<td>Carryovers to Current Year</td>
</tr>
<tr>
<td>18th 09/30/98</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17th 09/30/99</td>
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<tr>
<td>16th 09/30/00</td>
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</tr>
<tr>
<td>15th 09/30/01</td>
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<tr>
<td>14th 09/30/02</td>
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<td>13th 09/30/03</td>
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<td>12th 09/30/04</td>
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<td>11th 09/30/05</td>
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<td>7th 09/30/09</td>
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<td>6th 09/30/10</td>
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<td>5th 09/30/11</td>
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<td>4th 09/30/12</td>
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<td>3rd 09/30/13</td>
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<td>2nd 09/30/14</td>
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<tr>
<td>1st 09/30/15</td>
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</tr>
</tbody>
</table>

NOL carryover available to current year: 0

Current year: \(-29,248\)  
NOL carryover available to next year: 29,248
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.