

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2018 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization **ELLA SHARP MUSEUM ASSOCIATION OF JACKSON**  
 Doing business as **ELLA SHARP MUSEUM OF ART & HISTORY**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**3225 FOURTH ST.**  
 City or town, state or province, country, and ZIP or foreign postal code  
**JACKSON MI 49203**

**D** Employer identification number  
**38-1785309**

**E** Telephone number  
**517-787-2320**

**G** Gross receipts \$ **1,493,970**

**F** Name and address of principal officer:  
**DAN MACHNIK**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.ELLASHARP.ORG** **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1964** **M** State of legal domicile: **MI**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ELLA SHARP MUSEUM PROVIDES OPPORTUNITIES FOR EVERYONE TO EXPLORE, ENGAGE IN, AND ENJOY HISTORY AND THE ARTS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>30</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>350</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>64,814</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,621,814</b>	<b>684,307</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>179,625</b>	<b>182,100</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>209,130</b>	<b>310,517</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>139,323</b>	<b>133,605</b>
		<b>2,149,892</b>	<b>1,310,529</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>619,659</b>	<b>646,062</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>104,221</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>723,448</b>	<b>680,782</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>1,343,107</b>	<b>1,326,844</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>806,785</b>	<b>-16,315</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>7,782,633</b>	<b>7,123,541</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>50,243</b>	<b>56,834</b>
	<b>7,732,390</b>	<b>7,066,707</b>	

**Part II Signature Block**

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 officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **DAN MACHNIK** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**

Print/Type preparer's name: **BRIAN NOFZINGER** Preparer's signature: \_\_\_\_\_ Date: **06/20/19** Check  if self-employed PTIN: **P00886584**

Firm's name: **GROSS, PUCKEY, GRUEL & ROOF, P.C.** Firm's EIN: **38-2962645**  
 Firm's address: **4196 W. MAPLE AVENUE ADRIAN, MI 49221** Phone no.: **517-263-5788**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

THE ELLA SHARP MUSEUM PROVIDES OPPORTUNITIES FOR EVERYONE TO EXPLORE, ENGAGE IN, AND ENJOY HISTORY AND THE ARTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 226,450 including grants of \$ ) (Revenue \$ )

ART & HISTORY EDUCATION - CLASSES GEARED PRIMARILY TOWARDS CHILDREN AND COOPERATIVE PROGRAMS WITH LOCAL SCHOOLS.

4b (Code: ) (Expenses \$ 219,290 including grants of \$ ) (Revenue \$ )

TRAVELING EXHIBITS/COLLECTIONS - SEVERAL EXHIBITS WERE HOSTED IN MUSEUM GALLERIES, AS WELL AS A STATEWIDE FINE ARTS COMPETITION. THE MUSEUM'S HISTORICAL BUILDINGS WERE UTILIZED IN COMMUNITY EVENTS RECREATING LIFE IN 1800'S JACKSON, MICHIGAN.

4c (Code: ) (Expenses \$ 113,849 including grants of \$ ) (Revenue \$ )

THE ELLA SHARP MUSEUM OPERATES A SATELLITE MUSEUM AT CELL BLOCK 7 IN A PARTNERSHIP WITH THE MICHIGAN DEPARTMENT OF CORRECTIONS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses u 559,589

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	25
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
<b>15b</b>			X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

KAY RICHARDSON 3225 FOURTH STREET MI 49203 517-787-2320  
 JACKSON

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN BEERS	0.00									
PAST CHAIR	0.00	X		X			0	0	0	
(2) RICHARD MILLS	0.00									
CHAIRMAN	0.00	X		X			0	0	0	
(3) DAN MACHNIK	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) JANE ROBINSON	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) MARC EGAN	0.00									
TREASURER	0.00	X		X			0	0	0	
(6) PAUL BUCHHOLZ	0.00									
TRUSTEE	0.00	X					0	0	0	
(7) CHAD NOBLE	0.00									
TRUSTEE	0.00	X					0	0	0	
(8) LESLIE YOUNGDAHL	0.00									
TRUSTEE	0.00	X					0	0	0	
(9) ERIN MAZUR	0.00									
TRUSTEE	0.00	X					0	0	0	
(10) RON GRIFFITH	0.00									
TRUSTEE	0.00	X					0	0	0	
(11) CARI BUSHINSKI	0.00									
TRUSTEE	0.00	X					0	0	0	





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b> 75,752				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 21,696				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 586,859				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 684,307				
	<b>Program Service Revenue</b>	<b>2a</b> PRISON EXHIBIT REVENUES	<b>Busn. Code</b>	107,313		107,313
<b>b</b> PROGRAM SERVICE REVENUES			46,935		46,935	
<b>c</b> PROGRAM ACTIVITIES			17,185		17,185	
<b>d</b> ADMISSION DONATIONS			10,667		10,667	
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		<b>u</b> 182,100				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 310,517			310,517
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)	<b>u</b>				
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 184,654				
		<b>b</b> Less: direct expenses	<b>b</b> 118,044			
<b>c</b> Net income or (loss) from fundraising events		<b>u</b> 66,610			66,610	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b>				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 130,211					
	<b>b</b> Less: cost of goods sold	<b>b</b> 65,397				
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b> 64,814		64,814		
<b>Miscellaneous Revenue</b>	<b>11a</b> MISC REVENUES	<b>Busn. Code</b>	2,181		2,181	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b> 2,181				
	<b>12 Total revenue.</b> See instructions.	<b>u</b> 1,310,529	0	64,814	561,408	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	541,047	254,261	218,194	68,592
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	53,587	15,259	32,730	5,598
<b>10</b> Payroll taxes	51,428	24,623	20,577	6,228
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	114,144	44,125	61,611	8,408
<b>12</b> Advertising and promotion	49,192	33,173	14,348	1,671
<b>13</b> Office expenses	17,968	2,249	8,515	7,204
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	70,891	4,501	65,507	883
<b>17</b> Travel	4,510	1,430	2,201	879
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,202	1,808	2,970	424
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	235,403	112,857	122,546	
<b>23</b> Insurance	35,040		35,040	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SUPPLIES	54,048	37,511	14,220	2,317
<b>b</b> REPAIR AND MAINTENANCE	41,919	2,004	39,915	
<b>c</b> SECURITY	15,957		15,957	
<b>d</b> EXHIBIT RENTAL AND EXPENS	13,857	13,857		
<b>e</b> All other expenses	22,651	11,931	8,703	2,017
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,326,844	559,589	663,034	104,221
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	508,155	<b>1</b>	512,495
	<b>2</b> Savings and temporary cash investments	224,664	<b>2</b>	211,683
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	1,759
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	7,813	<b>8</b>	5,778
	<b>9</b> Prepaid expenses and deferred charges	15,378	<b>9</b>	12,173
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 6,822,538		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,698,699	2,359,242	<b>10c</b> 2,123,839
	<b>11</b> Investments—publicly traded securities	4,474,127	<b>11</b>	4,062,560
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	193,254	<b>15</b>	193,254
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,782,633	<b>16</b>	7,123,541	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	9,968	<b>17</b>	26,992
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	22,440	<b>19</b>	9,296
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,835	<b>25</b>	20,546
	<b>26 Total liabilities.</b> Add lines 17 through 25	50,243	<b>26</b>	56,834
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	5,415,661	<b>27</b>	7,066,707
	<b>28</b> Temporarily restricted net assets	484,458	<b>28</b>	
	<b>29</b> Permanently restricted net assets	1,832,271	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	7,732,390	<b>33</b>	7,066,707	
<b>34</b> Total liabilities and net assets/fund balances	7,782,633	<b>34</b>	7,123,541	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,310,529
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,326,844
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-16,315
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,732,390
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-649,368
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,066,707

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2018**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization <b>ELLA SHARP MUSEUM ASSOCIATION OF JACKSON</b>	Employer identification number <b>38-1785309</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018; 15 Public support percentage from 2017 Schedule A; 16a 33 1/3% support test—2018; b 33 1/3% support test—2017; 17a 10%-facts-and-circumstances test—2018; b 10%-facts-and-circumstances test—2017; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	412,453	482,950	1,641,563	1,621,814	684,307	4,843,087
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,390			10,957		45,347
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	94,869	184,561	185,522	179,625	182,100	826,677
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	541,712	667,511	1,827,085	1,812,396	866,407	5,715,111
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5,715,111

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6	541,712	667,511	1,827,085	1,812,396	866,407	5,715,111
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	244,999	130,000	114,406	209,130	310,517	1,009,052
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	244,999	130,000	114,406	209,130	310,517	1,009,052
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	18,316	87,057	83,887	138,323	116,405	443,988
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	805,027	884,568	2,025,378	2,159,849	1,293,329	7,168,151
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	79.73 %
<b>16</b> Public support percentage for 2017 Schedule A, Part III, line 15	<b>16</b>	82.86 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	1.4 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17	<b>18</b>	1.2 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
<b>2</b>	Activities Test. <i>Answer (a) and (b) below.</i>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 .....			
b From 2014 .....			
c From 2015 .....			
d From 2016 .....			
e From 2017 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 .....			
b Excess from 2015 .....			
c Excess from 2016 .....			
d Excess from 2017 .....			
e Excess from 2018 .....			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization ELLA SHARP MUSEUM ASSOCIATION OF JACKSON	Employer identification number 38-1785309
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**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                               |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ► \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>ELLA SHARP MUSEUM ASSOCIATION</b>	Employer identification number <b>38-1785309</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ADDISON P. COOK III FOUNDATION ADDISON P. COOK III FOUNDATION 3411 STONEWALL RD JACKSON MI 49203	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANDY & SANDY ANDREWS ANDY & SANDY ANDREWS 1605 MIDDLEGULF DR. #216 1605 MIDDLEGULF DR. #216 SANIBEL FL 33957	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ART MOEHN CHEVROLET ART MOEHN CHEVROLET 2200 SEYMOUR RD. JACKSON MI 49201	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BILL AND VI SIGMUND FOUNDATION BILL AND VI SIGMUND FOUNDATION PO BOX 1128 PO BOX 1128 JACKSON MI 49204	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COUNTY NATIONAL BANK COUNTY NATIONAL BANK 270 W. CORTLAND AVE, STE C 270 W. CORTLAND AVE, STE C JACKSON MI 49201	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DILLON & ASSOCIATES DILLON & ASSOCIATES PO BOX 1347 JACKSON MI 49204	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

ELLA SHARP MUSEUM ASSOCIATION

Employer identification number

38-1785309

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EXPERIENCE JACKSON EXPERIENCE JACKSON 141 S. JACKSON ST. 141 S. JACKSON ST. JACKSON MI 49201	\$ 32,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FAITH F. SMALL FOUNDATION TRUST FAITH F. SMALL FOUNDATION TRUST PO. BOX 572 PO. BOX 572 JACKSON MI 49204	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JAMES AND JOYCE GRACE JAMES AND JOYCE GRACE 1709 PROBERT RD JACKSON MI 49203	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALLEGIANCE HEALTH ALLEGIANCE HEALTH 100 E. MICHIGAN AVE. 100 E MICHIGAN AVE. JACKSON MI 49201	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	INDUSTRIAL STEEL TREATING 613 CARROLL AVE JACKSON MI 49203	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ERIN MAZUR AND MARCHO SHEHAB 3520 STONEWALL JACKSON MI 49203	\$ 8,280	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ELLA SHARP MUSEUM ASSOCIATION</b>	Employer identification number <b>38-1785309</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MICHIGAN COUNCIL FOR ARTS AND CULTURAL AFFAIRS 300 N WASHINGTON SQUARE PO BOX 30705 LANSING MI 48913	\$ 21,696	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MYRNA I. BERLET AND ELWOOD DIETRICH 1646 W. KIMMEL RD 1646 W. KIMMEL RD JACKSON MI 49201	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PHIL & PAT WILLIS FOUNDATION PHIL & PAT WILLIS FOUNDATION 2545 SPRING ARBOR RD, SUITE 200 2545 SPRING ARBOR RD, SUITE 200 JACKSON MI 49203	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE SAMUEL HIGBY CAMP FOUNDATION THE SAMUEL HIGBY CAMP FOUNDATION 9267 COUNTY FARM RD. 9267 COUNTY FARM RD. PARMA MI 49269	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	THE CRAFT AGENCY THE CRAFT AGENCY 2533 SPRING AROBR RD 2533 SPRING ARBOR RD JACKSON MI 49203	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	THE REHMANN GROUP THE REHMANN GROUP 675 ROBINSON ROAD 675 ROBINSON ROAD JACKSON MI 49201	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization ELLA SHARP MUSEUM ASSOCIATION	Employer identification number 38-1785309
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	THE HURST FOUNDATION 1600 HATCH RD JACKSON MI 49201	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	THE NATALIE FIELD FOUNDATION 1602 W. WASHINGTON AVE 1602 W. WASHINGTON AVE JACKSON MI 49203	\$ 12,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	ERIC AND PATTI POPPE 3190 MACK ISLAND RD. GRASS LAKE MI 49240	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	RICHMOND BROTHERS RICHMOND BROTHERS 7415 FOXWORTH CT JACKSON MI 49201	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	ROBERT AND ROSE GLICK FOUNDATION PO BOX 1166 JACKSON MI 49204	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	WILLIS AND MACHNIK FINANCIAL SERVICE 400 S. JACKSON ST JACKSON MI 49204	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

ELLA SHARP MUSEUM ASSOCIATION OF JACKSON

Employer identification number

38-1785309

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance		3,575,369	2,462,807	2,693,282	2,693,282
<b>b</b> Contributions		714,053	440,639	21,093	
<b>c</b> Net investment earnings, gains, and losses		546,594	213,207	-86,731	70,571
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		-184,249	-130,645	-164,637	-70,771
<b>f</b> Administrative expenses					
<b>g</b> End of year balance		4,651,767	3,575,369	2,462,807	2,693,082

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** %
  - b** Permanent endowment **u** %
  - c** Temporarily restricted endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                    | Yes | No       |
|------------------------------------|-----|----------|
| <b>(i)</b> unrelated organizations |     | <b>X</b> |
| <b>(ii)</b> related organizations  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		6,578,847	4,521,410	2,057,437
<b>c</b> Leasehold improvements		22,473	4,129	18,344
<b>d</b> Equipment		200,471	166,489	33,982
<b>e</b> Other		20,747	6,671	14,076
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	2,123,839

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) <b>u</b>		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) <b>u</b>	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL	17,110
(3) DESIGNATIONS PAYABLE	3,436
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	20,546

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

⚡ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **ELLA SHARP MUSEUM ASSOCIATION  
OF JACKSON**

Employer identification number  
**38-1785309**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ARTS, BEER &amp; WI</u> (event type)	_____ (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	184,654		184,654
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	184,654		184,654
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	74,685		74,685
	8	Entertainment			
	9	Other direct expenses	43,359		43,359
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				66,610

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**u** Attach to Form 990 or 990-EZ.

**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization ELLA SHARP MUSEUM ASSOCIATION OF JACKSON	Employer identification number 38-1785309
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FORM 990, PART I, LINE 6

350 INDIVIDUALS VOLUNTEERED FOR A TOTAL OF 9,827.66 HOURS PERFORMING  
VARIOUS SERVICES FOR THE MUSEUM.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

PLANETERIUM-

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

BOARD MEMBERS ARE ELECTED AT ANNUAL MEETING HELD IN MAY EACH YEAR. ALL  
MEMBERS OF THE MUSEUM ARE ELIGIBLE TO NOMINATE/VOTE FOR A BOARD MEMBER;  
BOARD MEMBERS MUST BE A MEMBER OF THE MUSEUM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE MET WITH THE RETURN PREPARER  
TO REVIEW THE 990 PRIOR TO ITS FILING. COPIES OF THE 990 WERE PROVIDED TO  
THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE PRIOR TO THIS MEETING, WHICH  
ALLOWS FOR AN IN DEPTH REVIEW. PRIOR TO APPROVAL FOR FILING A COPY OF THE  
COMPLETED FORM 990 IS GIVEN TO THE BOARD MEMBERS FOR THEIR REVIEW AND  
APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A BOARD CONTRACT AND CODE OF ETHICS  
FORM AND DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

Employer identification number

ELLA SHARP MUSEUM ASSOCIATION

38-1785309

THE BOARD SURVEYS MUSEUMS OF SIMILAR SIZE AND TYPE. SALARY AND FRINGE BENEFIT PACKAGES ARE ALSO COMPARED WITH OTHER NONPROFITS IN THE JACKSON, MICHIGAN AREA TO DETERMINE THAT THE PACKAGE OFFERED IS REASONABLE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. COPIES ARE MAINTAINED IN THE OFFICE OF THE EXECUTIVE DIRECTOR.

Form **990-T**

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

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( C ) ( 3 )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p> <p style="text-align: right;">7,123,541</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>Print</b> ELLA SHARP MUSEUM ASSOCIATION <b>OF JACKSON</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>3225 FOURTH ST.</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>JACKSON MI 49203</b></p> <p><b>F</b> Group exemption number (See instructions.) <b>u</b></p> <p><b>G</b> Check organization type <b>u</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p style="text-align: center;"><b>38-1785309</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p> <p style="text-align: center;"><b>722513</b></p>
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**H** Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here **u** SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

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

**u**

**J** The books are in care of **u** KAY RICHARDSON Telephone number **u** 517-787-2320

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>130,211</u>			
<b>b</b>	Less returns and allowances			
	<b>c</b> Balance <b>u</b>	<b>1c</b> 130,211		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b> 65,397		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 64,814		64,814
<b>4a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from partnership and S corporation (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions; attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 64,814		64,814

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	13,500
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
		<b>22b</b>	0
<b>23</b>	Depletion	<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>	
<b>25</b>	Employee benefit programs	<b>25</b>	2,700
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b>	Other deductions (attach schedule)	<b>28</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	16,200
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	48,614
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	48,614

**Part III Total Unrelated Business Taxable income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	48,614
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	
<b>35</b>	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	48,614
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	0
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	0

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	0

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>	
<b>b</b>	Other credits (see instructions)	<b>45b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	<b>47</b>	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	0
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	<b>49</b>	
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>	
<b>b</b>	2018 estimated tax payments	<b>50b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total <b>u</b>	<b>50g</b>	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <b>u</b> <input type="checkbox"/>	<b>52</b>	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed <b>u</b>	<b>53</b>	0
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid <b>u</b>	<b>54</b>	
<b>55</b>	Enter the amount of line 54 you want: Credited to 2019 estimated tax <b>u</b> Refunded <b>u</b>	<b>55</b>	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 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 <b>u</b>	Yes	No
<b>57</b>	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.		X
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>u</b> \$		

**Sign Here** **u** \_\_\_\_\_ **u** **PRESIDENT**  
 Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>BRIAN NOFZINGER</b>	Preparer's signature	Date 06/20/19	Check <input type="checkbox"/> if self-employed	PTIN P00886584
	Firm's name } <b>GROSS, PUCKEY, GRUEL &amp; ROOF, P.C.</b>	Firm's EIN } <b>38-2962645</b>		Phone no. <b>517-263-5788</b>	
	Firm's address } <b>4196 W. MAPLE AVENUE ADRIAN, MI 49221</b>				

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

<b>1</b> Inventory at beginning of year	<b>1</b>	4,500	<b>6</b> Inventory at end of year	<b>6</b>	5,778
<b>2</b> Purchases	<b>2</b>	16,974	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	65,397
<b>3</b> Cost of labor	<b>3</b>	36,586			
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach schedule) <b>STMT 2</b>	<b>4b</b>	13,115			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	71,175			X

**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)		
<b>Total</b>		<b>Total</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) **u**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **u**

**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) <b>N/A</b>				
(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)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8			<b>u</b>	<b>u</b>

**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 income	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)				
<b>Totals</b> .....			u	u

**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)				
<b>Totals</b> .....		u		

**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)						
<b>Totals</b> .....		u				

**Schedule J – Advertising Income** (see instructions)

**Part I 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)						
<b>Totals (carry to Part II, line (5))</b> ..		u				

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . <b>u</b>						
	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.
<b>Totals, Part II (lines 1-5)</b> . . . . . <b>u</b>						

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>u</b>



Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

**u Attach to your tax return.**

**u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

OMB No. 1545-0172

**2018**

Attachment Sequence No. **179**

Name(s) shown on return **ELLA SHARP MUSEUM ASSOCIATION  
OF JACKSON**

Identifying number  
**38-1785309**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	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	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 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 2019. 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.

**Part II 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	235,403

**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 2018	17	0
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 <input checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	235,403
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Federal Statements****Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

THE ELLA SHARP MUSEUM ASSOCIATION OF JACKSON HAS OPERATED A LIMITED SERVICE RESTAURANT/COMMUNITY ROOM FOR SEVERAL YEARS. PRIOR TO 2010, THE MUSEUM HAD ALWAYS INCURRED LOSSES ON THESE ACTIVITIES.

**Statement 2 - Form 990-T, Schedule A, Line 4b - Other Costs**

<u>Description</u>	<u>Amount</u>
COMMUNITY ROOM/CATERING	\$ 13,115
TOTAL	\$ <u>13,115</u>

38-1785309

## Federal Asset Report

FYE: 12/31/2018

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Ella Sharp home	1/01/65	92,682			92,682	50 HY S/L	92,682	0
2	Dibble School	1/01/68	15,020			15,020	50 HY S/L	14,868	152
3	Log Cabin	1/01/68	3,836			3,836	50 HY S/L	3,799	37
4	Country Store	1/01/75	3,062			3,062	50 HY S/L	2,606	61
5	Wood work shop	1/01/75	5,184			5,184	50 HY S/L	4,408	104
6	Store - Improvements	1/01/84	38,471			38,471	20 HY S/L	38,471	0
7	Improvements	1/01/85	1,605			1,605	20 HY S/L	1,605	0
8	Furniture & Equipment	1/01/85	27,855			27,855	7 HY S/L	27,855	0
9	Building	1/01/87	1,308,050			1,308,050	50 HY S/L	797,909	26,161
10	85-86- 87	1/01/87	177,812			177,812	20 HY S/L	177,812	0
11	Parking & Entrance	1/02/87	69,961			69,961	30 HY S/L	69,961	0
12	Furnishings 85- 86- 87	1/02/87	30,788			30,788	20 HY S/L	30,788	0
13	Furnishings	1/03/87	36,414			36,414	10 HY S/L	36,414	0
14	Furnishings	1/04/87	26,457			26,457	10 HY S/L	26,457	0
15	Furnishings	1/01/88	11,206			11,206	10 HY S/L	11,206	0
16	1988 Add. Furnishings	1/01/88	53			53	20 HY S/L	53	0
17	Cabin - Furnace	1/02/88	17,705			17,705	20 HY S/L	17,705	0
18	Cabin - Furnace	1/03/88	2,604			2,604	20 HY S/L	2,604	0
19	Portrait	1/01/90	1,300			1,300	10 HY S/L	1,300	0
20	Patio Awning	1/01/92	7,500			7,500	20 HY S/L	7,500	0
21	Small Awning	1/01/93	1,655			1,655	20 HY S/L	1,655	0
22	Roof on Ella Barn	1/01/94	49,735			49,735	20 HY S/L	49,735	0
23	Air Conditioning (Interpretive Center)	1/01/94	4,319			4,319	15 HY S/L	4,319	0
24	Security System	1/01/94	3,646			3,646	5 HY S/L	3,646	0
25	Hot Water Heater	1/01/94	1,400			1,400	5 HY S/L	1,400	0
26	Kiln Controls	1/01/95	1,128			1,128	7 HY S/L	1,128	0
27	Lunch Bar	1/02/95	2,258			2,258	7 HY S/L	2,258	0
28	Donor Plaque	11/17/95	1,432			1,432	10 HY S/L	1,432	0
29	Carpet - Discovery	11/17/95	1,912			1,912	5 HY S/L	1,912	0
30	Equipment	1/01/96	752			752	7 HY S/L	752	0
31	Log cabin - Roof	4/09/96	15,500			15,500	20 HY S/L	15,500	0
32	Freezer (A&W Refrig.)	7/31/96	1,485			1,485	7 HY S/L	1,485	0
33	Improvements	12/01/96	6,120			6,120	10 HY S/L	6,120	0
34	Improvements	1/01/97	2,641			2,641	10 HY S/L	2,641	0
35	Gallery	1/01/98	288,261			288,261	50 HY S/L	245,021	5,765
36	Improvements	1/01/98	2,000			2,000	20 HY S/L	1,950	50
37	TIN Gallery renovations	11/01/98	516,405			516,405	20 HY S/L	503,491	12,914
38	TIN Architect's fees	11/01/98	59,127			59,127	20 HY S/L	57,643	1,484
39	SNAP collections - TIN	11/01/98	4,970			4,970	10 HY S/L	4,970	0
40	Genie lift - TIN	11/01/98	4,250			4,250	10 HY S/L	4,250	0
41	Portable walls - TIN	11/01/98	12,230			12,230	10 HY S/L	12,230	0
42	Security system TIN	11/01/98	25,443			25,443	10 HY S/L	25,443	0
43	Studio equipment	11/01/98	830			830	10 HY S/L	830	0
44	Walk-in coolers	11/01/98	13,705			13,705	10 HY S/L	13,705	0
45	Protective window film	1/08/99	1,152			1,152	10 HY S/L	1,152	0
46	Discovery areas	2/15/99	22,738			22,738	20 HY S/L	21,021	1,137
47	Security system TIN	2/15/99	1,960			1,960	10 HY S/L	1,960	0
48	Dell V350 PC - graphics display	4/15/99	1,636			1,636	5 HY S/L	1,636	0
49	iMac 233 computer	4/15/99	966			966	5 HY S/L	966	0
50	Rebuild gate & stone pier (Cunningham)	4/16/99	7,950			7,950	10 HY S/L	7,950	0
51	Phase II renovations	12/15/99	288,995			288,995	20 HY S/L	252,874	14,450
52	Phase II architect	12/15/99	28,635			28,635	20 HY S/L	25,059	1,432
53	Porch rebuild (Cunningham)	1/18/00	19,654			19,654	10 HY S/L	19,654	0
54	Roof - Dibble School/2 barns	7/27/00	25,640			25,640	20 HY S/L	22,435	1,282
55	Window refurbishment	9/21/02	40,756			40,756	20 HY S/L	31,588	2,038
56	Accessibility/ Ramp (Kuntzelman)	12/12/02	85,400			85,400	20 HY S/L	61,915	4,270
57	ProLux 1400XP vacuum (Rowell's)	2/17/03	520			520	7 HY S/L	520	0
58	Barrier Free addition - final	6/01/03	25,672			25,672	20 HY S/L	18,617	1,283
59	Fabric tablecloths window treat.	8/01/03	2,774			2,774	5 HY S/L	2,774	0
60	Waste King disposer	2/01/04	1,032			1,032	7 HY S/L	1,032	0
61	Gas oven (Sysco Food)	5/01/04	5,592			5,592	10 HY S/L	5,592	0
62	Window refurbishment	6/30/04	16,350			16,350	20 HY S/L	10,633	817
63	Wood Shop Sign	6/14/05	3,865			3,865	20 HY S/L	3,865	0
64	(2) Olympic 23x27 kilns	11/01/05	4,332			4,332	7 HY S/L	4,332	0
65	Hirst Electric - Wiring for kilns	1/31/06	698			698	7 HY S/L	698	0
66	(13) Wire shelving units (Andrews)	6/27/06	9,168			9,168	20 HY S/L	5,268	459
67	(2) 5 drawer cabinets (Andrews)	7/18/06	2,913			2,913	20 HY S/L	1,678	146
68	Hygrothermograph (Andrews)	7/28/06	2,180			2,180	10 HY S/L	2,180	0

38-1785309

## Federal Asset Report

FYE: 12/31/2018

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
69	John Deere X-500 48 inch mower	7/31/06	4,559			4,559	10 HY S/L	4,559	0
70	Phone system upgrade (US Com)	8/16/06	5,689			5,689	5 HY S/L	5,689	0
71	East Barn - electrical	8/25/06	2,586			2,586	20 HY S/L	1,481	129
72	Steel shelving (Fredon)	8/28/06	24,820			24,820	20 HY S/L	14,278	1,241
73	Art rack storage system (Andrews)	8/31/06	16,950			16,950	20 HY S/L	9,751	847
74	Collection storage (CTECC)	9/15/06	472,000			472,000	20 HY S/L	271,400	23,600
75	Community Room (CTECC)	9/15/06	700,000			700,000	40 HY S/L	201,250	17,500
76	Offices/Lobby/General (CTECC)	9/15/06	330,000			330,000	20 HY S/L	189,750	16,500
77	History Gallery (CTECC)	9/15/06	220,000			220,000	20 HY S/L	126,500	11,000
78	Andrews Gallery (CTECC)	9/15/06	250,000			250,000	20 HY S/L	143,750	12,500
79	Education Resource Center (CTECC)	9/15/06	50,000			50,000	20 HY S/L	28,750	2,500
80	Parking lot (CTECC)	9/15/06	20,500			20,500	10 HY S/L	20,500	0
81	HVAC System (CTECC)	9/15/06	156,554			156,554	20 HY S/L	90,021	7,828
82	Carpet & tile (CTECC)	9/15/06	55,000			55,000	10 HY S/L	55,000	0
83	Fence (CTECC)	9/15/06	16,935			16,935	20 HY S/L	9,733	847
84	Awning (CTECC)	9/15/06	10,000			10,000	10 HY S/L	10,000	0
85	General (Architect site - CTECC)	9/15/06	414,279			414,279	20 HY S/L	238,207	20,714
86	(2) glass door coolers (Sarata) (Catering kit	11/21/06	1,500			1,500	10 HY S/L	1,500	0
87	EcoQuest Fresh Air purifier	2/09/07	747			747	5 HY S/L	747	0
88	Cooler - Double door beverage	3/23/07	500			500	10 HY S/L	500	0
89	Dell 1409XP Projector	6/17/08	1,184			1,184	5 HY S/L	1,184	0
90	Carpet - The Studio	6/29/09	10,880			10,880	20 HY S/L	4,624	544
91	Andrews hall - Cunningham Constr	6/29/09	1,950			1,950	20 HY S/L	831	97
92	Patio Awning	7/15/09	2,280			2,280	20 HY S/L	969	114
93	Air conditioner	9/02/09	20,000			20,000	20 HY S/L	8,500	1,000
94	Kitchen floor tile	11/01/09	5,000			5,000	20 HY S/L	2,125	250
95	Parlor floor tile	11/01/09	1,647			1,647	20 HY S/L	698	82
96	AO Smith 65 gal water heater	11/01/09	2,683			2,683	20 HY S/L	983	135
97	Fire suppression system	11/01/09	2,012			2,012	20 HY S/L	854	100
98	Kitchen upgrades	11/01/09	15,709			15,709	20 HY S/L	6,674	786
99	44inch JD snow blower for X500	1/14/10	1,839			1,839	10 HY S/L	1,380	184
100	Front steps/sidewalks	5/08/10	9,021			9,021	20 HY S/L	3,383	451
101	AO Smith 40 gal water heater	5/31/10	1,062			1,062	10 HY S/L	796	106
102	Kitchen upgrades	5/31/10	10,573			10,573	20 HY S/L	3,966	529
103	GiftWorks software	10/31/10	4,190			4,190	5 HY S/L	4,190	0
104	Wood shop - shingled roof	12/15/10	3,411			3,411	20 HY S/L	1,281	170
105	Paint - House & ramp	9/19/11	3,150			3,150	10 HY S/L	2,048	315
106	East Barn - painting	10/17/11	5,855			5,855	10 HY S/L	3,808	585
107	Gray Tower barn - painting	10/17/11	4,455			4,455	10 HY S/L	2,898	445
108	Wood Shop building - painting	10/17/11	1,588			1,588	10 HY S/L	1,032	159
109	School House cupola - painting	10/17/11	495			495	10 HY S/L	324	49
110	Roof - CentiMark	11/18/11	38,800			38,800	20 HY S/L	12,610	1,940
111	LED lighting improvements	12/07/11	25,333			25,333	10 HY S/L	16,463	2,533
112	Spieß Clock Gallery	7/31/12	67,938			67,938	20 HY S/L	18,683	3,397
113	HVAC system - William North Co.	8/29/12	34,270			34,270	20 HY S/L	9,426	1,713
114	Server and software	2/06/13	8,319			8,319	5 HY S/L	7,487	832
115	Manitowoc ice machine	3/07/13	1,500			1,500	5 HY S/L	1,350	150
116	Victory freezer/refrigerator combo unit	3/07/13	2,500			2,500	5 HY S/L	2,250	250
117	Interpretive signs (8) at buildings	7/09/13	6,685			6,685	10 HY S/L	3,009	668
118	Farm Lane repave/concrete work	7/15/13	50,200			50,200	20 HY S/L	11,295	2,510
119	Concrete Walk - Kitchen Access	8/16/13	3,400			3,400	20 HY S/L	765	170
120	Double sided sign 2'x8' on Fourth St	8/21/13	4,950			4,950	10 HY S/L	2,228	495
121	Light poles (2)	8/21/13	4,753			4,753	20 HY S/L	1,070	238
122	Double sided sign 4'x6' at entrance	8/30/13	3,300			3,300	10 HY S/L	1,485	330
123	Trane heating/cooling system	10/03/13	12,715			12,715	20 HY S/L	2,860	636
124	Concrete Walk	10/08/13	950			950	20 HY S/L	215	47
125	Gazebo reconstruction	12/03/13	9,861			9,861	10 HY S/L	4,437	986
126	Light pole installation	1/31/14	16,665			16,665	20 HY S/L	2,913	833
127	70inch Sony TV	2/21/14	2,430			2,430	5 HY S/L	1,944	486
128	Prison construction	4/24/14	20,515			20,515	39 HY S/L	1,841	526
129	POS system - prison	6/12/14	1,958			1,958	5 HY S/L	1,371	391
130	Alarm System	10/01/14	39,660			39,660	20 HY S/L	6,445	1,983
131	Golf Cart	6/06/15	4,659			4,659	5 HY S/L	2,330	931
132	ESI 200 IP Series Comm. Server 24 phones	6/26/15	28,200			28,200	5 HY S/L	14,100	5,640
133	WI-FI routers installation	7/01/15	5,450			5,450	5 HY S/L	2,725	1,090
134	Network Infrastructure Upgrade	7/01/15	3,575			3,575	5 HY S/L	1,788	715
135	Shaw Plane Hexagon carpet tile	8/19/15	5,835			5,835	5 HY S/L	2,917	1,167
136	Lobby lighting	11/12/15	6,515			6,515	10 HY S/L	1,629	651
137	Security System	12/17/15	3,196			3,196	5 HY S/L	1,598	639
138	New Fixtures for gift shop	12/22/15	9,000			9,000	5 HY S/L	4,500	1,800
139	Carpet & Installation for Gift Shop	1/25/16	2,560			2,560	5 HY S/L	768	512

38-1785309

**Federal Asset Report**

FYE: 12/31/2018

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
140	Carpet & Installation in Planetarium	1/25/16	3,860			3,860	5 HY S/L	1,158	772
141	Community Room Sound System	2/25/16	10,356			10,356	10 HY S/L	1,553	1,036
142	Wireless Internet for Planetarium	10/05/16	1,254			1,254	5 HY S/L	376	251
143	Troy Bilt Power Washer	9/14/16	581			581	5 HY S/L	174	117
144	Reinstall/Align Omnistar Projector	9/29/16	3,500			3,500	10 HY S/L	525	350
145	New Fixtures for gift shop	1/01/16	15,149			15,149	5 HY S/L	6,056	3,030
146	Acer computer accounting office	3/03/17	1,196			1,196	5 HY S/L	120	239
	<b>Total Other Depreciation</b>		<u>6,822,538</u>			<u>6,822,538</u>		<u>4,463,296</u>	<u>235,403</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,822,538</u>			<u>6,822,538</u>		<u>4,463,296</u>	<u>235,403</u>
	<b>Grand Totals</b>		6,822,538			6,822,538		4,463,296	235,403
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>6,822,538</u>			<u>6,822,538</u>		<u>4,463,296</u>	<u>235,403</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>ARTS, BEER &amp; WINE FESTIVAL</b>		

Name <b>ELLA SHARP MUSEUM ASSOCIATION</b>	Taxpayer Identification Number <b>38-1785309</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.		184,654
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.		184,654
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		118,044
15. <b>Total expenses.</b> Add lines 8 through 14	15.		118,044
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.		66,610

**Expense Details - Indirect Expense:**

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
<b>Total Indirect Expense</b>	_____

**Expense Details - Depreciation Expense:**

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
<b>Total Depreciation Expense</b>	_____

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
<b>Total Exempt Activity Expense</b>	_____

**Expense Details - Fundraising Expense:**

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	74,685
Entertainment (Part II only)	_____
Other direct expenses	43,359
<b>Total Fundraising Expense</b>	118,044

**Expense Details - Cost of Goods Sold:**

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
<b>Total Cost of Goods Sold</b>	_____

**Expense Details - Employment Expense:**

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
<b>Total Employment Expense</b>	_____

**Expense Details - Fees for Services:**

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
<b>Total Fees for Services</b>	_____

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	_____
Second	_____
Third	_____
All other	_____

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2018</b>
Description <b>COMMUNITY ROOM/CATERING</b>		

Name <b>ELLA SHARP MUSEUM ASSOCIATION</b>	Taxpayer Identification Number <b>38-1785309</b>
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

**Income & Expense Summary:**

1. Gross receipts or sales	1.	130,211	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.	130,211	
8. Cost of Goods Sold	8.	65,397	
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.	65,397	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	64,814	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
<b>Total Exempt Activity Expense</b>	

**Expense Details - Fundraising Expense:**

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	4,500
Purchases	16,974
Labor	36,586
Section 263A costs	
Other costs	13,115
Ending inventory	5,778
<b>Total Cost of Goods Sold</b>	65,397

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Information is indicated for use on Form 990-T schedule:**

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

Form **990/990PF**

**Rent Income and Deduction Worksheet**

**2018**

Description **ROOM RENTAL**

Name  
**ELLA SHARP MUSEUM ASSOCIATION**

Taxpayer Identification Number  
**38-1785309**

Use this summary worksheet to verify data entered for a specific activity for your rental information

- 1. Gross rents ..... 1. \_\_\_\_\_
- Expenses (see details on worksheets below):**
- 2. Fees for services ..... 2. \_\_\_\_\_
- 3. Depreciation Expense ..... 3. \_\_\_\_\_
- 4. Direct Expense ..... 4. \_\_\_\_\_
- 5. **Total expenses.** Add lines 8 through 12 ..... 5. \_\_\_\_\_
- 6. **Net Income/Loss.** Line 7 minus Line 13 ..... 6. \_\_\_\_\_

**Expense Details - Fees for Services:**

- Accounting ..... \_\_\_\_\_
- Legal ..... \_\_\_\_\_
- Commissions ..... \_\_\_\_\_
- Management ..... \_\_\_\_\_
- Other Professional Fees ..... \_\_\_\_\_
- Total Fees for Services** ..... \_\_\_\_\_

**Expense Details - Depreciation Expense:**

- On non-investment property ..... \_\_\_\_\_
- On investment property ..... \_\_\_\_\_
- Amortization ..... \_\_\_\_\_
- Depletion ..... \_\_\_\_\_
- Total Depreciation Expense** ..... \_\_\_\_\_

**Expense Details - Direct Expense:**

- Interest ..... \_\_\_\_\_
- Taxes/licenses ..... \_\_\_\_\_
- Occupancy Expenses ..... \_\_\_\_\_
- Repairs & Maintenance ..... \_\_\_\_\_
- Travel/conferences/meetings ..... \_\_\_\_\_
- Printing & Publication ..... \_\_\_\_\_
- Advertising ..... \_\_\_\_\_
- Insurance ..... \_\_\_\_\_
- Utilities ..... \_\_\_\_\_
- Supplies ..... \_\_\_\_\_
- Other expenses ..... \_\_\_\_\_
- Total Direct Expense** ..... \_\_\_\_\_

**Information is being used for the following Form 990-T schedules:**

- Schedule C
- Schedule E
- Schedule F
- Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

- First ..... \_\_\_\_\_
- Second ..... \_\_\_\_\_
- Third ..... \_\_\_\_\_
- All other ..... \_\_\_\_\_



Form **990/990PF**

**Rent Income and Deduction Worksheet**

**2018**

Description **GRANARY RENTAL**

Name  
**ELLA SHARP MUSEUM ASSOCIATION**

Taxpayer Identification Number  
**38-1785309**

Use this summary worksheet to verify data entered for a specific activity for your rental information

- 1. Gross rents ..... 1. \_\_\_\_\_
- Expenses (see details on worksheets below):**
- 2. Fees for services ..... 2. \_\_\_\_\_
- 3. Depreciation Expense ..... 3. \_\_\_\_\_
- 4. Direct Expense ..... 4. \_\_\_\_\_
- 5. **Total expenses.** Add lines 8 through 12 ..... 5. \_\_\_\_\_
- 6. **Net Income/Loss.** Line 7 minus Line 13 ..... 6. \_\_\_\_\_

**Expense Details - Fees for Services:**

- Accounting ..... \_\_\_\_\_
- Legal ..... \_\_\_\_\_
- Commissions ..... \_\_\_\_\_
- Management ..... \_\_\_\_\_
- Other Professional Fees ..... \_\_\_\_\_
- Total Fees for Services** ..... \_\_\_\_\_

**Expense Details - Depreciation Expense:**

- On non-investment property ..... \_\_\_\_\_
- On investment property ..... \_\_\_\_\_
- Amortization ..... \_\_\_\_\_
- Depletion ..... \_\_\_\_\_
- Total Depreciation Expense** ..... \_\_\_\_\_

**Expense Details - Direct Expense:**

- Interest ..... \_\_\_\_\_
- Taxes/licenses ..... \_\_\_\_\_
- Occupancy Expenses ..... \_\_\_\_\_
- Repairs & Maintenance ..... \_\_\_\_\_
- Travel/conferences/meetings ..... \_\_\_\_\_
- Printing & Publication ..... \_\_\_\_\_
- Advertising ..... \_\_\_\_\_
- Insurance ..... \_\_\_\_\_
- Utilities ..... \_\_\_\_\_
- Supplies ..... \_\_\_\_\_
- Other expenses ..... \_\_\_\_\_
- Total Direct Expense** ..... \_\_\_\_\_

**Information is being used for the following Form 990-T schedules:**

- Schedule C
- Schedule E
- Schedule F
- Schedule G

**Expense Allocation to Program Service Accomplishments for 990/990EZ:**

- First ..... \_\_\_\_\_
- Second ..... \_\_\_\_\_
- Third ..... \_\_\_\_\_
- All other ..... \_\_\_\_\_

## Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T****2018**

For calendar year 2018, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

ELLA SHARP MUSEUM ASSOCIATION  
OF JACKSON

Employer Identification Number  
38-1785309

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 Prior Carryover	
20th 12/30/98					
19th 12/30/99	-6,559	6,559			
18th 12/31/00	-10,602	10,602			
17th 12/31/01	-61,531	61,531			
16th 12/31/02	-38,905	38,905			
15th 12/31/03	-38,691	38,691			
14th 12/31/04	-62,868	62,868			
13th 12/31/05	-56,578	53	56,525	48,614	7,911
12th 12/31/06	-45,364		45,364		45,364
11th 12/31/07	-26,186		26,186		26,186
10th 12/31/08	-31,809		31,809		31,809
9th 12/31/09	-5,158		5,158		5,158
8th 12/31/10	17,559				
7th 12/31/11	22,366				
6th 12/31/12	22,211				
5th 12/31/13	-2,355		2,355		2,355
4th 12/31/14	7,536	-7,536			
3rd 12/31/15	40,759	-40,759			
2nd 12/31/16	38,896	-38,896			
1st 12/31/17	69,882	-69,882			
NOL carryover available to current year			167,397		
Current year	48,614			47,614	
NOL carryover available to next year					118,783