

**MCKEE BOTANICAL GARDEN, INC.**

**FORM 990-T**

**TAX YEAR ENDED**

**JUNE 30, 2019**

**PUBLIC INSPECTION COPY**

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

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

## 2018

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>MCKEE BOTANICAL GARDEN, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>350 US HWY 1</b> City or town, state or province, country, and ZIP or foreign postal code <b>VERO BEACH, FL 32962</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>65-1189895</b> <b>E</b> Unrelated business activity code (See instructions.) <b>453220</b>
<b>C</b> Book value of all assets at end of year <b>15,342,565.</b>		<b>F</b> Group exemption number (See instructions.) ▶ _____ <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ GIFT SHOP SALES. 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 a 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? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ CHRISTINE HOBART Telephone number ▶ (772) 794-0601

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>104,825.</u>			
b	Less returns and allowances	1c	104,825.	
2	Cost of goods sold (Schedule A, line 7)	2	48,012.	
3	Gross profit. Subtract line 2 from line 1c	3	56,813.	56,813.
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12	13	56,813.	56,813.

**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.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages	15	38,909.	
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19	1,809.	
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21	14,090.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 14,090.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) <b>SEE STATEMENT 1</b>	28	5,826.	
29	<b>Total deductions.</b> Add lines 14 through 28	29	60,634.	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,821.	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	<b>Unrelated business taxable income.</b> Subtract line 31 from line 30	32	-3,821.	

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows include: 33 Total of unrelated business taxable income... -3,821.; 34 Amounts paid for disallowed fringes; 35 Deduction for net operating loss... 0.; 36 Total of unrelated business taxable income before specific deduction... -3,821.; 37 Specific deduction... 1,000.; 38 Unrelated business taxable income... -3,821.

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows include: 39 Organizations Taxable as Corporations... 0.; 40 Trusts Taxable at Trust Rates; 41 Proxy tax; 42 Alternative minimum tax; 43 Tax on Noncompliant Facility Income; 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies... 0.

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows include: 45a Foreign tax credit; 45b Other credits; 45c General business credit; 45d Credit for prior year minimum tax; 45e Total credits; 46 Subtract line 45e from line 44... 0.; 47 Other taxes; 48 Total tax... 0.; 49 2018 net 965 tax liability paid... 0.; 50a Payments: A 2017 overpayment credited to 2018; 50b 2018 estimated tax payments; 50c Tax deposited with Form 8868; 50d Foreign organizations; 50e Backup withholding; 50f Credit for small employer health insurance; 50g Other credits, adjustments, and payments; 51 Total payments; 52 Estimated tax penalty; 53 Tax due; 54 Overpayment; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax / Refunded.

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

Table with 3 columns: Question, Yes, No. Rows include: 56 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...; 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?; 58 Enter the amount of tax-exempt interest received or accrued during the tax year.

Signature and Preparer information section. Includes: Sign Here (Signature of officer: WILLIAM F. SCHLITT, Date: 11/04/19, Title: PRESIDENT); Preparer information (Print/Type preparer's name: WILLIAM F. SCHLITT, Signature, Date: 11/04/19, Check self-employed, PTIN: P00854938); Firm information (Firm's name: OFFUTT BARTON SCHLITT, LLC, Firm's address: 570 BEACHLAND BLVD., VERO BEACH, FL 32963, Firm's EIN: 46-1585527, Phone no.: (772) 231-2100).

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

1	Inventory at beginning of year	1	7,795.	6	Inventory at end of year	6	17,654.
2	Purchases	2	57,871.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	48,012.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
4b	Other costs (attach schedule)	4b					
5	<b>Total.</b> Add lines 1 through 4b	5	65,666.				

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

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**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)				
(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>			0.	0.
<b>Total dividends-received deductions included in column 8</b>				0.

**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)					
(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>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0.</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0.</b>

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A). <b>0.</b>		Enter here and on page 1, Part I, line 9, column (B). <b>0.</b>

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 10, col. (B). <b>0.</b>			Enter here and on page 1, Part II, line 26. <b>0.</b>

**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)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</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>0.</b>	<b>0.</b>				<b>0.</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)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			<b>0.</b>

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
UTILITIES		5,826.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		5,826.

FORM 990-T	NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	23,233.	0.	23,233.	23,233.
06/30/11	31,041.	0.	31,041.	31,041.
06/30/12	28,810.	0.	28,810.	28,810.
06/30/13	38,321.	0.	38,321.	38,321.
06/30/14	26,126.	0.	26,126.	26,126.
06/30/15	24,838.	0.	24,838.	24,838.
06/30/16	14,125.	0.	14,125.	14,125.
06/30/17	14,251.	0.	14,251.	14,251.
NOL CARRYOVER AVAILABLE THIS YEAR			200,745.	200,745.