** PUBLIC DISCLOSURE COPY **

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A I	For the	\approx 2021 calendar year, or tax year beginning $$ OCT $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	SEP 30, 2022			
В	Check if applicable	DEETTE HOLDEN COMMER MOSEUM FOUNDATION	D Employer identifi	cation number		
	Addres change	inc.				
	Name change					
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 829 RIVERSIDE AVE	uite E Telephone numbe 904-356-	-6857		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,040,440.		
	Ameno return	UACKSONVILLE, FL 52204-5550	H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: ANDREA BARNWELL BROWNL	EE for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No		
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or		list. See instructions		
		e: WWW.CUMMERMUSEUM.ORG	H(c) Group exemption			
				M State of legal domicile: FL		
	art I	Summary	rour or formation, == = = [otato or rogar dormono, = =		
	1	Briefly describe the organization's mission or most significant activities: ENGAGING	AND INSPIRING	G THROUGH		
Governance	'	THE ARTS, GARDENS, AND EDUCATION.				
nan	2	Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	sets		
Ver	3	· · · · · · · · · · · · · · · · · · ·	3	24		
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)		24		
જ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		61		
ties	5			394		
Activities &	6	Total number of volunteers (estimate if necessary)		32,443.		
Ąc	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
_	D	Net unrelated business taxable income from Form 990-T, Part I, line 11				
		Ocal Sading and supply (Dad MIII Sad 41)	Prior Year 3,328,539.	Current Year 7,173,415.		
ne	8	Contributions and grants (Part VIII, line 1h)	261,525.	413,041.		
en /	9	Program service revenue (Part VIII, line 2g)	2,134,675.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,735,458.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,104.	37,625.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,700,635.	10,359,539.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,222,435.	2,253,932.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	126,362.		
ă	. b	Total fundraising expenses (Part IX, column (D), line 25) 440,403.	2 160 124	2 510 000		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,162,134.	3,512,909.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,384,569.	5,893,203.		
_	19	Revenue less expenses. Subtract line 18 from line 12	316,066.	4,466,336.		
Net Assets or			Beginning of Current Year	End of Year		
sset	20	Total assets (Part X, line 16)	61,186,821.	56,233,333.		
T As	21	Total liabilities (Part X, line 26)	484,424.	607,043.		
	22	Net assets or fund balances. Subtract line 21 from line 20	60,702,397.	55,626,290.		
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
		Cincolars of officer	Data			
Sig	n	Signature of officer	Date			
Hei	e e	ANDREA BARNWELL BROWNLEE, EXECUTIVE DIRECT	OR			
		Type or print name and title	Doto In F	DTIN		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Paid		JAMES A. HALLERAN JAMES A. HALLERAN	05/18/23 self-employ	P00005496		
	parer	Firm's name JAMES MOORE & CO., P.L.	Firm's EIN ▶	59-3204548		
Use	Only	Firm's address 121 EXECUTIVE CIRCLE		C 055 4465		
		DAYTONA BEACH, FL 32114-1180	Phone no. 38	6-257-4100		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No		

Form	1990 (2021) INC. 59-2191587 Pac	ge 2
	rt III Statement of Program Service Accomplishments	gc –
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	TO ENGAGE AND INSPIRE THROUGH THE ARTS, GARDENS, AND EDUCATION.	
	TO BROADE AND INDITED THROUGH THE ARTE, CARDENE, AND EDUCATION:	
2	Did the organization undertake any significant program services during the year which were not listed on the	1
	prior Form 990 or 990-EZ?	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?	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 \$ 2,305,391. including grants of \$) (Revenue \$ 372,269	,
ти	THE OPERATION AND MAINTENANCE OF THE CUMMER MUSEUM OF ART & GARDENS.	<u> </u>
	THE CUMMER OFFERS WORLD-CLASS ART SPANNING 2100 B.C. THROUGH THE 21ST	
	CENTURY, AND FEATURES SPECIAL EXHIBITS FROM AROUND THE WORLD. THE	
	PERMANENT COLLECTION INCLUDES MASTERPIECES CREATED BY PETER PAUL	
	RUBENS, WINSLOW HOMER, THOMAS MORAN, NORMAN ROCKWELL, AND ROMARE	
	BEARDEN. IT IS ALSO THE HOME TO THE WARK COLLECTION OF EARLY MEISSEN	
	PORCELAIN, ONE OF THE THREE MOST OUTSTANDING COLLECTIONS OF ITS KIND IN	[
	THE WORLD. THE MUSEUM'S HISTORIC GARDENS ARE UNIQUE EXAMPLES OF EARLY	
	20TH CENTURY GARDEN DESIGN WITH FEATURES SUCH AS REFLECTING POOLS,	
	FOUNTAINS, ARBORS AND SCULPTURES. A PROMINENT ATTRACTION IN THE GARDENS	;
	IS THE 175-200 YEAR OLD OAK TREE THE CUMMER OAK.	
	TO THE 170 DOC THE COLUMN COLU	
4b	(Code:) (Expenses \$ 1,613,618 • including grants of \$) (Revenue \$ 52,066	
40	THE OPERATION AND MAINTENANCE OF ART CONNECTIONS, THE MUSEUM'S ART	•
	EDUCATION CENTER. ART CONNECTIONS ENGAGES VISITORS OF ALL AGES BY	
	, , , , , , , , , , , , , , , , , , ,	
	COMMUNITY OUTREACH TO UNDERSERVED AUDIENCES. THROUGH A HANDS-ON	
	MULTIDISCIPLINARY EXPERIENCE THAT COMBINES ART, MUSIC, LITERATURE,	
	HISTORY, DANCE AND POETRY, VISITORS GAIN A BETTER UNDERSTANDING OF THE	
	WORKS IN THE MUSEUM'S PERMANENT COLLECTION.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 3,919,009.	
	·	

Form 990 (2021) 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		Х
4	Section 501(c)(3) organizations. 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	4		х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
	Schedule D, Part III	8_	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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	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	11c		Х
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
ızu		12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		14a		
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	15		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	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
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	18	Х	<u> </u>
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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		Х

Form	990 (2021) INC. 59-2191	587	Р	age 4
Pa	rt 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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
274	last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
	, , , , , , , , , , , , , , , , , , ,	24a		X
	Schedule K. If "No," go to line 25a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₩
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	↓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		\vdash
30		26		X
07	If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		.,	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			لــــا
			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 on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	Х	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			₩.
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	O.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	- 1	
С		7c		x
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the constitution and the constitution of t	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		<u> </u>
	If "Yes." complete Form 6069.			

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Form 990 (2021) INC. 59

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7h below 59-2191587

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	-		140 1	espon	SE
	Check if Schedule O contains a response or note to any line in this Part VI	. 000 //	ion donorio.			X
Sec	tion A. Governing Body and Management					
	and management				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		163	INO
··u	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the			_		
_	of efficiency discretely threshold a less complete and the complete and th			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," d	escribe		37	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	Х	
a	The organization's CEO, Executive Director, or top management official			15a	X	_
b	Other officers or key employees of the organization			15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	t	ith o			
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entitle during the year?			160		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			16a		25
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ▶FL					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	-T (section 501(c)(3)s	only) :	availal	
.0	for public inspection. Indicate how you made these available. Check all that apply.	000	. (0000.011001(0)(0)3	J. 11 y / 6		
	Own website X Another's website X Upon request Other (explain	on So	hedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	cial	
	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 boo	ks and	d records			
	THE ORGANIZATION - 904-356-6857					
	829 RIVERSIDE AVE, JACKSONVILLE, FL 32204-3336					

132006 12-09-21

INC. 59-2191587 Form 990 (2021) 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			((Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than (Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any						T ,	from the	from related organizations	other compensation
	hours for	Individual trustee or director						organization	(W-2/1099-MISC/	from the
	related	3e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mo		1099-NEC)	,	and related
	below	idual	Institutional trustee	ь	Key employee	Highest compensated employee	Je.			organizations
	line)	Indiv	Instii	Officer	Key	High	Former			
(1) ANDREA BARNWELL BROWNLEE	50.00									
EXECUTIVE DIRECTOR & CEO				Х				240,010.	0.	7,438.
(2) HOLLY KERIS	50.00									
CHIEF CURATOR						Х		115,823.	0.	13,432.
(3) KIMBERLY NOBLE	50.00									
CFO				Х				63,863.	0.	6,569.
(4) ASHLEY STEIN WOTIZ	1.00									
TRUSTEE		Х						0.	0.	0.
(5) ATIYA ABDELMALIK	1.00									
TRUSTEE		Х						0.	0.	0.
(6) BARBARA H. HARRELL	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CHARMAINE T. M. CHIU	1.00									
TRUSTEE		Х						0.	0.	0.
(8) CLAY B. TOUSEY, JR.	1.00									
TRUSTEE		Х						0.	0.	0.
(9) ELAINE STALLINGS	1.00									
TRUSTEE		Х						0.	0.	0.
(10) HOWARD DODSON	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JAMES A. RICHARDSON, II	1.00									
TRUSTEE		X						0.	0.	0.
(12) LANCE WINDLEY	3.00									
TREASURER		Х		Х				0.	0.	0.
(13) MARCY MOODY	1.00									
TRUSTEE		Х						0.	0.	0.
(14) MARI KURAISHI	3.00									
VICE CHAIR		Х	L	Х	L	L		0.	0.	0.
(15) MARY F. PIETAN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) MICHAEL MUNZ	3.00									
SECRETARY		Х	L	Х	L			0.	0.	0.
(17) NANCY CHARTRAND	1.00									
TRUSTEE		Х	ı	ı	I	I	1	0.	0.	0.

<u> Page</u> **7**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)				C)			(D)	(E)		(F)	
Name and title	(B) Average	١		Pos	itior			Reportable	Reportable	[Estimated
	hours per	box	, unles	ss pe	rson i	than o	n an	compensation	compensation	a	amount of
	week	offi	cer an	id a d	irecto	r/trus	tee)	from	from related		other
	(list any	ector						the	organizations	_ I	mpensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	1	from the
	organizations	ustee	trustee		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	- 1	ganization nd related
	below	dual tr	tional	١.	yoldı	st con	_	1099-1120)		1	ganizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			",	,aa
(18) NATHANIEL P. FORD, SR.	1.00										
TRUSTEE		Х						0.	0	•	0.
(19) PAM D. PAUL	6.00										
CHAIR		Х		Х				0.	0	•	0.
(20) PEGGY BRYAN	1.00										
TRUSTEE		Х						0.	0	•	0.
(21) PREETI SWANI	1.00								0		•
TRUSTEE	1 00	Х						0.	0	•	0.
(22) RONALD RETTNER TRUSTEE	1.00	х						0.	0		0.
(23) SALLIE BALL	1.00							0.	0	•	
TRUSTEE		х						0.	0	.	0.
(24) SUSAN DUBOW	1.00										
TRUSTEE		Х						0.	0	•	0.
(25) TERESA RADZINSKI	1.00	l									_
TRUSTEE	1 00	Х						0.	0	•	0.
(26) WILLIAM H. MORRIS TRUSTEE	1.00	х						0.	0		0.
1b Subtotal				<u> </u>				419,696.	0		27,439.
c Total from continuation sheets to Part VII								0.	0		0.
d Total (add lines 1b and 1c)								419,696.	0		27,439.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable		
compensation from the organization						•		·	·		2
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on		
line 1a? If "Yes," complete Schedule J for so	uch individual									3	X
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch į	oers	on .				5	X
Section B. Independent Contractors	managet ad in d	lono	- d o :	at a				ant received mare than t	100 000 of compone	otion f	
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										alion	10111
(A)	no odionadi ye	oui c	- ruii	<u>.g **</u>		J. VV.		(B)	Jan.		(C)
Name and business	address	NC	ONE	3				Description of s	ervices		ensation
2 Total number of independent contractors (in	acluding but a	at lin	nitor	l to	thoo	ما م	tod	above) who received me	ore than		
\$100,000 of compensation from the organiz	•	יווו אל	inte(. 10	(105		ı c u	above, who received IIIC	oro urari		
SEE PART VII, SECTION		IN	UΑ	ΤI			ΗE	ETS	•	Forn	n 990 (2021)

132008 12-09-21

Form 990 INC. 59-2191587

Form 990 INC.									59-219	1587
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average hours	(c	(C) Position (check all that app					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) YARED ALULA	1.00	l								
PRUSTEE		Х						0.	0.	0

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INC.

Statement of Revenue

Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 207,221. 1b **b** Membership dues 105,500. c Fundraising events 1c **d** Related organizations 1d 1,131,363. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,729,331 similar amounts not included above 1f 88,881 g Noncash contributions included in lines 1a-1f 7,173,415 h Total. Add lines 1a-1f **Business Code** 2 a ADMISSIONS 713990 365,625 365,625 Program Service Revenue SCHOOL TOURS & OUTREACH 713990 47,416 47,416 С f All other program service revenue 413,041 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,053,878 1053878 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 180,339 6 a Gross rents 160,642. 6b **b** Less: rental expenses 19,697. c Rental income or (loss) 1,755. 19,697. -25.804 43,746. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 1,681,580. assets other than inventory b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) 7с 1,681,580. 1,681,580. 1681580. d Net gain or (loss) 8 a Gross income from fundraising events (not 105,500. of including \$ contributions reported on line 1c). See Part IV, line 18 75,924 125,782 **b** Less: direct expenses -49,858 -49,858. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 415,023 and allowances 394,477 **b** Less: cost of goods sold 20,546. 4,931. 15,615. c Net income or (loss) from sales of inventory **Business Code** 11 a CATERING COMMISSION 722320 25,832 25,832 900099 b LICENSING & REPRODUCTION 10,550 10,550 c PHOTOGRAPHY PERMITS 900099 6,250 6,250 900099 4,608. d All other revenue 4,608 47,240 Total. Add lines 11a-11d 10,359,539 2729346. 424,335 32,443. Total revenue. See instructions 12

132009 12-09-21

Form 990 (2021) INC . Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	391,857.	27,430.	309,567.	54,860
6	Compensation not included above to disqualified	331,037.	27,430.	303,307.	34,000
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,522,434.	1,126,323.	229,206.	166,905
8	Pension plan accruals and contributions (include	2,322,1310		223,2001	200,500
•	section 401(k) and 403(b) employer contributions)	41,894.	30,533.	7,100.	4.261
9	Other employee benefits	144,005.	100,858.	28,260.	4,261 14,887
10	Payroll taxes	153,742.	98,088.	39,204.	16,450
11	Fees for services (nonemployees):	,	,	, ,	- ,
	Management				
	Legal	1,907.	1,297.	572.	38
	Accounting	39,859.	27,104.	11,958.	38 797
	Lobbying	-			
	Professional fundraising services. See Part IV, line 17	126,362.			126,362
f	Investment management fees	131,426.		131,426.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	281,831.	151,211.	122,459.	8,161
12	Advertising and promotion	209,520.	196,949.	12,571.	
13	Office expenses	165,946.	62,871.	83,419.	19,656
14	Information technology	127,586.	85,483.	30,620.	11,483
15	Royalties				
16	Occupancy	542,647.	395,587.	143,871.	3,189
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	0 401	0.401		
20	Interest	2,481.	2,481.		
21	Payments to affiliates	010 605	E10 707	202 712	0 106
22	Depreciation, depletion, and amortization	810,605. 145,459.	518,787. 106,184.	283,712. 36,365.	8,106 2,910
23	Insurance	145,459.	100,104.	30,303.	2,910
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) EXHIBITION COSTS	671,228.	671,228.		
b	SECURITY SECURITY	288,746.	254,099.	34,647.	
C	PROFESSIONAL DEVELOPMEN	77,932.	46,760.	28,834.	2,338
d	CURATORIAL & CONSERVATI	14,928.	14,928.	20,0010	_,550
	All other expenses SEE SCH O	808.	808.		
25	Total functional expenses. Add lines 1 through 24e	5,893,203.	3,919,009.	1,533,791.	440,403
<u>26</u>	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 if following SOP 98-2 (ASC 958-720)				

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	LA	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	460,659.	1	2,686,616.
	2	Savings and temporary cash investments	38,558.	2	38,605.
	3	Pledges and grants receivable, net	164,889.	3	1,504,875.
	4	Accounts receivable, net		4	3,063.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	103,171.	8	143,145.
As	9	Prepaid expenses and deferred charges	566,584.	9	404,875.
		Land, buildings, and equipment: cost or other	•		,
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 26,005,799. 13,126,932.	13,636,258.	10c	12,878,867.
	11	Investments - publicly traded securities	45,659,268.	11	37,421,686.
	12	Investments - other securities. See Part IV, line 11	, ,	12	, ,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	557,434.	15	1,151,601.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	61,186,821.	16	56,233,333.
	17	Accounts payable and accrued expenses	336,000.	17	317,475.
	18	Grants payable	•	18	•
	19	Deferred revenue	148,424.	19	183,713.
	20	Tax-exempt bond liabilities	- ,	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	33,645.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	0.	25	72,210.
	26	Total liabilities. Add lines 17 through 25	484,424.	26	607,043.
		Organizations that follow FASB ASC 958, check here X			
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	14,573,952.	27	15,232,817.
Bala	28	Net assets with donor restrictions	46,128,445.	28	40,393,473.
힏		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ģ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
É	32	Total net assets or fund balances	60,702,397.	32	55,626,290.
_	33	Total liabilities and net assets/fund balances	61,186,821.	33	56,233,333.
			•		Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,3				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,8	93,2	03.		
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5	-9,4	70,3	08.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	72,1	35.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	55,6	26,2	90.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	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						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		21	X			
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		20	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3	a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC. 59-2191587 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

	edule A (Form 990) 2021 Irt II Support Schedule for (Organizations	Described in	Soctions 170/l	a)/1)/A)/ii/) and	39-419	
Pa		-		_			-
	(Complete only if you checked				n failed to qualify u	nder Part III. If the	organization
_	fails to qualify under the tests	listed below, pleas	se complete Part II	11.)			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2378507.	3124137.	6623419.	3328539.	7173415.	22628017.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2378507.	3124137.	6623419.	3328539.	7173415.	22628017.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3147555.
6	Public support. Subtract line 5 from line 4.						19480462.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2378507.	3124137.	6623419.	3328539.	7173415.	22628017.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1063976.	1039260.	971,399.	924,183.	1097624.	5096442.
9	Net income from unrelated business			•			
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
-	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						27724459.
	Gross receipts from related activities,	etc. (see instruction	ns)			12 2	,558,969.
	First 5 years. If the Form 990 is for th	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
	organization, check this box and stor	_		· · · · · · · · · · · · · · · · · · ·			▶ □
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			olumn (f))		14	70.26 %

Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	70.26 9
Public support percentage from 2020 Schedule A, Part II, line 14	15	62.80 %

loa 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and
stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and **stop here.** The organization qualifies as a publicly supported organization

- 17a 10% -facts-and-circumstances test 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
 - b 10% -facts-and-circumstances test 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b	- 000	0001
ıule	A (Forn	n 990)	2021

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		—
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the erganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	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)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ıs).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu iatia m)	
2	Activities Test. Answer lines 2a and 2b below.	rinstruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	ı

Schedule A (Form 990) 2021 INC.

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			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	on A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. 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-functional		d Type III supporting orga	nization (see
-	instructions).	, 3. 2.00	71	, , , , , , , , , , , , , , , , , , ,

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Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu		9-219158/ Page 7
	ion D - Distributions	1-7(-7 - app	COntine	ueu)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
<u>a</u>	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>	LACESS HUIII ZUZ I			C a	hedule Δ (Form 990) 202

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

Schedule A	(Form 990) 2021	INC.				59-2191587 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Pro , 2, 3b, 3c, 4b lines 2 and 3;	o, 4c, 5a, 6, 9a, 9b, 9c Part IV, Section E, lin	, 11a, 11b, and 11c; es 1c, 2a, 2b, 3a, an	Part IV, Section B, lines of 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

INC.

Employer identification number

59-2191587

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 \ \rightarrow \frac{1}{2} \rightarrow 1						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

INC.

Employer identification number

59-2191587

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Name, address, and ZIF + 4	\$ 931,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$318,147.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$658,471.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,095,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

INC.

Employer identification number

59-2191587

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		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, audiess, and Zir + +	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Humb, dud 655, and Zir T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

INC.

Employer identification number

59-2191587

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION INC. 59-2191587 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION INC.

Employer identification number 59-2191587

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the		
		(a) Donor advised funds	(b) Funds and other accounts		
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 w	riting that the assets held in donor advise	ed funds		
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	conferring		
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of			
	day of the tax year.		Held at the End of the Tax Year		
а					
b					
С	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.				
d	Number of conservation easements included in (c) acquired aff	•			
_	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax		
	year	and the language of Science			
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period		Yes No		
6					
6	Starr and volunteer flours devoted to monitoring, inspecting, in	andling of violations, and emorcing cons	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservat	ion essements during the year		
•	S	ng of violations, and emoroting conservat	non casements during the year		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/b	n)(4)(B)(i)		
Ū	and section 170(h)(4)(B)(ii)?	• •			
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	•			
	organization's accounting for conservation easements.	3			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.		
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	nd balance sheet works		
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fu	rtherance of public		
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of		
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furth	erance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
			L 4		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial			
	the following amounts required to be reported under FASB AS	C 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		> \$		
b	Assets included in Form 990, Part X				

132051 10-28-21

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	t III Organizations Maintaining Co	ollections of Art	, Histo	orical Tre	asures, o	r Othe	r Si	milar		Contin		age Z	
3	Using the organization's acquisition, accession									(COITEIII	<u>100)</u>		
	collection items (check all that apply):	,	,		3		J						
а	X Public exhibition	d	X	Loan or excl	hange progra	am							
b	X Scholarly research	e			9- 9								
c	X Preservation for future generations	-											
4	Provide a description of the organization's co	llections and explain	how the	ev further th	e organizatio	n's exe	mpt i	nurnos	se in Part	XIII.			
5	During the year, did the organization solicit or												
	to be sold to raise funds rather than to be ma									Yes	X	No	
Par	t IV Escrow and Custodial Arrang											,	
	reported an amount on Form 990, Par			3					,,	,			
1a	Is the organization an agent, trustee, custodia	an or other intermedia	arv for c	ontributions	s or other as	sets not	inclu	ıded					
	on Form 990, Part X?									Yes		No	
b	If "Yes," explain the arrangement in Part XIII a											,	
-		and complete and roll	g				ſ			Amount			
c	Beginning balance						Ī	1c					
	Additions during the year						Г	1d					
	Distributions during the year							1e					
	Ending balance							1f					
	Did the organization include an amount on Fo									Yes	\top	No	
	If "Yes," explain the arrangement in Part XIII.						-			00]	
Par													
	·	(a) Current year		rior year	(c) Two yea			Three y	ears back	(e) Four	years	back	
1a	Beginning of year balance	44,148,923.	37.	776,968.	33,29	1,479.	<u> </u>	33.0	55,090.		337,		
	Contributions	2,260,509.		10,466.		0,227.			41,295.	,		940.	
	Net investment earnings, gains, and losses	-6,725,121.	7	,847,803.	<u> </u>	3,783.			23,667.	2.	090,		
d	Grants or scholarships	, , ,		, , .	,	, -				<i>'</i>			
	Other expenditures for facilities												
·	and programs	1,601,319.	1	,486,314.	1 60	8,521.		1 3	28,573.	1	403,	120.	
	Administrative expenses			,,	_,	-,		,-		-,		<u>•</u>	
g		38,082,992.	44	148,923.	37 776	5,968.		33 2	91,479.	33	055,	090.	
2	Provide the estimated percentage of the curre					,		,-	, - , - , - ,		,		
	Board designated or quasi-endowment	ent year end balance	%	i, coluitiit (a)) Helu as.								
	Permanent endowment 100	%	_70										
C	The percentages on lines 2a, 2b, and 2c shou												
32	Are there endowment funds not in the posses	•	ion that	are held an	nd administa	red for t	he or	aaniza	tion				
oa	by:	331011 Of the organizat	ion that	arc ricid ari	ia aarriiriistoi	CG IOI II	ic or	garnze	illoi1	Γ	Yes	No	
	(i) Unrelated organizations									3a(i)		X	
	(ii) Related organizations									3a(ii)	\neg	<u> </u>	
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	nd on Sc	hedule R2						3b	\neg		
4	Describe in Part XIII the intended uses of the									00			
Par	t VI Land, Buildings, and Equipme		VIIICIII IC	arius.									
	Complete if the organization answered		Part IV	. line 11a. S	ee Form 990	. Part X	. line	10.					
	Description of property	(a) Cost or ot	ı	(b) Cost				mulate	. <mark>д</mark>	(d) Book	. valu		
	bescription of property	basis (investm		basis (iation	,u	(a) B 001	. vaiu	-	
10	Land	<u> </u>	,		2,337.	3.	,			2.742	. 3	37.	
	Land				5,892.	10,	097	3 86	54.	7 322	742,337. 322,028.		
	Buildings Leasehold improvements			<i>T,12T</i>	5,054.		<u> </u>	, , ,		,,,,,,	, , , ,		
				1 04	2,165.		740	9,45	59.	292	2,70	16.	
	Equipment Other				5,405.			3,60		$\frac{2}{2,521}$			
	Other			±,00	J, 1 0J•	4,	20.	<i>,</i> 00	1		2 86		

Schedule D (Form 990) 2021 INC.		59	-2191587 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(1)	(b) Dook talled	(2)	a or your marries raide
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.	Farma 000 David IV line 1	1 11f C F 000 Bt V line 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line I	Te or TTf. See Form 990, Part X, line 25	T
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) REFUNDABLE ADVANCE			72,210.
			12,210.
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)	. 05 \	.	72,210.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		14,410.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021 INC.

Par	t XI Reconciliation of Revenue per Audited Financial Statemer		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				202 455
1	Total revenue, gains, and other support per audited financial statements			1	983,466.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	0 450 200		
а	Net unrealized gains (losses) on investments	2a -	-9,470,308. 74,345.		
b	Donated services and use of facilities		74,345.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			0 205 062
е	Add lines 2a through 2d			2e	-9,395,963. 10,379,429.
3	Subtract line 2e from line 1			3	10,379,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	121 426		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a	151,426.		
b	, , , , , , , , , , , , , , , , , , , ,	4b	-151,316.		10 000
	Add lines 4a and 4b			4c	-19,890. 10,359,539.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nto With	Evnonce per	5	10,359,539.
Pai			i Expenses per H	tetur	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				E 006 630
1	Total expenses and losses per audited financial statements			1	5,986,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		71 215		
a	Donated services and use of facilities		74,345.		
b	Prior year adjustments				
С.	Other losses		151,316.		
d	Other (Describe in Part XIII.)		· ·		225 661
	Add lines 2a through 2d			2e	225,661. 5,760,969.
3	Subtract line 2e from line 1			3	3,700,303.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1	131 /26		
_	Investment expenses not included on Form 990, Part VIII, line 7b		131,426. 808.		
b	Other (Describe in Part XIII.)			4-	132 234
	Add lines 4a and 4b			4c 5	132,234. 5,893,203.
5 Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	3,093,203.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV lines 1h	and 2h: Part V line 4	· Dort `	V line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, rart i	A, III le 2, Part AI,
111162	zu and 4b, and Part An, intes zu and 4b. Also complete this part to provide any addit	lionai imon	nation.		
PAF	RT III, LINE 1A:				
THE	MUSEUM'S COLLECTIONS ARE MADE UP OF PAINT	INGS,	PRINTS, AR	TIF	ACTS OF
		·	•		
HIS	STORICAL SIGNIFICANCE, AND OTHER ART OBJECT	S THA	T ARE HELD	FOR	
EDU	CATIONAL, RESEARCH AND CURATORIAL PURPOSES	. EAC	H OF THE IT	EMS	IS
CAT	ALOGED, PRESERVED, AND CARED FOR, AND ACTI	VITIE	S VERIFYING	TH	EIR
EX]	STENCE AND ASSESSING THEIR CONDITION ARE P	ERFOR	MED CONTINU	OUS	LY.
COI	LECTION ITEMS ARE SUBJECT TO A POLICY THAT	REQU	IRES PROCEE	DS :	FROM THEIR
SAI	LES TO BE USED TO ACQUIRE OTHER ITEMS FOR C	OLLEC'	TIONS.		
THE	VALUE OF THE ART OBJECTS IN THE PERMANENT	COLL	ECTION IS N	OT	SUBJECT TO
RE <i>I</i>	ASONABLE ESTIMATION, AND THEREFORE, IS EXCL	UDED :	FROM THE ST.	ATE:	MENTS OF

FINANCIAL POSITION. ADDITIONS TO THE PERMANENT COLLECTION ARE MADE EITHER

Part XIII Supplemental Information (continued)

BY GIFTS, BEQUESTS, OR THROUGH PURCHASES USING THE FOUNDATION'S

ACQUISITION FUNDS. ALL WORKS OF ART ARE HELD FOR PUBLIC EXHIBITION,

EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN

FINANCIAL GAIN; ARE PROTECTED, KEPT UNEMCUMBERED, CARED FOR, AND

PRESERVED, AND ARE SUBJECT TO STRICT POLICIES GOVERNING THEIR USE.

PART III, LINE 4:

THE MUSEUM'S COLLECTIONS ARE MADE UP OF PAINTINGS, PRINTS, ARTIFACTS OF
HISTORICAL SIGNIFICANCE, AND OTHER ART OBJECTS THAT ARE HELD FOR PUBLIC
EXHIBITION, EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES IN FUTHERANCE OF
PUBLIC SERVICE.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 30 INDIVIDUAL FUNDS

ESTABLISHED BY DONORS TO PROVIDE ANNUAL FUNDING FOR SPECIFIC ACTIVITIES

AND GENERAL OPERATIONS. THE GOALS OF THE FOUNDATION'S INVESTMENT POLICIES

ARE TO: (A) PROVIDE FUNDING FOR THE OPERATION AND SUPPORT OF THE MUSEUM,

(B) MAINTAIN PURCHASING POWER OF THE INVESTMENT ASSETS, (C) PRUDENTLY

MANAGE THE INVESTMENT ASSETS TO PROVIDE ADDITIONAL FUNDING FOR FUTURE

OPERATION AND SUPPORT, (D) PAY ALL INVESTMENT RELATED EXPENSES, (E)

MINIMIZE RISK AND PRESERVE CAPITAL, AND (F) ACHIEVE A

COMPETITIVE RATE OF RETURN.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS FOR FILINGS WITH

THE INTERNAL REVENUE SERVICE AND THE STATE OF FLORIDA. IT HAS BEEN

DETERMINED THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON

EXAMINATION AND NO ADJUSTMENTS ARE ANTICIPATED THAT WOULD RESULT IN A

Part XIII | Supplemental Information (continued) MATERIAL ADVERSE EFFECT ON THE FOUNDATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES, FOR UNCERTAIN INCOME TAX POSITIONS AS OF SEPTEMBER 30, 2022 AND 2021, HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION'S TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THREE YEARS AFTER THEY ARE FILED. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON 990 PART VIII -151,316. PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES REPORTED ON 990 PART VIII 151,316. PART XII, LINE 4B - OTHER ADJUSTMENTS: COLLECTION ITEMS PURCHASED 808.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION **Employer identification number** Name of the organization INC. 59-2191587 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. X Mail solicitations Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DEANN COLLINS DOCKERY - 3525 PROFESSIONAL FUNDRAISING Yes No OGLEBAY DR, GREEN COVE SERVICES Х 5,478,657 126,362 5,352,295. 5,478,657. 126 362. 5 352 295 Total 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. FL

132081 10-21-21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

INC.

59-2191587 Page 2

Pa	rt I	of fundraising events. Complete if the	•	·		•
		or randraioning event contributions and gri	(a) Event #1	(b) Event #2	(c) Other events	T
			' '	ASIAN NIGHT	(b) Carior Overlas	(d) Total events
			DINNER PARTY		3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(overte type)	(ovoint type)	(total Hambol)	
Revenue	1	Gross receipts	47,669.	40,896.	92,859.	181,424.
_	2	Less: Contributions	24,167.	19,167.	62,166.	105,500.
	3	Gross income (line 1 minus line 2)	23,502.	21,729.	30,693.	75,924.
	4	Cash prizes				
	5	Noncash prizes				
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	20,978.	20,895.	45,478.	87,351.
ä	8	Entertainment		300.	1,900.	3,000.
	9	Other direct expenses		10,772.	16,971.	35,431.
	10	,			>	125,782.
De	11					-49,858.
Pa	ונו	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	etatas?		Yes No
		No," explain:				res No
40 -					0	
		ere any of the organization's gaming licenses re Yes," explain:			ear (Yes No
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

Schedule G (Form 990) 2021 INC •	59-2191587 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
to 16 IIV/co. II and out the amount of manifest manifest manifest in the amount in the control of the control o	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	unt
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9, 9b, 10b,
13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAL	SERS:
(I) NAME OF FUNDRAISER: DEANN COLLINS DOCKERY	
(1) MARIE OF FORDINATION. BEAMIN COLUMN BOCKERY	
(I) ADDRESS OF FUNDRAISER: 3525 OGLEBAY DR, GREEN COVE SPRING	S, FL 32043
PART I, LINE 2B, COLUMN (V):	
DEANN COLLINS DOCKERY WAS CONTRACTED WITH TO PROVIDE FUNDRAIS	SING
SERVICES, EFFECTIVE 12/1/21. PAYMENT TO DEANN COLLINS DOCKER	Y CONSTSTS
OF A RETAINER FEE OF \$13,500 PER MONTH PLUS DIRECT EXPENSES A	
132083 10-21-21	Schedule G (Form 990) 2021

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

Schedule G (Form 990) INC. 59-2191587 Page 4 Part IV Supplemental Information (continued)
Continued)
DIRECT EXPENSES INCLUDE TRAVEL, LODGING, MEALS, PRINTING, TELEPHONE,
POSTAGE, AND OTHER MISCELLANEOUS EXPENSES, WHICH ARE BILLED AT COST.
MILEAGE IS BILLED AT THE IRS RATE FOR BUSINESS RELATED TRAVEL, NOT
INCLUDING COMMUTE TO/FROM THE OFFICE. EXPENSES WILL BE PRE-APPROVED BY
THE CLIENT. DIRECT EXPENSES ARE BILLED MONTHLY WITH COPIES OF RECEIPTS
INCLUDED, WITH PAYMENT REQUESTED WITHIN NET 10 DAYS OF INVOICE.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

INC.

Employer identification number 59-2191587

Pa	art I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
				l		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l		
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
				l		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
		5a		X		
b	, , ,	5b		<u> </u>		
	If "Yes" on line 5a or 5b, describe in Part III.			l		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:			37		
		6a		X		
b	, , ,	6b		Х		
_	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Regulations section 53.4958-6(c)?	9	- 1	i		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDREA BARNWELL BROWNLEE	(i)	225,010.	0.	15,000.	0.	7,438.	247,448.	0.
EXECUTIVE DIRECTOR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	

INC.

Part III Supplemental Information
ovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

 Go to www.irs.gov/Form990 for instructions and the latest information. DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

Employer identification number

59-2191587 INC Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 88,423.FMV Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 458.FMV (SUPPLIES Х 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions _____29 for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION

Schedu	ıle M (Fo	rm 990	0) 2021	INC	•						59-2191587	Page 2
Part	II S	upple				ovide th	he infor	mation require	d by F	Part I, lines 30b, 32b, and 33		ation
		reporti	ng in Part	Loolui	mn (b) the nu	mber o	of contri	butions the n	umber	of items received, or a com	bination of both Also com	nlete
	th	s part	for any add	ditiona	I information.		. 5511611					
-			,									
						_						
SCHE	DULE	М,	PART	Ι,	COLUMN	(B)) :					
THE	ORGA	NIZ	ATION	IS	REPORT	ING	THE	NUMBER	OF	CONTRIBUTIONS	_	
	01101							1,011221		001(11(1201101)		
												•
-												
-												
										<u> </u>		
-												
-												

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

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.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DEETTE HOLDEN CUMMER MUSEUM FOUNDATION INC.

Employer identification number 59-2191587

FORM 990, ITEM C, DOING BUSINESS AS:

THE CUMMER MUSEUM OF ART & GARDENS

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED AND DISCUSSED BY THE CEO, CHIEF FINANCIAL OFFICER,

AND TREASURER. THE RETURN IS THEN DISTRIBUTED TO THE FINANCE & AUDIT

COMMITTEE FOR REVIEW AND SUBSEQUENTLY DISCUSSED AND APPROVED. THE FORM 990

IS ALSO DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY. WHENEVER A MATTER ARISES FOR ACTION BY THE BOARD OF TRUSTEES, OR THE MUSEUM ENGAGES IN AN ACTIVITY WHERE THERE IS A POSSIBLE CONFLICT OR THE APPEARANCE OF A CONFLICT BETWEEN THE INTEREST OF THE MUSEUM AND AN OUTSIDE OR PERSONAL INTEREST OF A TRUSTEE OR THAT OF A PERSON CLOSE TO HIM OR HER, THE OUTSIDE INTEREST OF THE TRUSTEE SHOULD BE MADE A MATTER OF RECORD. IN THOSE CASES WHERE THE TRUSTEE IS PRESENT WHEN A VOTE IS TAKEN IN CONNECTION WITH SUCH A QUESTION, HE OR SHE SHOULD ABSTAIN. IN SOME CIRCUMSTANCES, THE INTERESTED TRUSTEE SHOULD AVOID DISCUSSING ANY PLANNED ACTIONS, FORMALLY OR INFORMALLY, FROM WHICH HE OR SHE MIGHT APPEAR TO BENEFIT. SOMETIMES NEITHER DISCLOSURE NOR ABSTENTION IS SUFFICIENT AND THE ONLY APPROPRIATE SOLUTION IS RESIGNATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS COMPARED ANNUALLY TO COMPARABLE

POSITIONS IN THE SOUTHEAST REGION OF THE COUNTRY, AS WELL AS THE OPERATING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021 Page 2

Name of the organization DEETTE HOLDEN CUMMER MUSEUM FOUNDATION **Employer identification number** INC. 59-2191587 BUDGET OF THE AMERICAN ASSOCIATION OF MUSEUM DIRECTOR'S SALARY SURVEY. THE CHAIR ALONG WITH THE VICE CHAIR OR IMMEDIATE PAST CHAIR MAKE THE FINAL DECISION BASED ON THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CATERING: PROGRAM SERVICE EXPENSES 20,854. 9,200. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 613. 30,667. TOTAL EXPENSES HONORARIA: PROGRAM SERVICE EXPENSES 7,055. 3,113. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 207. TOTAL EXPENSES 10,375. MUSICIANS: PROGRAM SERVICE EXPENSES 25,534. MANAGEMENT AND GENERAL EXPENSES 11,265. FUNDRAISING EXPENSES 751. 37,550. TOTAL EXPENSES OTHER:

46

21140518 789407 202946.1

	Page 2 mployer identification number 59-2191587
PROGRAM SERVICE EXPENSES	32,533.
MANAGEMENT AND GENERAL EXPENSES	14,352.
FUNDRAISING EXPENSES	955.
TOTAL EXPENSES	47,840.
TOTAL EXPENSES	47,040.
RECRUITING:	
PROGRAM SERVICE EXPENSES	12,384.
MANAGEMENT AND GENERAL EXPENSES	5,463.
FUNDRAISING EXPENSES	364.
TOTAL EXPENSES	18,211.
TEACHING FEES:	_
PROGRAM SERVICE EXPENSES	4,021.
MANAGEMENT AND GENERAL EXPENSES	1,774.
FUNDRAISING EXPENSES	118.
TOTAL EXPENSES	5,913.
	_
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	48,830.
MANAGEMENT AND GENERAL EXPENSES	77,292.
FUNDRAISING EXPENSES	5,153.
TOTAL EXPENSES	131,275.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	281,831.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
COLLECTION ITEMS PURCHASED:	
PROGRAM SERVICE EXPENSES	808.
MANAGEMENT AND GENERAL EXPENSES	0.

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization DEETTE HOLDEN CUMMER MUSEUM FOUNDATION INC.	Employer identification number 59-2191587
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	808.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 808.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
IMPAIRMENT LOSS	-72,135.

EXTENDED TO AUGUST 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning OCT 1, 2021 and ending SEP 30, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury 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). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. DEETTE HOLDEN CUMMER MUSEUM FOUNDATION **B** Exempt under section Print INC. 59-2191587 EGroup exemption numbe (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 829 RIVERSIDE AVE 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [JACKSONVILLE, FL 32204-3336 529A Check box if 56,233,333. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) 3 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ THE ORGANIZATION Telephone number ► 904-356-6857 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 35,380. instructions) 2 Reserved 2 35,380. 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 35,380. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 1 35,380. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Alternative minimum tax (trusts only)

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Tax rate schedule or

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Proxy tax. See instructions

Form 990-T (2021)

1

<u>2</u> 3

4

5

6

3

4

5

6

Schedule D (Form 1041)

Part		Tax and Payments				Page 2
		-	4-			
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b		r credits (see instructions) pral business credit. Attach Form 3800 (see instructions)				
c d		it for prior year minimum tax (attach Form 8801 or 8827)				
e		credits. Add lines 1a through 1d			1e	
2		ract line 1e from Part II, line 7			2	0.
3		r amounts due. Check if from: Form 4255 Form 8611 Fo		Form 8866		
		Other (attach statement)			3	
4	Total	tax. Add lines 2 and 3 (see instructions). Check if includes tax p				
	section	on 1294. Enter tax amount here	>		4	0.
5	Curre	ent net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (I	k), line 4		5	0.
6a	Paym	nents: A 2020 overpayment credited to 2021	6a			
b	2021	estimated tax payments. Check if section 643(g) election applies	6b			
С		leposited with Form 8868				
d		gn organizations: Tax paid or withheld at source (see instructions)				
e		up withholding (see instructions)				
f		it for small employer health insurance premiums (attach Form 8941)				
g	Otnei	r credits, adjustments, and payments: Form 2439 Tota				
7	Total	payments. Add lines 6a through 6g			7	
8					8	
9		due, If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		_	9	
10		payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount ov			10	
11		the amount of line 10 you want: Credited to 2022 estimated tax		Refunded >	11	
Part	IV	Statements Regarding Certain Activities and Other Inform	ation (see instr	uctions)		
1	At an	y time during the 2021 calendar year, did the organization have an interest in	or a signature or	other authority		Yes No
	over	a financial account (bank, securities, or other) in a foreign country? If "Yes," t	he organization m	ay have to file		
	FinC	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter	the name of the fo	oreign country		
	here					<u>X</u>
2		g the tax year, did the organization receive a distribution from, or was it the g				37
		gn trust?				X
•		es," see instructions for other forms the organization may have to file. the amount of tax-exempt interest received or accrued during the tax year		> \$		
3 4		available pre-2018 NOL carryovers here \blacktriangleright \$158,041. Do n			nıover	
7		rn on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	* *		-	
5		2017 NOL carryovers. Enter available Business Activity Code and post-2017		•	1, 11110 11	
_		mounts shown below by any NOL claimed on any Schedule A, Part II, line 17				
		Business Activity Code	arryover			
		SEE STATEMENT 3	·			
			\$			
6a	Did th	ne organization change its method of accounting? (see instructions)				X
b	If 6a	is "Yes," has the organization described the change on Form 990, 990-EZ, 99	90-PF, or Form 112	28? If "No,"		
		in in Part V				
Part		Supplemental Information				
Provide	e the e	xplanation required by Part IV, line 6b. Also, provide any other additional info	rmation. See instr	uctions.		
	Tu	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules a	and statements, and to the	ne hest of my knowled	ne and helief it	r is true
Sign		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-			go and bollot, h	10 4 40,
Here		EXECT	יאדעב חדפי		-	ss this return with
		Signature of officer Date EXECU	JIIVE DIKI		e preparer show structions)?	
		Print/Type preparer's name Preparer's signature	Date	Check if		103 100
Deid		Tropard 3 signature	σαιο	self- employed	' ' ' ' '	
Paid	2202	JAMES A. HALLERAN JAMES A. HALLERAN	05/18/23	Son Simpleyou	P000	05496
Prepa Use (Firm's name ▶ JAMES MOORE & CO., P.L.	1,,,	Firm's EIN ▶		3204548
USE (illy	121 EXECUTIVE CIRCLE		1		
		Firm's address ▶ DAYTONA BEACH, FL 32114-1180	1	Phone no. 3	86-257	-4100
	01-31-22	· · · · · · · · · · · · · · · · · · ·		•		m 990-T (2021)

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
PRE-2018 NOL CARRY FORWA PRE-2018 NOL DEDUCTION I	RD FROM PRIOR YEAR NCLUDED IN PART I, LINE 6	158,041. 35,380.
SCHEDULE A PORTION OF PR SCHEDULE A ENTITY	E-2018 NOL SCHEDULE A SHARE	
1	0.	
2	0.	
3	0.	
TOTAL SCHEDULE A SHARE O	F PRE-2018 NOL	0.
NET OPERATING DEDUCTION	35,380.	
BALANCE AFTER PRE-2018 N	OL DEDUCTION	0.
EXPIRING NET OPERATING L	OSSES	0.
CARRY FORWARD OF NET OPE	RATING LOSS	122,661.

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/08	25,802.	25,802.	0.	0.
09/30/09	25,626.	23,762.	1,864.	1,864.
09/30/10	20,823.	0.	20,823.	20,823.
09/30/11	42,255.	0.	42,255.	42,255.
09/30/12	9,881.	0.	9,881.	9,881.
09/30/15	9,393.	0.	9,393.	9,393.
09/30/16	4,284.	0.	4,284.	4,284.
09/30/18	69,541.	0.	69,541.	69,541.
NOL CARRYO	VER AVAILABLE THIS	YEAR	158,041.	158,041.

FORM 990T, PART IV	AVAILABLE POST-2017 NOL	STATEMENT 3
BUSINESS CODE	AVAILABLE POST-	-2017 NOL
722320	4	106.
532000	246,2	257.
453220	79,8	361.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

ZUZ I

Department of the Treasury Internal Revenue Service ► Go to 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

A 1	lame of the organization DEETTE HOLDEN CUMMER MILING.	er identification	r identification number			
<u>с</u> ।	Unrelated business activity code (see instructions) > 72232	nce: 1	of 3			
<u>E [</u>	Describe the unrelated trade or business	THE	R MISCELLANE	EOUS ACTI	VITIES	
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11	40 (20			40 (22
12	Other income (see instructions; attach statement) STMT 4	12	42,632 42,632	•		42,632. 42,632.
13	Total. Combine lines 3 through 12	13		•		·
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			eductions. De	ductions m	nust be
1	Compensation of officers, directors, and trustees (Part X)				. 1	
2	Salaries and wages				2	
3	Repairs and maintenance				3	2,100.
4	Bad debts				4	
5	Interest (attach statement). See instructions				. 5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return		· · · · · · · · · · · · · · · · · · ·		8b	
9	Depletion					
10	Contributions to deferred compensation plans					
11	Employee benefit programs					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)		GEE GUY	mementa E	13	5,152.
14	Other deductions (attach statement)				14	7,252.
15 16	Total deductions. Add lines 1 through 14				15	1,434.
16	Unrelated business income before net operating loss deduction. So				16	35,380.
17	column (C) Deduction for net operating loss. See instructions					33,300.
18	Unrelated business taxable income. Subtract line 17 from line 16					35,380.
	For Paperwork Reduction Act Notice, see instructions.					(Form 990-T) 2021

123741 01-28-22

	1	
Page	2	

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	n •		Page Z
1		and of inventory valuation	., -	1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Property	/ Leased with Rea	al Property)	_
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	Α				
	В				
	c				_
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				_
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, lir	ne 6, column (B)	>	0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Che	eck if a dual-use. See ir	nstructions.	
	A				
	B				
	C				
	D	Α Ι		0	
•	Out to the second for the second seco	Α	В	С	D
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 statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part	I, line 7, column (A)	>	0.
_		Г	Г	T	
9	Allocable deductions. Multiply line 3c by line 6	L L	Doubling 7	- (D)	0.
10	Total allocable deductions. Add line 9, columns A th				0.
	Total dividends-received deductions included in line	₹ 10		>	U •

1 Page **3**

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see ins	tructions)		Page 3
		-					Exempt Contro				
	 Name of controlled organization 		2. Employer identification number (loss) 3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified ments 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)											
<u>(4)</u>											
	 			1	Controlled O		1		1		
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization s income	e n's	con	ductions directly inected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10 and on Part column (A)		er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instruction	ons)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (atta	Set-asides ch stateme	ent)	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											_
(2)											
(3)										_	
(4)					Add amou	unto in					Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				ı	column 5. Enter here and on Part I, line 9, column (B)
Part		xempt /	Activity Income	, Other 1	Than Adve		g Income	(see instruct	ions)		
1	Description of exploite			-				•			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me				5		
6	Expenses attributable								6		
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12						7	l	

Part	IX	Advertising Income				
1	Nan	ne(s) of periodical(s). Check box if reporting t	two or more periodicals on a	consolidated basis.		
	A [
	в					
	c [
	D [
Enter a	ımoui	nts for each periodical listed above in the co	rresponding column.			
		·	Α	В	С	D
2	Gro	ss advertising income				
		d columns A through D. Enter here and on Pa	•	•	•	0.
а		Ç	, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ect advertising costs by periodical				
а		d columns A through D. Enter here and on Pa	art I, line 11, column (B)		•	0.
4	Adv	vertising gain (loss). Subtract line 3 from line				
	2. F	or any column in line 4 showing a gain,				
	con	nplete lines 5 through 8. For any column in				
	line	4 showing a loss or zero, do not complete				
	lines	s 5 through 7, and enter zero on line 8				
5	Rea	dership costs				
6		culation income				
7		ess readership costs. If line 6 is less than				
	line	5, subtract line 6 from line 5. If line 5 is less				
	thar	n line 6, enter zero				
8		ess readership costs allowed as a				
	ded	luction. For each column showing a gain on				
	line	4, enter the lesser of line 4 or line 7				
а	Add	l line 8, columns A through D. Enter the grea	ater of the line 8a, columns to	tal or zero here and o	n	
	Parl	t II, line 13			>	0.
Part		Compensation of Officers, Direct	ctors, and Trustees (s	see instructions)		
Part		Compensation of Officers, Direct			3. Percentage	4. Compensation
Part		Compensation of Officers, Direct	ctors, and Trustees (s		of time devoted	attributable to
		Compensation of Officers, Direct			of time devoted to business	
1)		Compensation of Officers, Direct			of time devoted to business %	attributable to
1)		Compensation of Officers, Direct			of time devoted to business % %	attributable to
1) 2) 3)		Compensation of Officers, Direct			of time devoted to business % % %	attributable to
1) 2) 3)		Compensation of Officers, Direct			of time devoted to business % %	attributable to
1) 2) 3) 4)	X	1. Name			of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
1) 2) 3) 4) Total	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business % % %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business
(1) (2) (3) (4)	X Ente	1. Name	2. Title		of time devoted to business %	attributable to unrelated business

FORM 990-T (A)		OTHER	INCOME		STATEMENT 4				
DESCRIPTION					AMOUNT				
CATERING COMMISS LICENSING AND RE PHOTOGRAPHY PERM	PRODUCTION				25,832. 10,550. 6,250.				
TOTAL TO SCHEDUL	TOTAL TO SCHEDULE A, PART I, LINE 12								
FORM 990-T (A)		OTHER	DEDUCTION	DNS	STATEMENT 5				
DESCRIPTION					AMOUNT				
ADVERTISING OFFICE EXPENSE SECURITY TELEPHONE & UTIL	ITIES				802. 915. 1,305. 2,130.				
TOTAL TO SCHEDUL	E A, PART II, L	INE 14			5,152.				
990-T SCH A	POST-2017	NET OPE	RATING I	LOSS DEDUCTION	STATEMENT 6				
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOU APPLI	SLY	LOSS REMAINING	AVAILABLE THIS YEAR				
09/30/21	406.		0.	406.	406.				
NOL CARRYOVER AV	AILABLE THIS YE	AR		406.	406.				

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to 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).

						50 I(c)(3) Organizations Only
1 A	Name of the organization DEETTE HOLDEN CUMMER MULTIPLE STATES INC.	JSEU	M FOUNDATIO	ON B Employer 59-21		cation number 87
<u>c</u> .	Jnrelated business activity code (see instructions) ► 53200	0		D Sequence	e: .	2 of 3
<u>E 1</u>	Describe the unrelated trade or business RENTAL INCOM	E				
_	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6	134,838	. 160,6	42.	-25,804.
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12	124 222	1.50.5	40	05.004
<u>13</u>	Total. Combine lines 3 through 12	13	134,838	. 160,6	42.	-25,804.
Pa	rt II Deductions Not Taken Elsewhere See instruction	ons fo	or limitations on d	eductions. Dedu	iction	s must be
	directly connected with the unrelated business in	come				
_	Componentian of officers directors and twisters (Part V)				1	
1	Compensation of officers, directors, and trustees (Part X)				2	
2	Salaries and wages				3	1,820.
3 4	Repairs and maintenance Bad debts				4	1,020.
5					5	
6	Interest (attach statement). See instructions Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions			2,998.	_	
8	Less depreciation claimed in Part III and elsewhere on return			2,3300	8b	2,998.
9	Depletion		· · · · · · · · · · · · · · · · · · ·		9	2,3300
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STA	ATEMENT 7	14	20,728.
15	Total deductions. Add lines 1 through 14				15	25,546.
16	Unrelated business income before net operating loss deduction. Su					·
	column (C)				16	-51,350.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	-51,350.

LHA For Paperwork Reduction Act Notice, see instructions.

D	
Page	-

	ule A (Form 990-T) 2021				Page 2
Part	Enterment	od of inventory valuation			
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part 1	Description of property (property street address, city, st	ate, ZIP code). Check if a		tions.	VILLE, FL 3
	В	OZJ KIVI	INDIDII AVIINO	on , unchook	
	c				
	D				
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.			-
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)	134,838.			
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D	134,838.			
5 Part	in lines 2(a) and 2(b) (attach statement) STMT 9 Total deductions. Add line 4 columns A through D. Ent V Unrelated Debt-Financed Income (see	er here and on Part I, line	e 6, column (B)	>	160,642.
1	Description of debt-financed property (street address, ci		ck if a dual-use. See in	structions.	
-	A	,,,			
	В				
	c \square				
	D				
		A	В	С	
2	Gross income from or allocable to debt-financed		В	J	
2					
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				_
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				•
8	Total gross income (add line 7, columns A through D).	Enter here and on Part I	line 7 column (Δ)	.	0.
-	. Stat. 3. 000 moomo (add mo r, ooldmio A tillough b).	Entor Horo and on Falt I,			
0	Allocable deductions Multiply line 2s by line 6		T		
9 10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A thro	ough D. Enter here to de	a Dort I lina 7 selicere	(D) •	0.
10					<u> </u>
11	Total dividends-received deductions included in line	ΙU)	U •

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see ins	tructions)		Page 3
		-					Exempt Contro				
	 Name of controlled organization 		2. Employer identification number (loss) 3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified ments 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)											
<u>(4)</u>											
	 			1	Controlled O		1		1		
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization s income	e n's	con	ductions directly inected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10 and on Part column (A)		er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instruction	ons)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (atta	Set-asides ch stateme	ent)	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											_
(2)											
(3)										_	
(4)					Add amou	unto in					Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				ı	column 5. Enter here and on Part I, line 9, column (B)
Part		xempt /	Activity Income	, Other 1	Than Adve		g Income	(see instruct	ions)		
1	Description of exploite			-				•			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me				5		
6	Expenses attributable								6		
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12						7	l	

Sched	ule A	(Form 990-T) 2021				2 Page 4
Part		Advertising Income				
1	Nar A	ne(s) of periodical(s). Check box if reporting tv	vo or more periodicals on a co	onsolidated basis	S.	
	В					
	c [
	D					
Enter a	amou	nts for each periodical listed above in the corr				
•	0	and addition to a second	A	В	С	D
2		ess advertising income d columns A through D. Enter here and on Par				0.
а	Auc	d Columns A through D. Enter here and on Par	t i, line i i , columii (A)			
3	Dire	ect advertising costs by periodical				
а		d columns A through D. Enter here and on Par			>	0.
4	Adv	vertising gain (loss). Subtract line 3 from line				
	2. F	or any column in line 4 showing a gain,				
		nplete lines 5 through 8. For any column in				
		4 showing a loss or zero, do not complete				
_		s 5 through 7, and enter zero on line 8				
5 6		adership costs culation income				
7		ess readership costs. If line 6 is less than				
-		5, subtract line 6 from line 5. If line 5 is less				
		n line 6, enter zero				
8	Exc	ess readership costs allowed as a				
	ded	luction. For each column showing a gain on				
		4, enter the lesser of line 4 or line 7				
а		d line 8, columns A through D. Enter the great	er of the line 8a, columns tota	l or zero here an	d on	0
Part		t II, line 13 Compensation of Officers, Direc	tors and Trustees (oo	o inetructions)	>	0.
ıuıt	<u> </u>	Compensation of Officers, Direc	tors, and musices (see	e instructions)	3. Percentage	4. Compensation
		1. Name	2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
2)					%	
(3)					%	
4)					%	
Total	. Ente	er here and on Part II, line 1				0.
Part	ΧI	Supplemental Information (see in	structions)			
			,			
						_

FORM 990-T	(A)	OTHER I	EDUCTIO	ONS	STATEMENT 7	
DESCRIPTION					AMOUNT	
INSURANCE PROFESSIONA TELEPHONE & MISCELLANEO ADVERTISING INFORMATION OFFICE EXPE SECURITY	430. 8,048. 2,038. 62. 4,030. 1,227. 835. 4,058.					
TOTAL TO SC	HEDULE A, PART II,	LINE 14			20,728	
990-T SCH A	POST-201	7 NET OPER	RATING 1	LOSS DEDUCTION	STATEMENT 8	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR	
09/30/19 09/30/20 09/30/21	52,386. 83,895. 109,976.		0. 0. 0.	52,386. 83,895. 109,976.	52,386. 83,895. 109,976.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR		246,257.	246,257.	

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 9
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & BENEF COST OF REVENUE	ITS	- SUBTOTA	 Γι –	2	151,316. 9,326.	160,642.
TOTAL TO FORM 99	0-т, schedu			_		160,642.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to www.irs.gov/Form990T for instructions and the latest information.

	lame of the organization DEETTE HOLDEN CUMMER M				•	501(c)(3) Organizations Only
A 1	INC.	051501	M FOUNDATIO	59-21		
<u>c</u> ւ	Unrelated business activity code (see instructions) > 45322	0		D Sequence	: 3	3 of 3
		/D ====		_		
	Describe the unrelated trade or business ►RETAIL SALES	/ REN	TAL REVENUE	<u> </u>	I	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales347,329.					
b	Less returns and allowances 31,912. c Balance ▶	1c	315,417	•		
2	Cost of goods sold (Part III, line 8)	2	299,803			
3	Gross profit. Subtract line 2 from line 1c	3	15,614	•		15,614.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	15,614	•		15,614.
Pa	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		limitations on d	eductions. Dedu	ctions	s must be
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	2,275.
3	Repairs and maintenance				3	10,028.
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	10,277.
7	Depreciation (attach Form 4562). See instructions		7	7,913.		•
8	Less depreciation claimed in Part III and elsewhere on return			•	8b	7,913.
9	Depletion				9	•
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	13,604.
12	Excess exempt expenses (Part VIII)				12	· ·
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE STA	TEMENT 10	14	28,209.
15	Total deductions. Add lines 1 through 14				15	72,306.
16	Unrelated business income before net operating loss deduction. S					-
	column (C)				16	-56,692.
17	Deduction for net operating loss. See instructions				17	0.
18	Unrelated business taxable income. Subtract line 17 from line 1				18	-56,692.

LHA For Paperwork Reduction Act Notice, see instructions.

⊃ac	ie	1

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	► N/A		Page Z
1		thod of inventory valuation		1	103,171.
2	Purchases				186,391.
3	Cost of labor				132,334.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)		STATEME	ENT 12 5	21,052.
6	Total. Add lines 1 through 5				442,948.
7				_	143,145.
8	Inventory at end of year Cost of goods sold. Subtract line 7 from line 6. Enter				299,803.
9	Do the rules of section 263A (with respect to property		asala) apply to the or		Yes X No
Part					
1	Description of property (property street address, city,				
•	A	otato, zii oodoj. Onook ii d	dadi doc. Occ mond	otiono.	
	В				
	c \square				
	D				
		Α Ι	В	С	
2	Rent received or accrued	^			
a	From personal property (if the percentage of				
а	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
b	percentage of rent for personal property exceeds				
	500/ '(') ' ' ' ' '				
•	Total rents received or accrued by property.				
С	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, coldinins A through b				
3	Total rents received or accrued. Add line 2c columns a	A through D. Enter here and	l on Dort I line 6 ool	umn (A)	0.
3	Deductions directly connected with the income	Tillough D. Enter here and	on Fart I, line 0, col	umm (A)	<u></u>
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I line	6 column (R)		0.
Part		see instructions)	, colui (11 (D)		
1	Description of debt-financed property (street address,		k if a dual-use. See i	nstructions.	_
•	A	, c.a.c, <u>_</u> coac, cco			
	В 🗆				_
	c \square				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b,				
·	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
5	financed property (attach statement)				
6			%	%	%
6 7	Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6		90	90	
7 o			lino 7 column (A)		0.
8	Total gross income (add line 7, columns A through D	y. Enter here and on Part I,	iii e 7, colullili (A)	–	<u></u>
9	Allocable deductions Multiply line 25 by line 6				
10	Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A th	rough D. Enter hard and an	Part Lline 7 colum	n (B)	0.
	Total dividends-received deductions included in line				0.
11	Total dividende received deductions included in line	- ·		······································	<u>0.</u>

Schedule A (Form 990-T) 2021

Page 3

Part	t VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)											
					Exempt Controlled Organizations							
	1. Name of controlled	b	2. Employer	3. Net	unrelated	4. Tota	al of specified	5. Part of col		6. Deductions directly		
	organization		identification	incon	ne (loss)	payn	nents made	that is included controlling org		connected with		
			number	(see ins	tructions)			tion's gross in		income in column 5		
(1)												
(2)												
(3)												
(4)												
	Nonexem				Controlled Or	-	ons					
7	. Taxable Income		Net unrelated		otal of specifi			of column 9 luded in the		Deductions directly		
			come (loss)	pa	yments mad	е		organization's		connected with		
		(See	e instructions)					income	inco	ome in column 10		
<u>(1)</u>									-			
(2)												
(3)												
(4)												
								ins 5 and 10. and on Part I,	1	dd columns 6 and 11. Iter here and on Part I,		
					line 8, col			,		ne 8, column (B)		
Totals						_		0.		0.		
Part	VII Investment I	ncome	of a Section 50	1(c)(7) (9) or (17)	Organ	ization (c.	ee instructions	-	<u></u>		
		ription of		. (0)(1), (2. Amou		3. Deduction	1	t-asides	5. Total deductions		
							directly conne		statement	and set-asides		
							(attach stater	ment)		(add cols 3 and 4)		
(1)												
(2)												
(3)												
(4)												
					Add amou					Add amounts in		
					column 2. here and or					column 5. Enter here and on Part I,		
					line 9, colu	,				line 9, column (B)		
Totals	\$ 7111					0.				0.		
Part	VIII Exploited Exploited	xempt A	ctivity Income,	Other T	han Adve	ertising	g Income (see instruction	s)			
1	Description of exploite	•										
2	Gross unrelated busine						•	. ,	2			
3	Expenses directly conr		•					·				
	line 10, column (B)								3			
4	Net income (loss) from						-					
_	lines 5 through 7								4			
5	Gross income from act								5			
6	Expenses attributable								6			
7	Excess exempt expens								_			
	4. Enter here and on P	art II, line	12						7			

Sched	ule A (Form 990-T) 2021				3 Page 4
Part	IX Advertising Income				rage
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a c	consolidated basis.		
	B -				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income			1	
	Add columns A through D. Enter here and on	Part I, line 11, column (A)		>	0.
a	Divert adverticing costs by povindical			1	
3 a	Direct advertising costs by periodical				0.
	Add Coldmins At through B. Enter Here and on				
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8			1	
5	Readership costs			+	
6 7	Circulation income Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is les	ss			
	than line 6, enter zero	l l			
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	n			
	line 4, enter the lesser of line 4 or line 7	•			
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a, columns tot	al or zero here and or	1	0
Part	X Compensation of Officers, Dir			>	0.
ı art	Z Compensation of Officers, Diff	cotors, and musices (Se		3. Percentage	4. Compensation
	1. Name	2. Title	I	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
<u>(4)</u>	L			%	
Tatal	Enter have and an Dout II line 1				0.
Part	Enter here and on Part II, line 1 XI Supplemental Information (see	o instructions)		P	0.
ı art	Cappiemental information (se	e iristructions)			

FORM 990-T	(A)	OTHER I	EDUCTI	ONS	STATEMENT 10
DESCRIPTION	ī				AMOUNT
ADVERTISING BANK FEES WEBSITE INSURANCE PROFESSIONA SECURITY TELEPHONE &	L SERVICES				955. 8,994. 1,974. 8,864. 1,151. 2,633. 3,638.
TOTAL TO SC	HEDULE A, PART II,	LINE 14			28,209.
990-T SCH A	POST-201	L7 NET OPER	RATING	LOSS DEDUCTION	STATEMENT 11
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
09/30/20 54,872. 09/30/21 24,989.			0.	54,872. 24,989.	54,872. 24,989.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		79,861.	79,861.

FORM 990-T (A)	COST	OF GOODS	SOLD -	OTHER	COSTS	STATEMENT 12
DESCRIPTION						AMOUNT
ADVERTISING/PROMOTION EVENT COSTS LICENSES AND FEES OTHER EXPENSE REPAIRS & MAINTENANCE SUPPLIES TRAVEL FREIGHT AND POSTAGE						2,881. 863. 479. -3. 1,731. 2,358. 2,422. 10,321.
TOTAL TO FORM 990-T, S	CHEDUL	E A, LIN	E 5			21,052.

Depreciation and Amortization

(Including Information on Listed Property)

A PG1 Attach to your tax return.

2

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

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

Name(s	shown on return			Business or	activity to whic	h this form relates	i	Identifying number
	TTE HOLDEN CUMMER N	MUSEUM FOU	JNDATION					
INC				RENTA:				59-2191587
Par	t I Election To Expense Certain Prope	rty Under Section 17	'9 Note: If you have	e any listed ر	property, c	omplete Part	V before yo	· · · · · · · · · · · · · · · · · · ·
1 M	aximum amount (see instructions)							1,050,000.
2 To	otal cost of section 179 property plac	ed in service (see i	instructions)				2	
3 TI	reshold cost of section 179 property	before reduction i	in limitation				3	2,620,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0-				4	
5 Do	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter -0	0 If married filing separ	ately, see instruct	ions		5	
6	(a) Description of pr	operty	(b)	Cost (business us	e only)	(c) Elected	cost	
7 Li	sted property. Enter the amount from	line 29			7			
8 To	otal elected cost of section 179 prope	erty. Add amounts	in column (c), line	s 6 and 7			8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	n line 13 of your 20)20 Form 4562				10	
11 B	usiness income limitation. Enter the s	maller of business	income (not less	than zero) or	line 5		11	
12 S	ection 179 expense deduction. Add li	nes 9 and 10, but	don't enter more t	than line 11	· · · <u>· · · · · · · · · · · · · · · · </u>		12	
13 C	arryover of disallowed deduction to 2	022. Add lines 9 a	nd 10, less line 12	<u></u>	13			
	Don't use Part II or Part III below for	listed property. Ins	stead, use Part V.					
Par	t II Special Depreciation Allowa	nce and Other De	epreciation (Don'	t include list	ed property	/.)		
14 S	pecial depreciation allowance for qua	lified property (oth	er than listed prop	perty) placed	in service o	during		
th	e tax year						14	
15 P	roperty subject to section 168(f)(1) ele	ection					15	
	ther depreciation (including ACRS)						امدا	
Par	t III MACRS Depreciation (Don't	include listed pro	perty. See instruc	tions.)				
			Section	A				
17 M	ACRS deductions for assets placed i	n service in tax yea	ars beginning befo	ore 2021			17	2,998.
18 If	ou are electing to group any assets placed in serv	rice during the tax year in	to one or more general a	sset accounts, ch	eck here _	▶ □		
	Section B - Assets	Placed in Service	e During 2021 Ta	x Year Using	the Gene	ral Deprecia	tion Systen	n
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only - see instruc	ent use	d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/		2	27.5 yrs.	MM	S/L	
h	Residential rental property	/		2	27.5 yrs.	MM	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/			-	MM	S/L	
	Section C - Assets F	Placed in Service	During 2021 Tax	Year Using	he Alterna	tive Depreci	ation Syste	em
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	Summary (See instructions.)							

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate 6n structions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

21 Listed property. Enter amount from line 28

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Form **4562** (2021)

2,998.

23

21

22

Form 4562 (2021)

INC.

59-2191587 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No Yes No (b) (c) (e) (i) (f) (g) (h) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 (list vehicles first) Convention deduction other basis period use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L · % S/L % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes 34 Was the vehicle available for personal use No Yes No Yes No Yes No Yes No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees?

	(a) (b) (c) (d) (e) (f)										
Part VI Amortization											
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.											
41	Do you meet the requirements concerning qua	lified automo	obile demonstration use?								
the use of the vehicles, and retain the information received?											
40 Do you provide more than five vehicles to your employees, obtain information from your employees about											
39	Do you treat all use of vehicles by employees a	as personal u	ıse?								
	employees? See the instructions for vehicles u	sed by corp	orate officers, directors, or	1% or more owners							
38	Do you maintain a written policy statement tha	t prohibits p	ersonal use of vehicles, ex	cept commuting, by	your						
	employees?										

Part VI Amortization											
(a) Description of costs					ion entage	(f) Amortization for this year					
42 Amortization of costs that begins during your 2	2 Amortization of costs that begins during your 2021 tax year:										
43 Amortization of costs that began before your 2	3 Amortization of costs that began before your 2021 tax year										
44 Total. Add amounts in column (f). See the instr		44									

116252 12-21-21 Form **4562** (2021)

Depreciation and Amortization

(Including Information on Listed Property)

A PG1 Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Identifying number

3

Name(s)	shown on return			Business or activity to w	hich this form relate	S	Identifying number
DEE	TTE HOLDEN CUMMER M	USEUM FOU	JNDATION	RETAIL SAI	ES/RENT	AL	
INC				REVENUE	•		59-2191587
Par		v Under Section 17	79 Note: If you have		complete Part	V before ye	
1 M		-	-			4	1,050,000.
	otal cost of section 179 property place					—	1,030,000.
			2,620,000.				
	nreshold cost of section 179 property						2,020,000.
	eduction in limitation. Subtract line 3 f					5	
	ollar limitation for tax year. Subtract line 4 from line				(a) Flacks d		
6	(a) Description of pro	perty	(6) C	ost (business use only)	(c) Elected	COSI	
7 Li	sted property. Enter the amount from	line 29		7			
8 To	otal elected cost of section 179 prope	ty. Add amounts	in column (c), lines	6 and 7		8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8				9	
10 C	arryover of disallowed deduction from	line 13 of your 20	020 Form 4562			10	
11 B	usiness income limitation. Enter the sr	naller of business	income (not less t	nan zero) or line 5		11	
12 Se	ection 179 expense deduction. Add lir	nes 9 and 10, but	don't enter more th	nan line 11		12	
	arryover of disallowed deduction to 20						
	Don't use Part II or Part III below for I						
Par	II Special Depreciation Allowa	nce and Other D	epreciation (Don't	include listed prope	rty.)		
14 S	pecial depreciation allowance for qual	fied property (oth	er than listed prope	erty) placed in service	e durina		
-	e tax year			***	-	14	
	roperty subject to section 168(f)(1) ele					—	
	ther depreciation (including ACRS)					16	
Par						.0	
	,		Section				
17 M	ACRS deductions for assets placed in	service in tay ve	ars beginning befor	ra 2021		17	7,913.
	ou are electing to group any assets placed in servi	•			.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10 "	Section B - Assets					tion Syste	
	Occilon B - Assets	(b) Month and	(c) Basis for deprec	iation			
	(a) Classification of property	year placed in service	(business/investmer only - see instructi	nt use (a) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
40-	2 year property		,	,			
<u>19a</u>	3-year property						
<u>b</u>	5-year property						
<u> </u>	7-year property				_		
<u>d</u>	10-year property						
<u> e </u>	15-year property						
f	20-year property						
<u>g</u>	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	riesidential rental property	/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	S/L						
	Section C - Assets P	laced in Service	During 2021 Tax	ear Using the Alter	native Deprec	iation Syst	em
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate Gratuations.

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

Form **4562** (2021)

7,913.

Summary (See instructions.)

portion of the basis attributable to section 263A costs

21 Listed property. Enter amount from line 28

Part IV

23

21

22

Form 4562 (2021)

INC.

59-2191587 Page 2

01111		,	, == • • •
Part	t V		ed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for
		ente	ertainment recreation or amusement)

Note: For any vehicle for which you are using the standard

	24b, columns (a) through (c	;) of Section A	all of S	ection B	, and	l Sec	tion C i	f appli	cable.	•					
	Section A -	Depreciation	on and Other I	nforma	tion (Ca	utior	n: Se	e the i	nstruc	tions for lir	nits for p	oasseng	er auton	nobiles.)		
<u>24a</u>	a Do you have evidence to s	upport the bu	siness/investme	nt use cla	aimed?		Ye	s 🗌	☐ No	24b If "Y	es," is th	ie evidei	nce writt	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	(d) Cost or other basis (e) Basis for depreci (business/invest use only)		stment	(f) Recovery period	y (g) Method/ Convention		(h) Depreciation deduction		Elec	n 179			
25	Special depreciation allo	wance for q	ualified listed	oroperty	placed i	in sei	rvice	during	the ta	x year and	l					
	used more than 50% in	a qualified bi	usiness use									25				
26	Property used more than															
		: :	9	6												
		: :	9	6												
		: :	9	6												
27	Property used 50% or le	ss in a qualit	fied business u	ıse:												
		: :	9	6							S/L -					
	: :			6							S/L -					
	: :			6							S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line	21, p	age 1				28				
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line	7, page 1	<u></u>								29		
			S	ection	B - Infor	mati	ion o	n Use	of Veh	icles						
Cor	mplete this section for ve	hicles used l	by a sole prop	rietor, pa	artner, oı	r othe	er "m	ore tha	an 5%	owner," or	related	person.	If you p	rovided v	ehicles	
to y	our employees, first ans	wer the ques	tions in Section	n C to s	see if you	ı mee	et an	except	ion to	completin	g this se	ection fo	r those \	rehicles.		
				((a)		(b))		(c) (d)	(-	(e))
30	Total business/investment		•	Ve	hicle		Vehicle V		Vehicle Vehicle		iicle	Vel	nicle	Veh	icle	
	year (don't include commu															
	Total commuting miles of															
32	Total other personal (no	ncommuting) miles													
	driven															
33	Total miles driven during	•														
	Add lines 30 through 32															
34	Was the vehicle available	•		Yes	No	Ye	es	No	Yes	No No	Yes	No	Yes	No	Yes	No_
	during off-duty hours?				-											
35	Was the vehicle used pr		more													
	than 5% owner or relate	•			+		-			+						
36	Is another vehicle availa	ble for perso	nal													
	use?		·····						<u> </u>		<u> </u>					
Δ			- Questions f	•	•					•						
	swer these questions to o			ception	to comp	oietin	ıg Se	ction B	s tor ve	enicies use	a by em	pioyees	wno a	ren′t		
_	re than 5% owners or rela Do you maintain a writte			ahihita d	ll paragr		oo of	vobiolo	o incl	uding com	mutina	by your			Voc	No
31	·														Yes	No
20	employees? Do you maintain a writte		compant that are													
30	•		•	•					•		0					
20	employees? See the ins Do you treat all use of vo				_											
	•	,	. , .							mployoos						
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?																
11	Do you meet the require															
41																
P	Note: If your answer to art VI Amortization	<i>51</i> , 50, 58, 4	0,014115 10	o, uuil	COMPIE	رو ع	CULIUI	וטו ט וטו	.i ie 00	vereu veri	101 0 3.					
	(a)			(b)	Ι	((c)			(d)		(e)			(f)	
	Description of	costs	Date	amortization begins		Amor	rtizable nount	•		Code section	Amortization period or percentage		Amortization for this year			
42	Amortization of costs th	at begins du	ring vour 2021		ar:				-		1	Parior or her	ooningt		,	
		uu		, 500					1		1					

44 Total. Add amounts in column (f). See the instructions for where to report

43 Amortization of costs that began before your 2021 tax year

Form **4562** (2021)

43

FL F-1120	FEDERAL CARRYOVER DEDUCTIONS	STATEMENT 2
CARRYOVERS DEDUCTED I	N FEDERAL TAXABLE INCOME	AMOUNT
NET OPERATING LOSS NET CAPITAL LOSS EXCESS CHARITABLE CON EXCESS EMPLOYEE BENEF		35,380.00





FEIN59-2191587			
		DATA Page 1 of 2	
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3538000	0	0	0
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FEIN59-2191587				
		DATA Page 2 of 2		
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EXTENDED TO AUGUST 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning OCT 1, 2021 and ending SEP 30, 2022 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. DEETTE HOLDEN CUMMER MUSEUM FOUNDATION **B** Exempt under section Print INC. 59-2191587 EGroup exemption numbe (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) 829 RIVERSIDE AVE 408A]530(a) City or town, state or province, country, and ZIP or foreign postal code]529(a) [JACKSONVILLE, FL 32204-3336 529A Check box if 56,233,333. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) 3 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ THE ORGANIZATION Telephone number ► 904-356-6857 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 35,380. instructions) 2 Reserved 2 35,380. 3 3 Add lines 1 and 2 0. 4 Charitable contributions (see instructions for limitation rules) 4 35,380. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 STATEMENT 3 35,380. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 **Trusts.** Section 199A deduction. See instructions 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, 11 11 Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1

LHA For Paperwork Reduction Act Notice, see instructions.

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Proxy tax. See instructions

Other tax amounts. See instructions

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

Alternative minimum tax (trusts only)

Tax rate schedule or

Form **990-T** (2021)

<u>2</u> 3

4

5

6

3

4

5

6

Schedule D (Form 1041)

Part	t III Tax and Payments		Page 2
1a b			
C	0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d			
e	- · · · · · · · · · · · · · · · · · · ·	1e	
2	Subtract line 1e from Part II, line 7		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697		
	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2020 overpayment credited to 2021		
b	2021 estimated tax payments. Check if section 643(g) election applies b 6b		
С			
d	, , , , , , , , , , , , , , , , , , , ,		
е	· · · · · · · · · · · · · · · · · · ·		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g			
_	☐ Form 4136 ☐ Other ☐ Total ► 6g		
7	Total payments. Add lines 6a through 6g		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		
9 10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	Refunded 11	
Part			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature	· · · · · · · · · · · · · · · · · · ·	Yes No
-	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•	130 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of		
	here >	,	Х
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a	
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year	> \$	
4	Enter available pre-2018 NOL carryovers here > \$ 158,041. Do not include an	y post-2017 NOL carryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduc	tion reported on Part I, line	4.
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers.	ers. Don't reduce	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax ye	ear. See instructions.	
		ble post-2017 NOL carryov	<u>er</u>
	SEE STATEMENT 5 \$		
	\$		
6a	3 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		X
b	3	n 1128? If "No,"	
Part	explain in Part V Supplemental Information		
Provide	de the explanation required by Part IV, line 6b. Also, provide any other additional information. See	instructions.	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an	nd to the best of my knowledge and	belief, it is true,
Sign		nowledge.	
Here		TDDAMAD I	S discuss this return with
	- I Proprieta in the control of the	TILD CI CIE prepar	
	Signature of officer Date EXECUTIVE D		er shown below (see s)? X Yes No
	Signature of officer Date Title	instruction	s)? X Yes No
	Signature of officer Print/Type preparer's name Date Date Preparer's signature Date	Check if PT	s)? X Yes No
Paid	Signature of officer Date Print/Type preparer's name Preparer's signature Date TAMES A HALLEDAN OF (1.9.4)	Check if PT self- employed	s)? X Yes No
Prepa	Signature of officer Print/Type preparer's name Preparer's signature Date Date JAMES A. HALLERAN JAMES A. HALLERAN DAMES	Check if PT self- employed	s)? X Yes No IN 00005496
	Signature of officer Print/Type preparer's name Preparer's signature Date Date JAMES A. HALLERAN JAMES A. HALLERAN DAMES	Check if PT self- employed P	s)? X Yes No
Prepa	Signature of officer Date Print/Type preparer's name Preparer's signature Date Date JAMES A. HALLERAN JAMES A. HALLERAN Firm's name JAMES MOORE & CO., P.L.	Check if PT self- employed	No No No No No No No No

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to 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).

A N	lame of the organization DEETTE HOLDEN CUMMER MI	B Employer identification number 59-2191587				
<u>c</u> ს	Unrelated business activity code (see instructions) > 72232	0		D Se	equence: 1	of 3
E [Describe the unrelated trade or business	THE	R MISCELLA	NEOUS AC	CTIVITIES	5
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) E	xpenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement) STMT 6	12	42,63	32.		42,632.
13	Total. Combine lines 3 through 12	13	42,63	32.		42,632.
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come)			must be
1	Compensation of officers, directors, and trustees (Part X)				1 1	
2	Salaries and wages				1 1	0.100
3	Repairs and maintenance					2,100.
4	Bad debts					
5	Interest (attach statement). See instructions					
6	Taxes and licenses		_		6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b 9	
9	Depletion Contributions to deformed companyation plans					
10 11	Contributions to deferred compensation plans					
12	Excess exempt expenses (Part VIII)					
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)		SEE S	TATEMENT		5,152.
15	Total deductions. Add lines 1 through 14				1	7,252.
16	Unrelated business income before net operating loss deduction. So				······· ···	.,
. •	column (C)				16	35,380.
17	Deduction for net operating loss. See instructions					0.
18	Unrelated business taxable income. Subtract line 17 from line 16					35,380.
	For Paperwork Reduction Act Notice, see instructions.					A (Form 990-T) 2021

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

ZUZ I

Department of the Treasury Internal Revenue Service

► Go to 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

A N	lame of the organization DEETTE HOLDEN CUMMER MI	USEU	JM FOUN	TACI	ION	B Employer 59-21		
<u>c</u> ს	Inrelated business activity code (see instructions) > 53200	0				D Sequence	e: 2	of 3
<u>E</u> [Describe the unrelated trade or business RENTAL INCOM	E					1	
Pa	t I Unrelated Trade or Business Income		(A) Ind	come		(B) Expense	s	(C) Net
1 a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						
2	Cost of goods sold (Part III, line 8)	2						
3	Gross profit. Subtract line 2 from line 1c	3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach							<u> </u>
	statement)	5						
6	Rent income (Part IV)	6	134	4,83	38.	160,6	42.	-25,804.
7	Unrelated debt-financed income (Part V)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Part VI)	8						
9	Investment income of section 501(c)(7), (9), or (17)							
	organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)	10						
11	Advertising income (Part IX)	11					_	
12	Other income (see instructions; attach statement)	12	4.0	4 0		1.50	10	
<u>13</u>	Total. Combine lines 3 through 12	13	134	4,8	38.	160,6	42.	-25,804.
Pai	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come)				ctions	must be
1	Compensation of officers, directors, and trustees (Part X)						1	
2	Salaries and wages						2	1 000
3	Repairs and maintenance						3	1,820.
4	Bad debts						4	
5	Interest (attach statement). See instructions						5	
6	Taxes and licenses					2,998.	6	
7	Depreciation (attach Form 4562). See instructions		Г	7		4,330.		2,998.
8 9	Less depreciation claimed in Part III and elsewhere on return		_	8a			8b 9	4,330.
9 10	Depletion Contributions to deferred compensation plans						10	
11	Employee benefit programs						11	
12	Excess exempt expenses (Part VIII)						12	
13	Excess readership costs (Part IX)						13	
14	Other deductions (attach statement)		SE	E S	TATE	MENT 9	14	20,728.
15	Total deductions. Add lines 1 through 14						15	25,546.
16	Unrelated business income before net operating loss deduction. Su							-
	column (C)						16	-51,350.
17	Deduction for net operating loss. See instructions						17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16						18	-51,350.
ΙНА	For Paperwork Reduction Act Notice, see instructions.					S	chedule	A (Form 990-T) 202

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

► Go to 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).

A N	ame of the organization DEETTE HOLDEN CUMMER MULTING.	USEU	M FOUN	DAT:	ION		r identific	cation number
<u>c </u>	Inrelated business activity code (see instructions) > 45322	0				D Sequen	ce:	3 of 3
<u>E</u> [escribe the unrelated trade or business RETAIL SALES	/REN	TAL RE	EVEN	UE			
Pai	t I Unrelated Trade or Business Income		(A) Inc	ome		(B) Expens	es	(C) Net
	Gross receipts or sales 347,329.				_			
b	Less returns and allowances 31,912. c Balance ▶	1c		5,41				
2	Cost of goods sold (Part III, line 8)	2		9,80				15 614
3	Gross profit. Subtract line 2 from line 1c	3	1:	5,61	4.			15,614.
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	4a						
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b						
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	_						
	statement)	5						
6	Rent income (Part IV)	6						
7	Unrelated debt-financed income (Part V)	7			-			
8	Interest, annuities, royalties, and rents from a controlled							
•	organization (Part VI)	8			-			
9	Investment income of section 501(c)(7), (9), or (17)							
40	organizations (Part VII)	9			-			
10	Exploited exempt activity income (Part VIII)	10			_			
11	Advertising income (Part IX)	11						
12	Other income (see instructions; attach statement)	12	1 1	5,61	1			15,614.
<u>13</u>	Total. Combine lines 3 through 12							
Pa	till Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in		r limitatio	ns on	deduc	tions. Dec	luction	s must be
1	Compensation of officers, directors, and trustees (Part X)						1	
2	Salaries and wages						2	2,275.
3	Repairs and maintenance						3	10,028.
4	Bad debts						4	10,0200
5	Interest (attach statement). See instructions						5	
6	Taxes and licenses						6	10,277.
7	Depreciation (attach Form 4562). See instructions			7		7,913		
8	Less depreciation claimed in Part III and elsewhere on return			8a		.,	8b	7,913.
9	Depletion						9	. , , , , , ,
10	Contributions to deferred compensation plans						10	
11	Employee benefit programs						11	13,604.
12	Excess exempt expenses (Part VIII)						12	-,
13	Excess readership costs (Part IX)						13	
14	Other deductions (attach statement)		SE	E S	CATEM	ENT 11		28,209.
15	Other deductions (attach statement) SEE STATEMENT 11 Total deductions. Add lines 1 through 14							72,306.
16	Unrelated business income before net operating loss deduction. Su						15	•
	column (C)				•		16	-56,692.
17	Deduction for net operating loss. See instructions						17	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

	1	
Page	2	

Part	III Cost of Goods Sold Enter me	thod of inventory valuation	n •		Page Z
1		and of inventory valuation	., -	1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property				Yes No
Part	IV Rent Income (From Real Property and	d Personal Property	/ Leased with Rea	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if	a dual-use. See instruc	ctions.	
	Α				
	В				
	c				_
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				_
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					_
3	Total rents received or accrued. Add line 2c columns A	A through D. Enter here a	nd on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)				
					•
5	Total deductions. Add line 4 columns A through D. E	nter here and on Part I, lir	ne 6, column (B)	>	0.
Part					
1	Description of debt-financed property (street address,	city, state, ZIP code). Che	eck if a dual-use. See ir	nstructions.	
	A				
	B				
	C				
	D	Α Ι		0	
•	Out to the second for the second seco	Α	В	С	D
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 statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
_	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part	I, line 7, column (A)	>	0.
_		Г	Г	T	
9	Allocable deductions. Multiply line 3c by line 6	L L	Doubling 7	- (D)	0.
10	Total allocable deductions. Add line 9, columns A th				0.
	Total dividends-received deductions included in line	₹ 10		>	U •

	I Cost of Goods Sold	Enter metho	od of inventory valuation	on 🕨		
	Inventory at beginning of year				1	
!	Purchases				2	
}	Cost of labor				3	
	Additional section 263A costs (attach s					
	Other costs (attach statement)					
					1 _ 1	
	Inventory at end of year				7	
	Cost of goods sold. Subtract line 7 fro					
	Do the rules of section 263A (with respe					Yes No
rt I\						
	Description of property (property street A REAL PROPERTY	address, city, sta				NT/TITE ET
	· =		029 KIV	ERSIDE AVEN	IUE, UACKSU	илтпе, ег
	B					
	c					
	D 📖	<u> </u>		Т		
			Α	В	C	D
	Rent received or accrued					
а	From personal property (if the percenta	ge of				
	rent for personal property is more than		_			
	but not more than 50%)		0.			
b	From real and personal property (if the					
	percentage of rent for personal property	y exceeds				
	50% or if the rent is based on profit or in	ncome)	134,838.			
C	Total rents received or accrued by prop	erty.				
	Add lines 2a and 2b, columns A through	h D	134,838.			
	Total rents received or accrued. Add lin Deductions directly connected with the in lines 2(a) and 2(b) (attach statement)	income	hrough D. Enter here a	and on Part I, line 6, co	olumn (A)	
rt V	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns of Unrelated Debt-Financed Description of debt-financed property (statement)	income STMT 13 A through D. Enter	160,642. er here and on Part I, I enstructions)	ne 6, column (B)	>	
rt V	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement)	income STMT 13 A through D. Enter	160,642. er here and on Part I, I enstructions)	ne 6, column (B)	>	
rt V	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement)	income STMT 13 A through D. Enter	160,642. er here and on Part I, I enstructions)	ne 6, column (B)	>	
rt V	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement)	income STMT 13 A through D. Enter	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
rt W	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter (see threet address, cit	160,642. er here and on Part I, I enstructions)	ne 6, column (B)	>	
rt W	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter Income (see street address, citefinanced	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	134,838 160,642
rt W	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter (see street address, citefinanced	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
rt V	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement) B	A through D. Enter (see street address, citefinanced	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
rt W	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement) Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property	A through D. Enter (See address, cit of allocable)	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
rt W	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s B C D Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem	A through D. Enter (See address, cit allocable ment)	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement) Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement)	A through D. Enter (See address, cit allocable ment)	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s B C D Gross income from or allocable to debt- property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem Other deductions (atdach statement) Total deductions (add lines 3a and 3b,	A through D. Enter Income (See Street address, citerinanced Income) Income (See Street address)	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a a o	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter (See Street address, cite street address). Income (See Street address).	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement) Gross income from or allocable to debt-property Deductions directly connected with or a statement of debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on	A through D. Enter Income (See	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s A	A through D. Enter I Tome (See Street address, cit street address). Income (See Street address). Income (See Street address). Income (See Street address).	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s B C D Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on to debt-financed property (attach stater Average adjusted basis of or allocable to the statement).	A through D. Enter I Income (See Street address, cit street address, cit street address). Income (See Street address). Income (See Street address). Income (See Street address). Income (See Street address).	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a oo c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s B C D Gross income from or allocable to debt- property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on to debt-financed property (attach statem Average adjusted basis of or allocable t financed property (attach statement)	A through D. Enter Income (See	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a b c c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (statement) B C D Gross income from or allocable to debt-property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on to debt-financed property (attach statement) Average adjusted basis of or allocable to financed property (attach statement) Divide line 4 by line 5	A through D. Enter I Towns (See Street address, cit street address, cit street address). Income (See Street address). Income	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use. See	instructions.	160,642
a a b c	Deductions directly connected with the in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns. Unrelated Debt-Financed Description of debt-financed property (s B C D Gross income from or allocable to debt- property Deductions directly connected with or a to debt-financed property Straight line depreciation (attach statem Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on to debt-financed property (attach statem Average adjusted basis of or allocable t financed property (attach statement)	A through D. Enter I Income (see street address, cit street address, cit street address). Income (see street address). Income (see street address). Income (see street address). Income (see street address).	160,642. er here and on Part I, I e instructions) ey, state, ZIP code). Cr	ne 6, column (B) neck if a dual-use. See	instructions.	160,642

Total dividends-received deductions included in line 10

	3
Page	2

Part	III Cost of Goods Sold Enter med	thod of inventory valuation	► N/A		r ago <u>z</u>
1		,		1	103,171.
2	Purchases				186,391.
3	Cost of labor				132,334.
4	Additional section 263A costs (attach statement)			4	0.
5	Other costs (attach statement)		STATEME	NT 14 5	21,052.
6	Total. Add lines 1 through 5				442,948.
7	Inventory at end of year			1 _ 1	143,145.
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	299,803.
9	Do the rules of section 263A (with respect to property				Yes X No
Part	IV Rent Income (From Real Property and	d Personal Property I	eased with Re	al Property)	
1	Description of property (property street address, city,	state, ZIP code). Check if a	dual-use. See instruc	ctions.	
	A				
	В 🔲				
	c 🗆				
	D				
		A	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3 4 	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				0.
Part	V Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address,	city, state, ZIP code). Chec	k if a dual-use. See ii	nstructions.	
	A				
	В				
	c <u> </u>				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
A	columns A through D)				
4	Amount of average acquisition debt on or allocable				
-	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
_	financed property (attach statement)		0/	0.4	
6	Divide line 4 by line 5	%	%	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6		ino 7, octives: (A)		0.
8	Total gross income (add line 7, columns A through D). ⊏nter nere and on Part I, I	irie 7, column (A)	>	<u> </u>
۵	Allocable deductions Multiply line 25 by line 6				
9	Allocable deductions. Multiply line 3c by line 6	rough D. Enter here and	Part Llina 7 askr) (P)	0.
10	Total allocable deductions. Add line 9, columns A the Total dividends-received deductions included in line				0.
111		, 10			(Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page

	VI Interest, Annu		oyalties, and Re	ents fror	n Control	led Or	ganizations	s (se	e instruct	ions)	r age o
			_			E	xempt Contro	lled Org	ganization	s .	
	Name of controlle organization	d	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		1	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
<u>(1)</u>											
(2)											
(3)											
<u>(4)</u>											
	'. Taxable Income		Net unrelated		Controlled Or otal of specif		1	of colur	mp 0	44	Deductions directly
,	. Taxable income	in	come (loss) e instructions)		yments mad		10. Part of column 9 that is included in the controlling organization's gross income			,	connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	ructions)		
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1 -1						A del ana accepta in
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
					line 9, colu						line 9, column (B)
Totals Part	VIII Exploited E	vemnt /	Activity Income,	Other 1	Than Adve	0.	Income	:			0.
1	Description of exploite		Cuvity income,	Julei I	man Auve	ı uəni		see ins	uucuons)		
2	Gross unrelated busin	•	e from trade or busi	nece Ente	r here and or	n Dart I	line 10. colum	ο (Δ)		2	
3	Expenses directly con					,	•	. , .		-	
-										3	
4	Net income (loss) from										
	`					•				4	
5	Gross income from ac									5	
6	Expenses attributable									6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Part '	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	s (s	ee instruct	ions)		Page 3
			-			E	Exempt Contro	lled O	ganization	ıs		
	Name of controlle organization	d	2. Employer identification number	entification income		unrelated 4. Total paymestructions)		5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	connected with	
(1)												
(2)												
(3)												
(4)						<u> </u>						
	-			1	Controlled O	•					D 1	
7.	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		yments mad	controlling o		luded	in the zation's		conne	tions directly cted with n column 10
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	er here	nns 6 and 11. and on Part I, column (B)
Totals						▶			0.			0.
Part '	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected	4. Set (attach s	asides tatemer	nt) ai	otal deductions nd set-asides Id cols 3 and 4)
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	Enter n Part I,					co her	dd amounts in olumn 5. Enter re and on Part I, e 9, column (B)
Part '	VIII Exploited E	xempt /	Activity Income	Other 1	⊥ Γhan Adve		Income	see in	I structions)			•
1	Description of exploite	•		,		<i></i>	9	300 111	<u>structions</u>			
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10. colum	n (A)		2		
3	Expenses directly con					,	•	` '				
=	line 10, column (B)		•							3		
4	Net income (loss) from	unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	!		4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F									7		

Schedule A (Form 990-T) 2021

Page

	VI Interest, Annu		oyalties, and Re	ents fron	n Control	ed Or	ganizations	see instruc	tions)	r age o
						E	xempt Contro	led Organizatior	าร	
	Name of controller organization	d	2. Employer identification	1	unrelated ne (loss)	4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza-		6. Deductions directly connected with
			number	(see ins	structions)			tion's gross in	aniza- come	income in column 5
(1)										
(2)										
(3)										
(4)										
	Tavabla lasansa				Controlled Or			-fl O	- 44	Dadwatiana dinadh.
′	. Taxable Income		Net unrelated acome (loss)	1	otal of specifi yments mad			of column 9 luded in the		Deductions directly connected with
			e instructions)	Pa	yments mad			organization's income	income in column 10	
<u>(1)</u>										
(2)										
(3)										
(4)									.	
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				and on Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)				
Totals						•		0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instructions)		
	1. Description of income 1. Description of income				income directly co		3. Deduction directly connected (attach states	connected (attach stater		5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
					Add amou column 2.					Add amounts in column 5. Enter
					here and or					here and on Part I,
				_	line 9, colu					line 9, column (B)
Totals Part	VIII Exploited E	vomnt /	Activity Income,	Othor T	han Adva	0.	ı İncomo		\	0.
1	Description of exploite		CHAILY INCOME,	, Julei I	nan Auve	า แอแไ		see instructions) 	
2	Gross unrelated busin	•	e from trade or busi	ness Ente	r here and or	Part I	line 10. colum	2 (Δ)	2	
3						,	,	()	-	
-	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)								3	
4										
	lines 5 through 7								4	
5	Gross income from ac								5	
6	Expenses attributable								6	
7										
	4. Enter here and on F	art II, line	12						7	

Pac	ıe	4

Part	IX Advertising Income					1 age 4
1	Name(s) of periodical(s). Check box if reporting	two or m	ore periodicals on a	consolidated basis	 S	
•	A	j two or m	ore periodicals on a	corisolidated basis	J.	
	В					
	c					
	D					
Enter a	amounts for each periodical listed above in the c	orrespond		Т _		
		⊢	Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and on F	Part I, line	11, column (A)		▶	0.
а		_				
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on F	Part I, line	11, column (B)		▶	·0.
		_				
4	Advertising gain (loss). Subtract line 3 from line	•				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete					
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is less	s				
	than line 6, enter zero					
8	Excess readership costs allowed as a	·····				
	deduction. For each column showing a gain or	,				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gre		e line 8a columns to	ntal or zero here an	d on	
-	Part II, line 13				_	0.
Part		ectors, a	and Trustees	see instructions)	•	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
1-7	-				, , ,	
Total	. Enter here and on Part II, line 1				▶	0.
Part		instructio	nns)			
	1	, motraotic	710)			

Part l	IX Advertising Income				
1	Name(s) of periodical(s). Check box if report	rting two or more periodicals	on a consolidated basi	S.	
	A	·			
	в 🗆				
	c 🗆				
	D				
nter a	amounts for each periodical listed above in the				
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and	on Part I, line 11, column (A)		>	0
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and	on Part I, line 11, column (B)		>	0.
4	Advertising gain (loss). Subtract line 3 from	line			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
_					
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less that				
	line 5, subtract line 6 from line 5. If line 5 is				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gai				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the	greater of the line 8a, columi	ns total or zero here ar	nd on	
	Part II, line 13			_	0.
Part 2	X Compensation of Officers, I	Directors, and Trustees	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Tit	e	of time devoted	attributable to
				to business	unrelated business
I)				%	
2)				%	
3)				%	
, -)				%	
·/				,,,	
Total	Enter here and on Part II, line 1				0.
Part 2		/:			
ai t	3uppiementai imormation	(see instructions)			

	ule A (Form 990-T) 2021				Page
Part I	Advertising Income Name(s) of periodical(s). Check box if reporting	a two or more periodicals on a c	consolidated basis	.	
'	A	g two or more periodicals on a c	orisolidated basis		
	В				
	c 🗆				
	D				
nter a	mounts for each periodical listed above in the c	corresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on F	Part I, line 11, column (A)		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on F	Part I, line 11, column (B)		▶	0.
_					
4	Advertising gain (loss). Subtract line 3 from line	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8	1			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	n			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns tot	al or zero here and	d on	0
Part 2	X Compensation of Officers, Dire		: 4 4! N	·····	0.
ait	Compensation of Officers, Dire	ectors, and musices (se	ee instructions)	2 Doroantono	4 Componentian
	1. Name	2. Title		3. Percentage of time devoted	Compensation attributable to
				to business	unrelated business
1)				%	
2)				%	
3)				%	
1)				%	
	Enter here and on Part II, line 1)	0.
Part 2	XI Supplemental Information (see	e instructions)			

FORM 990-T PRE 2	018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL CARRY FORWARD FROM PRE-2018 NOL DEDUCTION INCLUDED		158,041. 35,380.
SCHEDULE A PORTION OF PRE-2018 N SCHEDULE A ENTITY	OL SCHEDULE A SHARE	
1	0.	
2 3	0. 0.	
TOTAL SCHEDULE A SHARE OF PRE-20	18 NOL	0.
NET OPERATING DEDUCTION	35,380.	
BALANCE AFTER PRE-2018 NOL DEDUC	TION	0.
EXPIRING NET OPERATING LOSSES		0.
CARRY FORWARD OF NET OPERATING L	OSS	122,661.

PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
25,802.	25,802.	0.	0.
25,626.	23,762.	1,864.	1,864.
20,823.	0.	20,823.	20,823.
42,255.	0.	42,255.	42,255.
9,881.	0.	9,881.	9,881.
9,393.	0.	9,393.	9,393.
4,284.	0.	4,284.	4,284.
69,541.	0.	69,541.	69,541.
ER AVAILABLE THIS Y	EAR	158,041.	158,041.
	25,802. 25,626. 20,823. 42,255. 9,881. 9,393. 4,284. 69,541.	LOSS PREVIOUSLY APPLIED 25,802. 25,802. 25,802. 23,762. 20,823. 0. 42,255. 0. 9,881. 0. 9,393. 4,284. 0.	LOSS PREVIOUSLY LOSS REMAINING 25,802. 25,802. 0. 25,626. 23,762. 1,864. 20,823. 0. 20,823. 42,255. 0. 42,255. 9,881. 0. 9,881. 9,393. 0. 9,393. 4,284. 0. 4,284. 69,541. 0. 69,541.

FORM 990T, PART IV	AVAILABLE POST-2017 NOL	STATEMENT 5
BUSINESS CODE	AVAILABLE POST	-2017 NOL
722320		406.
532000	246,	257.
453220	79,	861.

FORM 990-T (A)	OTHER	INCOME	 	STATEMENT 6
DESCRIPTION				AMOUNT
CATERING COMMISSION LICENSING AND REPROD PHOTOGRAPHY PERMITS	UCTION			25,832 10,550 6,250
TOTAL TO SCHEDULE A,	PART I, LINE 12			42,632
FORM 990-T (A)	OTHER	DEDUCTIONS	 	STATEMENT 7
DESCRIPTION				AMOUNT
ADVERTISING OFFICE EXPENSE SECURITY TELEPHONE & UTILITIE	S			802 915 1,305 2,130
TOTAL TO SCHEDULE A,	PART II, LINE 14			5,152
990-T SCH A	POST-2017 NET OPE	ERATING LOSS D	EDUCTION	STATEMENT 8
TAX YEAR LOSS SUS	LOSS PREVIOU TAINED APPLI	JSLY I	OSS AINING	AVAILABLE THIS YEAR
09/30/21	406.	0.	406.	406.
				

FORM 990-T	(A)	OTHER DEDUC	TIONS	STATEMENT 9
DESCRIPTIO	N			AMOUNT
INSURANCE PROFESSION TELEPHONE MISCELLANE ADVERTISIN INFORMATIO OFFICE EXP SECURITY	430. 8,048. 2,038. 62. 4,030. 1,227. 835. 4,058.			
TOTAL TO S	CHEDULE A, PART II	, LINE 14		20,728.
990-T SCH	A POST-201	17 NET OPERATING	G LOSS DEDUCTION	STATEMENT 10
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19 09/30/20 09/30/21	52,386. 83,895. 109,976.	0. 0. 0.	52,386. 83,895. 109,976.	52,386. 83,895. 109,976.
		YEAR	246,257.	

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION		AMOUNT
ADVERTISING EXPENSE BANK FEES WEBSITE INSURANCE PROFESSIONAL SERVICES SECURITY TELEPHONE & UTILITIES		955. 8,994. 1,974. 8,864. 1,151. 2,633. 3,638.
TOTAL TO SCHEDULE A, PART I	I, LINE 14	28,209.

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 12
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/20 09/30/21	54,872. 24,989.	0.	54,872. 24,989.	54,872. 24,989.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	79,861.	79,861.

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTA	L INCOME	STATEMENT 13
DESCRIPTION			ACTIVII NUMBEF	· -	TOTAL
SALARIES & BENEFI COST OF REVENUE	TS			151,316. 9,326.	1.2. 1.1.
		- SUBTOTA	L – 2		160,642.
TOTAL TO FORM 990	-T, SCHEDUI	LE A, PART	IV, LINE 4		160,642.

FORM 990-T (A)	COST OF (GOODS	SOLD -	OTHER	COSTS	STATEMENT 14
DESCRIPTION						AMOUNT
ADVERTISING/PROMOTION EVENT COSTS LICENSES AND FEES OTHER EXPENSE REPAIRS & MAINTENANCE SUPPLIES TRAVEL FREIGHT AND POSTAGE						2,881. 863. 479. -3. 1,731. 2,358. 2,422. 10,321.
TOTAL TO FORM 990-T, S	CHEDULE A	, LINE	5			21,052.

Depreciation and Amortization

(Including Information on Listed Property)

A PG1 ► Attach to your tax return.

2

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

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

Name(s)	snown on return			Busin	ess or activity to whi	on this form relates		Identifying number
DEE	TTE HOLDEN CUMMER M	USEUM FOU	JNDATION	Γ				
INC					TAL INC			59-2191587
Part	Election To Expense Certain Propert	y Under Section 17	'9 Note: If you	have any lis	sted property, c	omplete Part	V before y	ou complete Part I.
1 M	aximum amount (see instructions)						1	1,050,000.
2 To	otal cost of section 179 property place	2						
3 Th	reshold cost of section 179 property I	before reduction	in limitation				3	2,620,000.
	eduction in limitation. Subtract line 3 fr							
	llar limitation for tax year. Subtract line 4 from line 1							
6	(a) Description of pro	cost						
-								
7 1:	ated areasety. Fator the amount from I	line 00			1 7			
	sted property. Enter the amount from I							
	otal elected cost of section 179 proper							
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the sn		,		,			
12 Se	ection 179 expense deduction. Add lin	es 9 and 10, but	don't enter mo	ore than line	11		12	
	arryover of disallowed deduction to 20				🕨 13			
	Don't use Part II or Part III below for li	sted property. In:	stead, use Parl	t V.				
Part	Special Depreciation Allowan	nce and Other De	epreciation (D	on't includ	le listed propert	y.)		
14 Sp	pecial depreciation allowance for quali	fied property (oth	er than listed p	property) pla	aced in service	during		
th	e tax year						. 14	
15 Pr	roperty subject to section 168(f)(1) elec	ction					15	
Part	MACRS Depreciation (Don't	include listed pro	perty. See inst	ructions.)				
	•		Sec	tion A				
17 M	ACRS deductions for assets placed in	service in tax ve	ars beginning b	pefore 2021			17	2,998.
	ou are electing to group any assets placed in servic	•	0 0			▶ □	ï	·
	Section B - Assets I	Placed in Servic	e During 2021	Tax Year I	Using the Gene	ral Deprecia	tion Syste	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see ins	stment use	(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							
е	15-year property							
f	20-year property							
	25-year property				25 yrs.		S/L	
<u>g</u>	23-year property	,			<u> </u>	NANA	S/L	
h	Residential rental property	/			27.5 yrs.	MM		
	· · · · · · · · · · · · · · · · · · ·	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Ocation O. Accada Di	/	D	F W 11		MM	S/L	
	Section C - Assets Pl	laced in Service	During 2021 i	ax Year U	sing the Aitern	Tepreci		tem
<u>20a</u>	Class life				1	+	S/L	
<u>b</u>	12-year				12 yrs.	1	S/L	
C	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Part	Summary (See instructions.)							.
21 Li	sted property. Enter amount from line	28					21	

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

2,998.

23

22

Form 4562 (2021)

INC.

59-2191587 Page 2

F01111 4362	(2021)	
Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for	
	entertainment, recreation, or amusement.)	

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	24b, columns (a) iiiiougii (c) of Section A, al	TOT Section B, and	a Section on appir	Cable.								
	Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)													
24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	evider	nce written?	Yes No				
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	Recovery Metho		(g) Method/ Convention		(h) Depreciation deduction	(i) Elected section 179 cost		
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in se	ervice during the ta	x year and	I							
	used more than 50% in a qualified business use													
26	Property used more than 50% in a qualified business use:													
		: :	%											
		: :	%											
		: :	%											
27	Property used 50% or le	ss in a qualit	ied business use):										
		: :	%				S/L -							
		: :	%				S/L -							
		: :	%				S/L -							
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28						
29	Add amounts in column	(i), line 26. E	nter here and on	line 7, page 1	-				29					
	_		Sec	tion B - Informat	ion on Use of Veh	icles								

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	l business/investment miles driven during the (don't include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Tota32 Tota	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33 Tota	al miles driven during the year. Iines 30 through 32												
	s the vehicle available for personal use ng off-duty hours?	Yes	No										
35 Was	s the vehicle used primarily by a more n 5% owner or related person?												
36 Is an use?	nother vehicle available for personal ?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
D	art VI Amantication		

Part VI Amortization											
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percenta	(f) Amortization for this year						
42 Amortization of costs that begins during your 2021 tax year:											
	: :										
	: :										
43 Amortization of costs that began before your 2	021 tax year			4	3						
44 Total. Add amounts in column (f). See the inst		where to report		4	4						

116252 12-21-21 Form **4562** (2021)

Depreciation and Amortization (Including Information on Listed Property)

A PG1 ► Attach to your tax return.

3

OMB No. 1545-0172

Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

Identifying number

INC.		र ज्वात	'ENUE	72 KENTA		59-2191587
Part I Election To Expense Certain Proper	ty Under Section 1			omplete Part	V hefore v	
					4	1,050,000.
1 Maximum amount (see instructions)		:				1,030,000
2 Total cost of section 179 property place.		2,620,000.				
3 Threshold cost of section 179 property4 Reduction in limitation. Subtract line 3					4	2,020,000•
5 Dollar limitation for tax year. Subtract line 4 from line 6 (a) Description of pr	cost					
U V I I						
7 Listed property. Enter the amount from	line 29		7			
8 Total elected cost of section 179 prope					8	
9 Tentative deduction. Enter the smaller						
10 Carryover of disallowed deduction from						
11 Business income limitation. Enter the s	maller of business					
12 Section 179 expense deduction. Add li						
13 Carryover of disallowed deduction to 2	022. Add lines 9 a	and 10, less line 12	► 13			
Note: Don't use Part II or Part III below for	listed property. In	stead, use Part V.				
Part II Special Depreciation Allowa	nce and Other D	epreciation (Don't includ	le listed propert	y.)		
14 Special depreciation allowance for qua	lified property (oth	ner than listed property) pla	aced in service	during		
the tax year					. 14	
15 Property subject to section 168(f)(1) ele	ection				15	
16 Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Don't	include listed pro	· · ·				
		Section A				
17 MACRS deductions for assets placed in	•	• •			17	7,913.
18 If you are electing to group any assets placed in serv				▶ ∟	<u> </u>	
Section B - Assets	(b) Month and	ce During 2021 Tax Year (c) Basis for depreciation	Τ -	eral Deprecia	tion Syste	m
(a) Classification of property	year placed	(business/investment use	(d) Recovery			
	in service	only - see instructions)) period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property	in service		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property b 5-year property	in service		period	(e) Convention	(f) Method	(g) Depreciation deduction
	in service		^ period *	(e) Convention	(f) Method	(g) Depreciation deduction
b 5-year property	in service		`´period ´	(e) Convention	(f) Method	(g) Depreciation deduction
b 5-year propertyc 7-year property	in service		` period '	(e) Convention	(f) Method	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	in service		` period '	(e) Convention		(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property	in service		period 25 yrs.	(e) Convention	S/L	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	in service		25 yrs. 27.5 yrs.	MM	S/L S/L	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	in service		25 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L S/L S/L	(g) Depreciation deduction
 b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property 	in service		25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L	(g) Depreciation deduction
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	/ / /	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F	/ / /		25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life	/ / /	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L ation Syst	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year	/ / /	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna	MM MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L ation Syst	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year	/ / /	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L ation Syst S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year	/ / /	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterna	MM MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L ation Syst	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.)	/ / // // Placed in Service	only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs.	MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line	/ // // // // // // // // // // // // /	During 2021 Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L ation Syst S/L S/L	
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines	/ // // // // // // // // // // // // /	During 2021 Tax Year Us	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	tem
b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets F 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instructions.) 21 Listed property. Enter amount from line	/ // // // // // // // // // // // // /	During 2021 Tax Year Uses 19 and 20 in column (gartnerships and S corporate	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	MM MM MM ative Depreci	S/L S/L S/L S/L S/L S/L S/L S/L S/L	

Form 4562 (2021)

INC.

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Part V	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for
-	entertainment recreation or amusement

	24b, columns	(a) through (c) of Śection A,	all of S	ection B,	and Se	ction C	if appli	icable.						
	Section A -	- Depreciation	n and Other I	nforma	tion (Cau	ution: S	See the i	nstruc	tions for lir	nits for p	passeng	er auton	nobiles.)		
<u>24a</u>	Do you have evidence to s	support the bus	siness/investme	nt use cla	imed?	<u> </u>	es	No	24b If "Y	es," is th	e evide	nce writt	en?	_ Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	le ot	(d) Cost or ther basis		(e) sis for depre siness/inve use only	stment	(f) Recovery period	Met	g) :hod/ ention	Depre	h) eciation uction	Ele sectio	(i) cted on 179 ost
 25	Special depreciation allo	owance for q	ualified listed p	property	•		•		•					0.0	551
	used more than 50% in	a qualified bu	usiness use								25				
26	Property used more tha	ın 50% in a qı	ualified busine	ss use:											
		1 1	9	6											
		1 1	9	6											
		1 1	9	6											
27	Property used 50% or le	ess in a qualif	ied business u	ise:					1			1			
		1 1	9	6						S/L -					
		1 1	9	6						S/L -					
		: :	9							S/L -					
28	Add amounts in column	n (h), lines 25	through 27. Er	nter here	and on	line 21,	page 1				28				
29	Add amounts in column	ı (i), line 26. E	nter here and	on line 7	⁷ , page 1								29		
			S	ection l	B - Infori	mation	on Use	of Veh	nicles						
Cor	mplete this section for ve	ehicles used b	oy a sole propr	ietor, pa	artner, or	other "	more tha	an 5%	owner," or	related	person.	If you pr	ovided v	ehicles	
to y	our employees, first ans	wer the ques	tions in Sectio	n C to s	ee if you	meet a	n excep	tion to	completin	g this se	ction fo	r those v	ehicles.		
												1			
				(a)	(b)			(c)		d)	(6	e)	(f)	
30	Total business/investment		•	Vehicle		Vehicle		\ \ \	Vehicle		icle	Veh	nicle	Veh	icle
	year (don't include commu							1							
31	Total commuting miles	driven during	the year					1							
32	Total other personal (no	ncommuting)) miles												
	driven														
33	Total miles driven during														
	Add lines 30 through 32	2					,								
34	Was the vehicle availab	le for persona	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a r	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	nal												
	use?														
		Section C	 Questions for 	or Empl	oyers W	ho Pro	vide Ver	nicles 1	for Use by	Their E	mploye	es			
Ans	swer these questions to	determine if y	ou meet an ex	ception	to comp	leting S	Section E	3 for ve	ehicles use	d by em	ployees	who a	ren't		
	re than 5% owners or rel	•													1
37	Do you maintain a writte													Yes	No
	employees?														
38	Do you maintain a writte		=	-				-			our				
	employees? See the ins	structions for	vehicles used	by corp	orate offi	cers, di	rectors,	or 1%	or more ov	wners					
	Do you treat all use of v	•													
40	Do you provide more th			-				-							
	the use of the vehicles,														
41	Do you meet the require	ements conce	erning qualified	d autom	obile den	nonstra	tion use'	?							
_	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Secti	on B for	the co	vered veh	icles.					
Pa	art VI Amortization														
	(a) Description o	f costs		(b) amortization begins		(C) Amortizat amount	ole t		(d) Code section		(e) Amortiza period or per	tion	Ar fo	(f) nortization r this year	
<u></u>	Amortization of costs th	nat begins du	•		ir:					1		I			
_				: :											
 43	Amortization of costs th	at began bef	ore your 2021		r							43			

44 Total. Add amounts in column (f). See the instructions for where to report 116252 12-21-21 Form **4562** (2021)