efil	e GRAPHIC prii	nt - DC	NOT PROCESS As Filed Data -	DLN	93393315003262
	990-T		Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
Form	990-i		(and proxy tax under section 6033(e))		2021
		Foi	r calendar year 2021 or other tax year beginning 01-01-2021 and ending 12-31-202	1	2021
D			► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public
	tment of the Treasury al Revenue Service	►Do	node to www.ns.gov/rormsgov for instructions and the latest information.  SN numbers on this form as it may be made public if your organization is a 501		Inspection for 501(c)(3) Organizations Only
<b>A</b> [	Check box if address changed.	Print	Name of organization (  Check box if name changed and see instructions.) NATIONAL CORVETTE MUSEUM FOUNDATION INC	<b>D</b> Em 74-25:	ployer identification number 19972
_	501( c3 ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 350 CORVETTE DRIVE		pup exemption number instructions)
	408A		City or town, state or province, and ZIP or foreign postal code BOWLING GREEN, KY 42101		Check box if an amended return.
	529(a) 529A	C Boo	k value of all assets at end of year ▶ 80,229,990		
<b>G</b> CI	heck organization t	:ype ► [	☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust		
	heck if filing only to	•	Claim credit from Form 8941 🔲 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a $501(c)(2)$ titleholding corporation		▶ □
			d Schedules A (Form 990-T)		
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled grou	p?	. ► Yes V No
			identifying number of the parent corporation ▶		
L Th	ne books are in car		HE ORGANIZATION Telepho 50 CORVETTE DRIVE	ne numl	per ▶ (270) 777-4517
			OWLING GREEN, KY 42101		
Pa	rt I Total Un		d Business Taxable Income		_
1			ss taxable income computed from all unrelated trades or businesses (see	1	159,123
2	Reserved .			2	
3	Add lines 1 and 2			3	159,123
4	Charitable contrib	outions (	see instructions for limitation rules)	4	0
5	Total unrelated by	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	159,123
6	Deduction for net	operati	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	om line 5	5	7	159,123
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 1	L99A dec	luction. See instructions	9	
10			nes 8 and 9	10	1,000
11			<b>able income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter		150 122
Do.				11	158,123
	t III Tax Com			T . T	
1	_		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	33,206
2	Part I, line 11 fro	m: 🔲	rates. See instructions for tax computation. Income tax on the amount on Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See in			3	
4	Other tax amount			4	
5	Alternative minim		•	5	
6	-	-	acility income. See instructions	6	
			h 6 to line 1 or 2, whichever applies	7	33,206
For P	aperwork Reduction	n Act Not	ice, see instructions. Cat. No. 11291J		Form <b>990-T</b> (2021)

	990-T (2021	,									Page
	Tax			orm 1118	3; trusts attach Form 1116)	1a					
	_					1b					
				•	nstructions)	1c					
		•	nimum tax (attac s 1a through 1d	h Form 8	801 or 8827)	<b>1</b> d			1e		
2	Subtract line		-	: :		: :			2		33,206
3	Other amou	nts due. Ch			5  Form 8611  Form ach statement)	8697 • •	☐ Form 8866		3		·
4			and 3 (see instruction tax amount here		Check if includes tax prev	iously	deferred under	-	4		22.206
5					A, Part II, column (k)				4 5		33,206
						6a		14,048			
					43(g) election applies ▶ ☐	6b					
	•					6c 6d		50,000			
						6e					
				·	ums (attach Form 8941) .	6f					
g			nts, and paymen		Form 2439 Total ▶	6					
7						6g			7		64,048
8			_	-	Form 2220 is attached			. ▶□	8		223
9					s 4, 5, and 8, enter amount				9		
10 11			-		f lines 4, 5, and 8, enter am to 2022 estimated tax►	ount ov	erpaid 30,619 <b>Re</b>		10		30,619
Part			<u> </u>		tivities and Other Info	rmati	· · · · · · · · · · · · · · · · · · ·		11		
1	At any time	during the 2	2021 calendar ye	ar, did th	e organization have an inter	rest in o	or a signature	or other autl			Yes No
					foreign country? If "Yes," th "Yes," enter the name of th				nCEN F	orm 114,	
					·		· · · · · · · · · · · · · · · · · · ·				No
	_		-		a distribution from, or was i nization may have to file.	t the gr	antor of, or tra	ansferor to, a	a forei	gn trust?	No
	· ·			_	l or accrued during the tax y	ear		▶ \$			
4					\$						
5		•	•		DL carryover shown here by ess Activity Code and post-2	•	•	•			
,					e A, Part II, line 17 for the t				tile al	Hourits	
		Busines	ss activity code			Availa	ble post-2017	NOL carryov	/er		
					\$ \$						.
					\$						-
					\$						
	_		-		ting? (see instructions) . change on Form 990, 990-E	 7 990-	PF or Form 1		" evnla	in in Part V	No
Par			I Information		change on Form 550, 550 E	2, 330	11,0110111111	120: 11 110,	СХРІС	III III I GIC V	
Provid	e the explan	ation requir	ed by Part IV, lin	e 6b. Als	o, provide any other addtior	al infor	mation. See ir	nstructions.			
	art Numbe		ine Number		Ex	olanati	on			An	nount
	FORM 990-T	S	ECTION 1033		NAL CORVETTE MUSEUM FOI '2TAXABLE YEAR ENDED DE		•		DER		
					CTION 1033(A)(2) AND REG BER 10, 2021, A TORNADO						
				SUBST.	ANTIAL PORTION OF THE MO	OTOR S	PORTS PARK E	BUILDINGS A	AND		
					STRUCTURES LEASED BY N ATION, INC. (TAXPAYER) TO						
					DIARY, NCM HOLDINGS, LLC ESIGNATED A FEDERALLY D						
				12, 202	21. THE DESIGNATION NUM	BER IS	4630- DR-KY.	THE FACILIT	IES		
					CONSTRUCTED BETWEEN 20 ,782 ON LAND OWNED BY T						
					STRUCTURES WERE DEPRE ROUGH THE DATE OF THE				SIS		
				TOTAL	ED \$428,321 LEAVING A TO	TAL UN	RECOVERED B	ASIS OF			
					,149. THE LEASE OF THE FA ATED TRADE OR BUSINESS						
					'ED ITS FIRST PAYMENT OF N THE AMOUNT OF \$1,000,0						
				RECEI\	ED ANOTHER \$4,138,316 IN	V 2022	TO COVER TH	E COST OF			
					CING AND REPAIRING THE D THER STRUCTURES, THE CO				NGS		
					ED TO TAXPAYER' TAX-EXEM SES. TAXPAYER EXPECTS TO						
				RECEI\	'ED FOR CLEAN-UP AND FOR	R THE R	EPAIR AND RE	PLACEMENT	OF		
				TAXPA	ED PROPERTY. PURSUANT T ER IS ELECTING TO DEFER	ANY RE	SULTING GAI	N UNDER SE	ĆTION		
					Y APPENDING AN APPROPRI IE TAX YEAR IN WHICH THE						
				TO FUL	LY REPAIR AND REPLACE AL TURES WITH THE INSURANC	L THE	DESTROYED A	ND DAMAGE	D		
				COST E	XCEEDING THE TAX BASIS	OF THE	RESPECTIVE	BUILDING O	R		
					TURE AT THE TIME OF THE ( IILDINGS AND STRUCTURES					,	
				AND TH	HE ADJUSTED TAX BASIS OF LTY. ADDITIONALLY, THE IN	EACH	ASSET AT THE	TIME OF TH	łΕ		
				AND 20	22 ARE NOTED FOR EACH A	SSET.	TAX BASIS AT	CASUALTY			
					DN/GARAGES-MSP \$1,157,2 DNG-TERM GARAGE #1 \$319					.9	
					95 MSP LONG-TERM GARAG E #4 \$283,395 MSP LONG-1				56		
				TOTAL	\$4,103,150 INSURANCE PRO 022*PAVILION/GARAGES-M	OCEEDS	S RECEIVED				
				\$2,031	,884 MSP LONG-TERM GARA	GE #1	\$149,467 MSF	LONG-TER	М		
					E #2 \$155,541 MSP LONG-1 GARAGE #4 \$315,000 MSP L						
				TOTAL	\$3,785,917 *AMOUNT REPR T VALUE AND THE COST TO	ESENT:	S THE REDUCT	TON IN FAIR			
	EODM CCC =		NO:	PROPE	RTY.		,				
	FORM 990-T		NOL	RELINC	NAL CORVETTE MUSEUM FOR OUISH THE ENTIRE CARRYBA	ACK PEF	RIOD WITH RE	SPECT TO T	HE NET		
					TING LOSSES INCURRED FO ND HAVE SUCH LOSSES FOI				BER 3	1,	
				I have exa	mined this return, including acco	mpanyin	g schedules and	statements, a			
Sig	1 '	is true, correc	.t, and complete. De	eciaration (	of preparer (other than taxpayer)	is based	u on all informati	on of which pr	eparer	ias any knowle	auge.
Hei	L .	SHUAH CASI	ZEV		2022-11-07 DIRECTO	D OF E	INANCE			e IRS discuss t	
		nature of of			Date DIRECTO	IV OF F	MANCE			e preparer sho structions)?	
	319		reparer's name		Preparer's signature		Date	Charle Dir.	PTI	N .	
Paid	I	ALLISON C						Check L if self-employed	DO 1	242412	
	oarer	Firm's name	► DEAN DORTO	N ALLEN FO	DRD PLLC			Firm's EIN ▶	27-385	58252	
Use	Only	Firm's addre	ss <b>&gt;</b> 250 W MAIN S	TREET STE	1400			Phone no. (8	59) 255	-2341	
			LEXINGTON, K	Y 40507							

Page **2** 

As Filed Data -

### Name: NATIONAL CORVETTE MUSEUM FOUNDATION INC

DLN: 93393315003262

IRC Section Number Interest description Interest an

IRC Section Number Interest description Interest amount

INTEREST PAID 91,183

Total Interest Amount: 91,183

efile GRAPHIC print - DO NOT PROCESS

#### TY 2021 OtherDeductionSchedule

Name: NATIONAL CORVETTE MUSEUM FOUNDATION INC

**EIN:** 74-2519972

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

**Information technology amount:** 

Office expenses amount:

Other type of deduction Other type deduction amount
A DMIN SERVICES 263,620

efil	e GRAPHIC print	t - DO NOT PROCESS As F	iled D	ata	-				DLN:	93393315003262
SCI	HEDULE A	Unrelated	Bus	ine	ess Ta	xable In	con	1e		OMB No. 1545-0047
(Fo	orm 990-T)	From an U	nrela	ate	d Tra	de or Bus	sine	ess		2021
	tment of the Treasury al Revenue Service	►Go to www.irs.gov/For ►Do not enter SSN numbers on thi							(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza IONAL CORVETTE MU	ition JSEUM FOUNDATION INC						iployer identific 19972	ation	number
<b>c</b> (	Jnrelated business ac	ctivity code (see instructions) <b>&gt;</b> 56	31000	<b>D</b> S	Sequence:		1	of		4
E 0	Describe the unrelate	ed trade or business <b>&gt;</b> ADMINISTRA	ATIVE S	ERVI	CES FRO	M CONTROLLED	ORGA	ANIZATION		
Pa	rt I Unrelated	Trade or Business Income				(A) Income		(B) Expense	es	(C) Net
1a	Gross receipts or sa	ales 318,468								
b	Less returns and allov	wances	Balance	. ▶ │	1c	318	,468			
2		(Part III, line 8)		- 1	2	310,	,,,,,,,			
3	<del>-</del>	act line 2 from line 1c		- 1	3	318	,468			318,468
	Capital gain net inc	come (attach Sch D (Form 1041 or	Form	İ	4a	310	,,,,,,			310,100
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see i	instruction	ns)	4b					
	Capital loss deducti			- '	4c					
	Income (loss) from	a partnership or an S corporation	•		5					
6	· ·	IV)		- 1	6		0		0	-
7	•	inced income (Part V)		- 1	7		0		0	_
8	Interest, annuities,	royalties, and rents from a control	lled	Ī	8		0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)		. [	9		0		0	
10	Exploited exempt a	ctivity income (Part VIII)		. [	10					
11	Advertising income	(Part IX)		. [	11		0		0	
12	Other income (see	instructions; attach statement) .		. [	12					
13	Total. Combine line	es 3 through 12		.	13	318	,468		0	318,468
Pai		<b>ns Not Taken Elsewhere</b> (Se with the unrelated business in		ıctio	ns for lir	nitations on c	deduc	tions) Deduction	ons m	ust be directly
1	Compensation of of	fficers, directors, and trustees (Part	t X) .						1	0
2	Salaries and wages								2	
3	Repairs and mainte	enance							3	
4	Bad debts								4	
5	Interest (attach sta	tement) (see instructions)							5	
6									6	
7		h Form 4562) (see instructions)				7				
8 9	•	laimed in Part III and elsewhere on				<u>8a</u>			8b 9	
10	Contributions to de	ferred compensation plans							10	
11	Employee benefit p	rograms							11	
12	Excess exempt exp	enses (Part VIII)							12	
13		costs (Part IX)							13	0
14	Other deductions (a	attach statement) 🕏 🕠 👵							14	263,620
15									15	263,620
16	Unrelated business	income before net operating loss of	deductio	n. Sı	ubtract lin	e 15 from Part	I, line	13, column (C)	16	54,848
17		perating loss (see instructions)							17	0
18		ss taxable income. Subtract line							18	54,848
For P	aperwork Reduction A	Act Notice, see instructions.		at. I	No. 74036	60 <u> </u>		Sch	edule	A (Form 990-T) 2021

ched	ule A (Form 990-T) 2021				Page 2
art	TIII Cost of Goods Sold Enter m	ethod of inventory valua	ation <b>&gt;</b>		
L	Inventory at beginning of year			1	
	Purchases			2	
	Cost of labor			3	
	Additional section 263A costs (attach statement	)		4	
	Other costs (attach statement)			5	
	Total. Add lines 1 through 5			6	
	Inventory at end of year			7	
	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, li	ine 2	8	
	Do the rules of section 263A (with respect to pr	operty produced or acquired	d for resale) apply to	the organization?	☐ Yes ☐ No
art	IV Rent Income (From Real Proper	ty and Personal Prope	erty Leased with	Real Property)	
	Description of property (property street address	, city, state, ZIP code). Che	ck if a dual-use (see	instructions)	
	<b>a</b> 🗆				
	в 🗆				
	c 🗆				
	D 🗆 🗀				
		Α	В	С	D
:	Rent received or accrued				
	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
	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)				
	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D .				
	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter he	re and on Part I line	6 column (A)	
	rotal rents received or decraed. Add line 2e cold	The result of th	re and on rure 1, me	o, column (A)	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	، <b>Total deductions،</b> Add line 4 columns A throug	h D. Enter here and on Part	t I, line 6, column (B)		
	V Humalatad Baht Financed Tanan	- ( itti)		•	
ar		<u> </u>			
	Description of debt-financed property (street ad _	dress, city, state, ∠IP code)	). Check if a dual-use	(see instructions)	
	<u> </u>				
	B 📙				
	c ∐ 				
	D L				
_		Α	В	С	D
	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3b, columns A through D)				
	Amount of average acquisition debt on or				
	allocable to debt-financed property (attach				
	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
5	Divide line 4 by line 5	%	%	%	C
7	Gross income reportable. Multiply line 2 by line 6				
3	<b>Total gross income</b> (add line 7, columns A thr	ough D). Enter here and on	Part I, line 7, column	n(A) ▶	
	Allocable deductions. Multiply line 3c by line 6	<u>-</u> ,	· ,	· · · · · · · · · · · · · · · · · · ·	
	, , ,	ns A through D. Foton barre	and on Dart I line 7	column (P)	
	Total allocable deductions. Add line 9, colum	-		column (b) · · ·	
	Total dividends-received deductions include	d in line 10			

	(Form 990-T) 2021	· B	lating and B			11-0		/ !	>	Page <b>3</b>
Part VI	Interest, Annuiti	ies, Roya	ities, and Ke	ents tror	n Control			•		
			2. Employer		unrelated e (loss)	4. Total	of specified of made	<b>5.</b> Part of colutination that is included	mn 4	6. Deductions directly connected with
1. Nan	ne of controlled organi	zation	identification number		tructions)	payme	ind made	in the contro organization gross incor	lling n's	income in column 5
(1)										
(2)										
(3)										
(4)										
		•		<del></del>	ontrolled Or					
<b>7.</b> Ta	axable income	inco	et unrelated ome (loss) nstructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with noome in column 10
(1)										
(2)										
(3)										
(4)										
Гotals Part VIII						. <b>&gt;</b>	line 8,	and on Part I, column (A)		er here and on Part I, line 8, column (B)
	Description of income		2. Amount of			ions direc		Set-asides		5. Total deductions
1.	Description of income		2. Amount of	IIICOITIE	con	nected statement	(att	ach statement)		and set-asides add columns 3 and 4)
(1)										
(2)										
(3)										
(4)									-	
			Add amounts in a Enter here and a line 9, colum	on Part I,						dd amounts in column 5. Enter here and on Part I, line 9, column (B)
Fotals .				0						0
Part VIII	Exploited Exem	pt Activit	ty Income, (	Other Th	an Adver	tising Ir	ncome (see	instructions)		
<b>1</b> Descri	iption of exploited acti	vity:							Ī	
2 Gross	unrelated business inc	come from t	trade or busine	ss. Enter h	nere and on	Part I, line	e 10, column	(A)	2	
	ses directly connected n (B)							, , , , , , , , , , , , , , , , , , ,	3	
	come (loss) from unre 5 through 7		or business. S				ain, complete		4	
<b>5</b> Gross	income from activity t	:hat is not u	ınrelated busin	ess income	e			[	5	
<b>6</b> Expen	ses attributable to inc	ome entere	d on line 5 .					[	6	
7 Exces	s exempt expenses. So and on Part II, line 12	ubtract line	5 from line 6,	but do not	enter more	than the	amount on li	ne 4. Enter	7	
									dule	A (Form 990-T) 2021

	dule A (Form 990-T) 2021				Page <b>4</b>
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting <b>A</b>	two or more periodical	s on a consolidated bas	s.	
	B □				
	c □				
	D□				
Enter	r amounts for each periodical listed above in the o	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art 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 than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pa	rt X Compensation of Officers, Direc	tors, and Trustees	(see instructions)		
	1. Name	:	<b>2.</b> Title	<b>3.</b> Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)					
	I. Enter here and on Part II, line 1				0
	rt XI Supplemental Information (see i				
		,			
				Schedul	e A (Form 990-T) 2021

efile GRA	PHIC print	: - DO NOT PROCESS As File	ed Data	a -			DL	N: 933	393315003262
SCHED	ULE A	Unrelated E	Busin	ess Ta	axable In	com	ie	OI	MB No. 1545-0047
(Form 9	90-T)	From an Un	relat	ed Tra	ide or Bu	sine	SS		2021
Department of t Internal Revenu		► Go to www.irs.gov/Forms ► Do not enter SSN numbers on this forms						Open 501(c	to Public Inspection for )(3) Organizations Only
	f the organiza CORVETTE MU	tion SEUM FOUNDATION INC				<b>B Em</b> <sub>1</sub> 74-251	ployer identificati 9972	on nun	nber
<b>C</b> Unrelate	ed business ac	ctivity code (see instructions) ► 4532.	20 <b>D</b>	Sequence	:	2	of		4
<b>E</b> Describe	e the unrelate	d trade or business ▶ GIFT SHOP							
Part I	Unrelated '	Trade or Business Income			(A) Income		(B) Expenses		(C) Net
1a Gross	receipts or sa	ales <u>233,765</u>							
<b>b</b> Less re	eturns and allow	vances c Ba	lance ▶	1 <sub>c</sub>	233	,765			
		(Part III, line 8)		2		,490			
	-	act line 2 from line 1c		3		,275			104,275
<b>4a</b> Capita	al gain net inc	ome (attach Sch D (Form 1041 or For	m	4a		,_,_			
<b>b</b> Net ga	in (loss) (For	m 4797) (attach Form 4797) (see instr	ructions)	4b					
-	al loss deducti	, ,	,	4c					
5 Incom	ne (loss) from	a partnership or an S corporation (at		5					
	-	v)		6		0		0	_
	•	nced income (Part V)		7		0		0	
8 Intere	est, annuities,	royalties, and rents from a controlled		8		0		0	
		of section 501(c)(7), (9), or (17) VII)		9		0		0	
10 Exploi	ited exempt a	ctivity income (Part VIII)		10					
<b>11</b> Advert	tising income	(Part IX)		11		0		0	
12 Other	income (see i	instructions; attach statement)		12					
13 Total.	. Combine line	es 3 through 12		13	104	,275		0	104,275
Part II		ns Not Taken Elsewhere (See in with the unrelated business inco		ions for li	mitations on o	deduct	tions) Deductions	must	be directly
1 Comp	ensation of of	ficers, directors, and trustees (Part X)	) <b>.</b> .				:	1	0
<b>2</b> Salarie	es and wages						:	2	
3 Repair	rs and mainte	nance					:	3	
<b>4</b> Bad de	ebts						<u>   </u>	4	
<b>5</b> Intere	est (attach sta	tement) (see instructions)					!	5	
							(	6	
•	•	, ,			7				
<ul><li>8 Less d</li><li>9 Deplet</li></ul>	•	aimed in Part III and elsewhere on re			<u>  8a  </u> 			9	
10 Contri	ibutions to def	ferred compensation plans					1	.0	
11 Emplo	yee benefit p	rograms					1	.1	
12 Excess	s exempt expe	enses (Part VIII)					1	.2	
13 Excess	s readership c	costs (Part IX)					1	.3	0
14 Other	deductions (a	attach statement)					1	.4	
		Add lines 1 through 14						.5	0
<b>16</b> Unrela	ated business	income before net operating loss ded	uction. S	Subtract lir	ne 15 from Part	I, line	13, column (C) <b>1</b>	.6	104,275
								.7	0
18 Unrel	lated busines	ss taxable income. Subtract line 17	from lin	e 16 .	<u> </u>			.8	104,275
For Paperwor	rk Reduction A	ct Notice, see instructions.	Cat	. No. 7403	60		Schedu	ıle A (I	orm 990-T) 2021

hedule A (Form 990-T) 2021					Page 2
art IIII Cost of Goods Sol	<b>d</b> Enter method	of inventory valua	tion ►		
I Inventory at beginning of year	r			1	(
Purchases				2	129,49
Cost of labor				3	
Additional section 263A costs	(attach statement)			4	
Other costs (attach statemen	•			5	
<b>Total.</b> Add lines 1 through 5				6	129,49
Inventory at end of year .				7	
Cost of goods sold. Subtrac					129,49
Do the rules of section 263A	with respect to property	produced or acquired	for resale) apply to t	he organization?	🗌 Yes 🗹 No
art IV Rent Income (Fro	m Real Property and	d Personal Prope	rty Leased with F	Real Property)	
Description of property (prop	erty street address, city,	state, ZIP code). Che	ck if a dual-use (see i	nstructions)	
A 🔲					
В					
c 🔲 🖳					
D ∐					
		Α	В	С	D
Rent received or accrued					
a From personal property (if the rent for personal property is rent for personal property is rent for personal property is rent for personal property.)					
but not more than 50%)					
<b>b</b> From real and personal prope					
percentage of rent for person exceeds 50% or if the rent is					
or income)	'				
c Total rents received or accrue	ed by property.				
Add lines 2a and 2b, columns	A through D .				
Total rents received or accrue	ed. Add line 2c columns A	through D. Enter her	e and on Part I, line 6	s, column (A) . ▶ _	
Deductions directly connected	I with the income		T		
in lines 2(a) and 2(b) (attach					
Total deductions. Add line 4	l columns A through D. E	nter here and on Part	I, line 6, column (B)		
art V Unrelated Debt-F	inanced Income (see	instructions)			
Description of debt-financed	· · · · · · · · · · · · · · · · · · ·		Check if a dual-use	(see instructions)	
A	hoperty (street address,	city, state, ZIP code)	. Check if a dual-use	(see msu ucuons)	
в 🗆					
c 🗆					
D -					
<b>-</b>		Α	В	С	D
Gross income from or allocab	le to debt-				
financed property					
Deductions directly connected to debt-financed property	I with or allocable				
a Straight line depreciation (att	ach statement)				
<b>b</b> Other deductions (attach stat	ement)				
c Total deductions (add lines 3a A through D)					
Amount of average acquisitio	n debt on or				
allocable to debt-financed prostatement)	' ' '				
,					
Average adjusted basis of or financed property (attach star					
Divide line 4 by line 5	•	%	%	%	9,
Gross income reportable. Multiply		,,,	70	76	
Total gross income (add lin	,	)). Enter here and on	Part I. line 7. column	(A) <b>&gt;</b>	
Total gross income (add lin  Allocable deductions. Multiply		1			
	,				
Total allocable deductions	. Add line 9, columns A th	nrough D. Enter here	and on Part I, line 7,	column (B) ▶ _	
Total dividends-received d	eductions included in lin	e 10			

	(Form 990-T) 2021	· B	lating and B			11-0		/ !	>	Page <b>3</b>
Part VI	Interest, Annuiti	ies, Roya	ities, and Ke	ents tror	n Control			•		
			2. Employer		unrelated e (loss)	4. Total	of specified of made	<b>5.</b> Part of colutination that is included	mn 4	6. Deductions directly connected with
1. Nan	ne of controlled organi	zation	identification number		tructions)	payme	ind made	in the contro organization gross incor	lling n's	income in column 5
(1)										
(2)										
(3)										
(4)										
		•		<del></del>	ontrolled Or					
<b>7.</b> Ta	axable income	inco	et unrelated ome (loss) nstructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Гotals Part VIII						. <b>&gt;</b>	line 8,	and on Part I, column (A)		er here and on Part I, line 8, column (B)
	Description of income		2. Amount of			ions direc		Set-asides		5. Total deductions
1.	Description of income		2. Amount of	IIICOITIE	con	nected statement	(att	ach statement)		and set-asides add columns 3 and 4)
(1)										
(2)										
(3)										
(4)									-	
			Add amounts in a Enter here and a line 9, colum	on Part I,						dd amounts in column 5. Enter here and on Part I, line 9, column (B)
Fotals .				0						0
Part VIII	Exploited Exem	pt Activit	ty Income, (	Other Th	an Adver	tising Ir	ncome (see	instructions)		
<b>1</b> Descri	iption of exploited acti	vity:							Ī	
2 Gross	unrelated business inc	come from t	trade or busine	ss. Enter h	nere and on	Part I, line	e 10, column	(A)	2	
	ses directly connected n (B)							′ ′ ′	3	
	come (loss) from unre 5 through 7		or business. S				ain, complete		4	
<b>5</b> Gross	income from activity t	:hat is not u	ınrelated busin	ess income	e			[	5	
<b>6</b> Expen	ses attributable to inc	ome entere	d on line 5 .					[	6	
7 Exces	s exempt expenses. So and on Part II, line 12	ubtract line	5 from line 6,	but do not	enter more	than the	amount on li	ne 4. Enter	7	
									dule	A (Form 990-T) 2021

	dule A (Form 990-T) 2021				Page <b>4</b>
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting <b>A</b>	two or more periodical	s on a consolidated bas	s.	
	B □				
	c □				
	D□				
Enter	r amounts for each periodical listed above in the o	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art 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 than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pa	rt X Compensation of Officers, Direc	tors, and Trustees	(see instructions)		
	1. Name	:	<b>2.</b> Title	<b>3.</b> Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)					
	I. Enter here and on Part II, line 1				0
	rt XI Supplemental Information (see i				
		,			
				Schedul	e A (Form 990-T) 2021

efil	e GRAPHIC print	t - DO NOT PROCESS As Filed	Data	a -			I	DLN:	93393315003262
SCI	HEDULE A	Unrelated Bu	usin	ess	Taxable In	con	1e		OMB No. 1545-0047
(Fo	rm 990-T)	From an Unre							2021
	tment of the Treasury al Revenue Service	►Go to www.irs.gov/Form99 ►Do not enter SSN numbers on this form						3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ONAL CORVETTE MU	ition ISEUM FOUNDATION INC				<b>B Em</b> 74-25	iployer identific 19972	ation	number
<b>c</b> (	Jnrelated business ac	ctivity code (see instructions) ▶ 531190	D	Sequer	nce:	3	of		4
<b>E</b> 0	Describe the unrelate	ed trade or business ► RENTAL INCOME	FROM	I CONTR	ROLLED ORGANIZA	NOITA			
Pa	rt I Unrelated	Trade or Business Income			(A) Income		(B) Expense	s	(C) Net
1a	Gross receipts or sa	ales							
b	·		nce 🕨	1 <sub>c</sub>					
2		(Part III, line 8)		2					
3	<del>-</del>	act line 2 from line 1c		3					
_	Capital gain net inc	come (attach Sch D (Form 1041 or Form tions)		4a					
h	,, ,	rm 4797) (attach Form 4797) (see instruc		4b					
	Capital loss deducti		otions,	4c					
	Income (loss) from	a partnership or an S corporation (attac		5					
6	,	IV)		6		0		0	
7		inced income (Part V)		7		0		0	
8	Interest, annuities,	royalties, and rents from a controlled /I)		8	1,139		1,18	8,252	-48,740
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)		9		0		0	
10	Exploited exempt a	ctivity income (Part VIII)		10					
11	Advertising income	(Part IX)		11		0		0	
12	Other income (see	instructions; attach statement)		12					
13	Total. Combine line	es 3 through 12		13	1,139	,512	1,18	3,252	-48,740
Pai		ns Not Taken Elsewhere (See inswith the unrelated business incom-		ions fo	r limitations on	deduc	tions) Deductio	ns m	ust be directly
1	Compensation of of	fficers, directors, and trustees (Part X)						1	0
2	Salaries and wages							2	
3	Repairs and mainte	nance						3	
4	Bad debts							4	
5		itement) (see instructions) 🐕 🕠 🕟						5	91,183
6								6	
7		h Form 4562) (see instructions) .			7		1,178,965	4 1	
8		laimed in Part III and elsewhere on retu			8a		1,178,965		0
9	'							9	
10		ferred compensation plans						10	
11		rograms						11	
12	· · ·	enses (Part VIII)						12	
13	•	costs (Part IX)						13	0
14	Other deductions (	,						14	
15		3						15	91,183
16		income before net operating loss deduc						16	-139,923
17								17	120,022
18		ss taxable income. Subtract line 17 fro						18	-139,923
For P	aperwork Reduction A	Act Notice, see instructions.	Cat.	. No. 74	·U36U		Sch	edule	A (Form 990-T) 2021

ched	ule A (Form 990-T) 2021				Page 2
art	TIII Cost of Goods Sold Enter m	ethod of inventory valua	ation <b>&gt;</b>		
L	Inventory at beginning of year			1	
	Purchases			2	
	Cost of labor			3	
	Additional section 263A costs (attach statement	)		4	
	Other costs (attach statement)			5	
	Total. Add lines 1 through 5			6	
	Inventory at end of year			7	
	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, li	ine 2	8	
	Do the rules of section 263A (with respect to pr	operty produced or acquired	d for resale) apply to	the organization?	☐ Yes ☐ No
art	IV Rent Income (From Real Proper	ty and Personal Prope	erty Leased with	Real Property)	
	Description of property (property street address	, city, state, ZIP code). Che	ck if a dual-use (see	instructions)	
	<b>a</b> 🗆				
	в 🗆				
	c 🗆				
	D 🗆 🗀				
		Α	В	С	D
:	Rent received or accrued				
	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
	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)				
	Total rents received or accrued by property.  Add lines 2a and 2b, columns A through D .				
	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter he	re and on Part I line	6 column (A)	
	rotal rents received or decraed. Add line 2e cold	The result of th	re and on rure 1, me	o, column (A)	
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	، <b>Total deductions،</b> Add line 4 columns A throug	h D. Enter here and on Part	t I, line 6, column (B)		
	V Humalatad Baht Financed Tanan	- ( itti)		•	
ar		<u> </u>			
	Description of debt-financed property (street ad _	dress, city, state, ∠IP code)	). Check if a dual-use	(see instructions)	
	<u> </u>				
	B 📙				
	c ∐ 				
	D L				
_		Α	В	С	D
	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3b, columns A through D)				
	Amount of average acquisition debt on or				
	allocable to debt-financed property (attach				
	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
5	Divide line 4 by line 5	%	%	%	C
7	Gross income reportable. Multiply line 2 by line 6				
3	<b>Total gross income</b> (add line 7, columns A thr	ough D). Enter here and on	Part I, line 7, column	n(A) ▶	
	Allocable deductions. Multiply line 3c by line 6	<u>-</u> ,	· ,	· · · · · · · · · · · · · · · · · · ·	
	, , ,	ns A through D. Foton barre	and on Dart I line 7	column (P)	
	Total allocable deductions. Add line 9, colum	-		column (b) · · ·	
	Total dividends-received deductions include	d in line 10			

	dule A (Form 990-T) 2021									Page <b>3</b>
Par	t VI Interest, Annuit	ies, Roya	Ities, and Re	ents f	rom Control			·		
						1	•	ed Organizations		<del></del>
	1. Name of controlled organization		<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)			of specified ents made			6. Deductions directly connected with income in column 5
(1)	NCM MOTORSPORTS PA		47-1462434							
(2)										
(3)										
(4)										
			Non	nexemp	t Controlled Or	ganization	ıs			
	7. Taxable income	7. Taxable income 8. Ne inco (see i		<b>9.</b> Total of specific payments made		ade	that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10	
(1)	0			0		0		1,139,512		1,188,252
(2)										
(3)										_
(4)								nns 5 and 10.		d columns 6 and 11.
	ls	ome of a S		 (c)(7		► 7) Orgar	line 8,	and on Part I, column (A) 1,139,512 se instructions		er here and on Part I, line 8, column (B) 1,188,252
	1. Description of income		2. Amount of			tions direc		. Set-asides		5. Total deductions
						inected statement		ach statement)	(	and set-asides add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in a Enter here and a line 9, colum	on Part	l,				- 1	dd amounts in column 5. Enter here and on Part I, line 9, column (B)
Tota					0					0
	t VIII Exploited Exem	•	ty Income, (	otner	inan Adver	τιsing Ii	ncome (see	instructions)		
1		· —								
2	Gross unrelated business in							` ′ ⊢	2	
3	Expenses directly connected column (B)							, ,	3	
4	Net income (loss) from unre lines 5 through 7				line 3 from lin				4	
5	Gross income from activity	that is not u	ınrelated busin	ess inc	ome			[	5	
6	Expenses attributable to inc	ome entere	d on line 5 .					[	6	
7	Excess exempt expenses. S here and on Part II, line 12	ubtract line	5 from line 6,	but do	not enter more	than the	amount on li	ne 4. Enter	7	
	,			·						A (Form 990-T) 2021

	dule A (Form 990-T) 2021				Page <b>4</b>
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting <b>A</b>	two or more periodical	s on a consolidated bas	is.	
	в 🗆				
	c $\square$				
	D □				
Enter	r amounts for each periodical listed above in the c	orresponding column.			
		A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A	)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt 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 than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	iter of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pa	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		<b>2.</b> Title	<b>3.</b> Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)	See Additional Data Table				
(2)					
(3)					
(4)	I. Enter have and an Deat II. line 4				0
	I. Enter here and on Part II, line 1			<u> ▶</u>	U
Fai	Supplemental Information (see	ristructions)			
				Schedul	e A (Form 990-T) 2021

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SC	HEDULE A	Unrelated Bu	ısin	ess Ta	axable Inc	OMB No. 1545-0047		
(Fo	rm 990-T)	From an Unre	elate	ed Tra	de or Busi	ness		2021
	tment of the Treasury al Revenue Service	►Go to www.irs.gov/Form99 ►Do not enter SSN numbers on this form				Open to Public Inspection for 501(c)(3) Organizations Only		
	Name of the organiza ONAL CORVETTE MU	ation JSEUM FOUNDATION INC				Employer id -2519972	lentificatio	n number
<b>c</b> .	Jnrelated business ac	ctivity code (see instructions) ▶ 541800	D	Sequence	:: 4		of	4
E (	Describe the unrelate	ed trade or business ► ADVERTISING						
Pa	rt I Unrelated	Trade or Business Income			(A) Income	(B) E	xpenses	(C) Net
1a	Gross receipts or sa	ales						
b	·		nce 🕨	1 <sub>c</sub>				
2		(Part III, line 8)		2				<del> </del>
3	<del>-</del>	act line 2 from line 1c		3				
	Capital gain net inc	come (attach Sch D (Form 1041 or Form		4a				
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruc	tions)	4b				
	Capital loss deducti		,	4c				
5	, ,	a partnership or an S corporation (attac		5				
6	Rent income (Part I	IV)		6		0		0
7	Unrelated debt-fina	anced income (Part V)		7		0	ı	0
8		royalties, and rents from a controlled VI)		8		0		0
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)		9		0	I	0
10	Exploited exempt a	ctivity income (Part VIII)		10				
11	Advertising income	(Part IX)		11	19,8	25	3,77	1 16,054
12	•	instructions; attach statement)		12				
13		es 3 through 12		13	19,8	25	3,77	1 16,054
Pai		ns Not Taken Elsewhere (See ins with the unrelated business income		ons for li	imitations on de	ductions) D	eductions i	must be directly
1	Compensation of of	fficers, directors, and trustees (Part X)					1	0
2	Salaries and wages						2	
3	Repairs and mainte	enance					3	
4							4	
5	•	etement) (see instructions)					5	
6							6	<u> </u>
7		th Form 4562) (see instructions)			7			
8 9	•	laimed in Part III and elsewhere on retu			<u>  8a  </u> 		9	
10	Contributions to de	ferred compensation plans					10	
11	Employee benefit p	programs					11	
12		enses (Part VIII)					12	
13	Excess readership	costs (Part IX)					13	16,054
14	Other deductions (a	attach statement)					14	
15	Total deductions.	Add lines 1 through 14					15	16,054
16	Unrelated business	income before net operating loss deduc	tion. S	Subtract li	ne 15 from Part I,	line 13, colur	nn (C) <b>16</b>	0
17								0
18		ss taxable income. Subtract line 17 fro						
For P	aperwork Reduction A	Act Notice, see instructions.	Cat.	No. 7403	60		Schedul	e A (Form 990-T) 2021

	Cost of Goods Sold Enter m	ethod of inventory valu	ation ►		
L	Inventory at beginning of year			1	
	Purchases			2	
	Cost of labor			3	
	Additional section 263A costs (attach statement	)		4	
	Other costs (attach statement)			5	
	Total. Add lines 1 through 5			6	
	Inventory at end of year $\ldots$			7	
	Cost of goods sold. Subtract line 7 from line 6	. Enter here and in Part I, I	ine 2	8	
	Do the rules of section 263A (with respect to pre	operty produced or acquire	d for resale) apply to	the organization?	☐ Yes ☐ No
ar	IV Rent Income (From Real Proper	ty and Personal Prope	erty Leased with	Real Property)	
	Description of property (property street address	, city, state, ZIP code). Che	eck if a dual-use (see	instructions)	
	A		·	•	
	в				
	c 🗆				
	D				
		Α	В	С	D
	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%)				
D	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.				
	Add lines 2a and 2b, coldiniis A dirough b .				
}	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter he	re and on Part I, line	6, column (A) . 🕨	
Ļ	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
	Total deductions Add line 4 columns A through	h D. Enter here and an Par	t I line 6 column (P)		
5	<b>Total deductions.</b> Add line 4 columns A throug	h D. Enter here and on Par	t I, line 6, column (B)		
	Total deductions. Add line 4 columns A throught V Unrelated Debt-Financed Incom	· 	t I, line 6, column (B)		
s Par		e (see instructions)	· · · · · · · · · · · · · · · · · · ·		
aı	t V Unrelated Debt-Financed Incom	e (see instructions)	· · · · · · · · · · · · · · · · · · ·		
aı	t V Unrelated Debt-Financed Incom Description of debt-financed property (street ad	e (see instructions)	· · · · · · · · · · · · · · · · · · ·		
aı	<b>t V</b> Unrelated Debt-Financed Incom Description of debt-financed property (street ad	e (see instructions)	· · · · · · · · · · · · · · · · · · ·		
'aı	Description of debt-financed property (street ad B   B	e (see instructions)	· · · · · · · · · · · · · · · · · · ·		
'aı	Description of debt-financed property (street ad B C C C C C C C C C C C C C C C C C C	e (see instructions)	· · · · · · · · · · · · · · · · · · ·		D
'aı	Description of debt-financed property (street ad A	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Par	Description of debt-financed property (street ad A B C C C C C C)  Gross income from or allocable to debt-financed property	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Par	Description of debt-financed property (street ad A	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
<b>Par</b>	Description of debt-financed property (street ad A B C C C C D C C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Pau L 2 3	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Par L B a b	Description of debt-financed property (street ad A B B B B B B B B B B B B B B B B B B	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Par L 2 3 a b	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
a b c	Description of debt-financed property (street ad A B B B B B B B B B B B B B B B B B B	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
a b c	Description of debt-financed property (street ad A B B C C D D C C D D C C D D C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
a b c	Description of debt-financed property (street ad A B B C C C D D C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
Par L B a b c	Description of debt-financed property (street ad A B B C C C D D C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
ar l b c	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	e (see instructions) dress, city, state, ZIP code	B	(see instructions)	D
Par L B a b c	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	<b>e</b> (see instructions) dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	D
a b c	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	e (see instructions) dress, city, state, ZIP code	B	(see instructions)	D
a b c	Description of debt-financed property (street ad A B B C C C C C C C C C C C C C C C C C	e (see instructions) dress, city, state, ZIP code  A	B  B  %	(see instructions)  C	<b>D</b>
abc	Description of debt-financed property (street ad A B B B B B B B B B B B B B B B B B B	e (see instructions) dress, city, state, ZIP code  A	B  B  %	(see instructions)  C	<b>D</b>
a b c	Description of debt-financed property (street ad A B B C C D D D C C D D D D C C D D D D D	e (see instructions) dress, city, state, ZIP code  A  % ough D). Enter here and or	B  B  % Part I, line 7, column	C C (see instructions)	D 9

	dule A (Form 990-T) 2021	<b>D</b>	lating and B			1-10		( i		Page <b>3</b>				
Раг	t VI Interest, Annuit	iles, Roya	ities, and Ke	ents tror	n Control			<u> </u>						
	1. Name of controlled organization						2. Employer		unrelated	4. Total	of specified	ed Organization  5. Part of column that is inclu-	ımn 4	6. Deductions directly connected with
			identification number	income (loss) (see instructions)		payments made		in the controlling organization's gross income		income in column 5				
(1)								_						
(2)														
(3)														
(4)														
		_		<del></del>	ontrolled Or									
	inc		et unrelated ome (loss) instructions)	<b>9.</b> Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10					
(1)														
(2)														
(3)														
(4)														
	s					. >	line 8,	and on Part I, column (A)		er here and on Part I, line 8, column (B)				
Felf			2. Amount of					Set-asides		5. Total deductions				
	1. Description of income	=	2. Amount of	income	con	tions direc nected statement	(att	ach statement)		and set-asides add columns 3 and 4)				
(1)														
(2)														
(3)														
(4)														
			Add amounts in a Enter here and a line 9, colum	on Part I, in (A)						dd amounts in column 5. Enter here and on Part I, line 9, column (B)				
Γotal				0						0				
Part	Exploited Exen	npt Activi	ty Income, (	Other Th	an Adver	tising Ir	ncome (see	instructions)						
1	Description of exploited act	ivity:												
2	Gross unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2					
3	Expenses directly connected column (B)							' '	3					
4	Net income (loss) from unrulines 5 through 7		or business. S					·	4					
5	Gross income from activity	that is not u	ınrelated busin	ess incom	e				5					
6	Expenses attributable to inc								6					
7	Excess exempt expenses. Shere and on Part II, line 12	Subtract line	5 from line 6,	but do not	enter more	than the	amount on li	ne 4. Enter	7					
									dule	A (Form 990-T) 2021				

Schedule A (Form 990-T) 2021				Page <b>4</b>
Part IX Advertising Income				
Name(s) of periodical(s). Check box if reporting     A ☐ AMERICA'S SPORTS CAR	ng two or more periodicals	on a consolidated basi	S.	
B   A MERICA'S SPORTS CAR  B   A MERICA'S SPORTS CAR				
c □				
D □				
Enter amounts for each periodical listed above in the	corresponding column			_
ziner ameunts for each periodical notes above in an	A	В	С	D
2 Gross advertising income	19,825	<u>-</u>		
a Add columns A through D. Enter here and on	Part I, line 11, column (A)			19,825
<b>3</b> Direct Advertising costs by periodical	3,771			
a Add columns A through D. Enter here and on	Part I, line 11, column (B)			3,771
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 no complete lines 5 through 7, and enter zero or line 8				
<b>5</b> Readership costs	20,738			
6 Circulation income	4,023			
<b>7</b> Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero	16,715			
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	16,054			
<b>a</b> Add line 8, columns A through D. Enter the gr	eater of the columns total	or zero here and on Pa	art II, line 13 ►	16,054
Part X Compensation of Officers, Dire	ectors, and Trustees	(see instructions)		
1. Name	2	. Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)				
(2)				
(3)				
(4) Total. Enter here and on Part II, line 1				0
Part XI Supplemental Information (see				0
Supplemental Information (see	= mad dedona;			
		<u></u>	Schedul	e A (Form 990-T) 2021

Form 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

DLN: 93393315003262 OMB No. 1545-0172

2021

	ment of the Treasury al Revenue Service		Attach to	o your tax retu	rn.			Attachment
9)	ii Revenue Service	► Go to WM	vw.irs.gov/Form4562 fo	or instructions	and the lates	t information.		Sequence No. <b>179</b>
	e(s) shown on return			Busines	s or activity to	which this form	relates	Identifying number
AH	ONAL CORVETTE MUS	EUM FOUNDATION IN	C	I NCM MC	TORSPORTS I	PARK, INC		74-2519972
Pa	rt I Election	1 To Expense Ce	rtain Property Under			•		•
		· · · · · · · · · · · · · · · · · · ·	ed property, complete		·			
1	Maximum amount	(see instructions) •					1	1,050,00
2			ed in service (see instruction	•			2	
3			before reduction in limitat	`	•		3	2,620,00
4			from line 2. If zero or less	•			4	
5		•	line 4 from line 1. If zero o				1 _ 1	
	see instructions			_		<u> </u>	5	
6	•	(a) Description of pr	operty	(b) Cost (bus		(c) Elected co	st	
				<u> </u>	,			
7	Listed property. En	ter the amount from	n line 29		. 7			
8	Total elected cost of	of section 179 prope	rty. Add amounts in colum	nn (c), lines 6 an	d7 • • •		8	
9	Tentative deduction	n. Enter the <b>smalle</b> i	r of line 5 or line 8 · · ·				9	
LO	Carryover of disallo	owed deduction from	line 13 of your 2020 Forn	n 4562. •   •   •			10	
L <b>1</b>	Business income lin	mitation. Enter the s	maller of business income	(not less than z	ero) or line 5.	See		
	instructions. •						11	
L2	Section 179 expens	se deduction. Add lir	nes 9 and 10, but don't en	ter more than lir	ne 11 •		12	
L3	Carryover of disallo	owed deduction to 20	022. Add lines 9 and 10, le	ess line 12	▶ 13			
lote	e: Don't use Part :	II or Part III belov	v for listed property. In	istead, use Pai	t V.		•	
Par	t III Special D	epreciation Allo	wance and Other De	preciation (D	on't include	listed property.	See inst	ructions.)
L4	Special depreciatio	n allowance for qual	ified property (other than	listed property)	placed in serv	ce during the		
	tax year. See instr	uctions. • • • •					14	
L <b>5</b>	Property subject to	section 168(f)(1) e	lection • • • •				15	
16	Other depreciation	(including ACRS) .					16	
ar	MACRS I	Depreciation (Do	n't include listed prope	erty. See instr	uctions.)			
		•	Se	ection A				
L7	MACRS deductions	for assets placed in	service in tax years begin	ning before 202:	1		17	1,171,75
18		•	placed in service during th	-				
	accounts, check he	ere				▶ □		
				/ 11 - i 4h -	CI D			
	Section B—A	ssets Placed in Se	rvice During 2021 Tax Y (c) Basis for	ear Using the	Generai Depi	eciation Syste	m 	
	(-) (() - () - () - ()	(b) Month and		( I) D				(-)D
(	(a) Classification of property	year placed in	(business/investment	(d) Recovery period	(e) Convent	ion <b>(f)</b> Meth	od	(g)Depreciation deduction
	property	service	use	period				acadetion
02	3-year property		only—see instructions)					
	5-year property						-	
	7-year property							
	10-year property							
	15-year property							
	20-year property							
	25-year property			25 yrs.		S/L		
h I	Residential rental			27.5 yrs.	MM	S/L		
F	property			27.5 yrs.	MM	S/L		
iΝ	lonresidential real			39 yrs.	MM	S/L		
F	property	2021-07	613,530	39.0	MM	S/L		7,210
		on C—Assets Place	d in Service During 202	1 Tax Year Usi	ng the Altern		tion Sy	stem
	Class life					S/L		
	12-year	_		12 yrs.		S/L		
	30-year			30 yrs.	MM	S/L		
	40-year			40 yrs.	MM	S/L		
		ary (See instructi	· · · · · · · · · · · · · · · · · · ·				, ,	
		er amount from line					21	
			.4 through 17, lines 19 and	•		l. Enter here		
		•	ırn. Partnerships and S cor	•	nstructions	<del></del>	22	1,178,96
		ove and placed in se attributable to sectio	ervice during the current year 263A costs	•	. 23			

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. 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?  $\square$  Yes  $\square$  No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No (c) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 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 -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . . . . . . . . . . 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) (f) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . . . . . 31 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 . . . . . . . . . . . . No Yes No Yes No Yes No Yes No Yes No Yes 34 Was the vehicle available for personal use during off-duty hours? 35 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. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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? See instructions. . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. **Amortization** Part VI (b) (e) (f) (c) (d) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year beains percentage 42 Amortization of costs that begins during your 2021 tax year (see instructions): **43** Amortization of costs that began before your 2021 tax year . . . . . . . . . . . 43 9,287

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

9,287

## **Additional Data**

## Software ID:

**Software Version:** 

**EIN:** 74-2519972

Name: NATIONAL CORVETTE MUSEUM FOUNDATION INC