efi	le GRAPHIC pri	nt - DC	NOT PROCESS As Filed Data -	DLN	: 93393306006023	
	990-T		Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047	
Forn	990-1		(and proxy tax under section 6033(e))		2022	
		Foi	calendar year 2022 or other tax year beginning 01-01-2022 and ending 12-31-202	2	ZUZZ	
Dana	rtment of the Treasury		► Go to www.irs.gov/Form990T for instructions and the latest information.		Open to Public	
	al Revenue Service	►Do	not enter SSN numbers on this form as it may be made public if your organization is a 501	(c)(3).	Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed.	Print	Name of organization (  Check box if name changed and see instructions.) NATIONAL CORVETTE MUSEUM FOUNDATION INC	D Employer identification number 74-2519972		
	Exempt under section  501( c3 )  408(e)	1	coup exemption number e instructions)			
Ė	] 408A		City or town, state or province, and ZIP or foreign postal code BOWLING GREEN, KY 42101	F 🗆	Check box if an amended return.	
			k value of all assets at end of year ▶ 82,060,290	<u> </u>		
			501(c) corporation 501(c) trust 401(a) trust Other trust State coll	ege/uni	versity $\square$	
	Check 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	• •	· · · <b>&gt;</b> 📙	
			d Schedules A (Form 990-T)	2	. ▶ ☐Yes ✔No	
			identifying number of the parent corporation ▶	): <b>.</b> .	· P L Yes M No	
			, ,	ne num	nber ▶ (270) 777-4517	
_		3	50 CORVETTE DRIVE		(=/-,////	
	Total He		OWLING GREEN, KY 42101			
			d Business Taxable Income			
1	instructions) .		ss taxable income computed from all unrelated trades or businesses (see	1	113,818	
2	Reserved .			2		
3	Add lines 1 and 2			3	113,818	
4	Charitable contrib	outions (	see instructions for limitation rules)	4	0	
5	Total unrelated b	usiness t	axable income before net operating losses. Subtract line 4 from line 3	5	113,818	
6		-	ng loss. See instructions	6		
7	Total of unrelated Subtract line 6 from		s taxable income before specific deduction and section 199A deduction.	7	113,818	
8			ally \$1,000, but see instructions for exceptions)	8	1,000	
9	•		luction. See instructions	9	1,000	
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			
				11	112,818	
Pa	rt III Tax Con	1putati	on			
1	_		as corporations. Multiply Part I, line 11 by 21% (0.21)	1	23,692	
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 i			3		
4	Other tax amount			4		
5	Alternative minim		· · · · · · · · · · · · · · · · · · ·	5		
6			acility income. See instructions	6	22.622	
7			h 6 to line 1 or 2, whichever applies	7	23,692 Form <b>990-T</b> (2022)	
i-Or I	aperwork Reduction	ACT NOT	ice, see instructions. Cat. NO. 112913		FULLE <b>330-1</b> (2022)	

	990-T (20	,								Page <b>2</b>
Part	7 11 11 E	ax and Payments								
1a	Foreign t	ax credit (corporations attach Form 1118	; trusts attach Fo	orm 1116)	1a					
b	Other cre	edits (see instructions)			<b>1</b> b					
С	General	ousiness credit. Attach Form 3800 (see in	structions)		1c					
d	Credit fo	r prior year minimum tax (attach Form 88	301 or 8827) .		1d					
е	Total cr	edits. Add lines 1a through 1d						1e		
2	Subtract	line 1e from Part II, line 7						2		23,692
3	Other an	ounts due. Check if from: $\square$ Form 4255	☐ Form 8611	☐ Form 8	8697 E	] Form 8866	5			
		Other (atta	nch statement)					3		
4	Total ta	<b>x.</b> Add lines 2 and 3 (see instructions). $\Box$	Check if includ	es tax previ	ously de	eferred unde	r			
		294. Enter the tax amount here		'				4		23,692
5	Current i	net 965 tax liability paid from Form 965-A	A, Part II, column	(k) .				5		0
6a		s: A 2021 overpayment credited to 2022			6a		30,619			
	•	imated tax payments. Check if section 64		_	6b		•			
		sited with Form 8868	(2)		6c		25,000			
		organizations: Tax paid or withheld at sou			6d		23,000			
	_	vithholding (see instructions)	•	1.5	6e					
	•	r small employer health insurance premiu			6f					
		edits, adjustments, and payments: $\Box$ F		0511)	<del>  •  </del>					
9			01111 2439	 Total ▶	6					
7					6g			_		EE 610
7	-	yments. Add lines 6a through 6g						7		55,619
8		, , ,					. ▶⊔	8		
9		. If line 7 is smaller than the total of lines						9		
10		ment. If line 7 is larger than the total of			unt ove			10		31,927
11		amount of line 10 you want: Credited t					efunded▶	11		0
Part	S S	tatements Regarding Certain Act	tivities and O	ther Info	rmatio	<b>n</b> (see inst	ructions)			
2 3 4 5	During the If "Yes," Enter the Enter available on Scheol Post-201	Tereign Bank and Financial Accounts. If  the tax year, did the organization receive a see instructions for other forms the organ amount of tax-exempt interest received aliable pre-2018 NOL carryovers here. > lule A (Form 990-T). Don't reduce the NO 7 NOL carryovers. Enter the Business Act alow by any NOL claimed on any Schedule	a distribution from nization may hav or accrued durin \$  carryover show ivity Code and a	m, or was it e to file. g the tax ye [ wn here by a	the grance .  Do not in the deduction of	ntor of, or tr nclude any p uction report	ransferor to, a	L carryove line 4.	er shown	No No
	SHOWII DE	Business activity code	A, Fait II, line				NOL carryov	(or		
53119	90	business activity code	\$		Availab	ie post-2017	NOL Carryon	rei	139,923	
3311	<del></del>		\$						133,323	
			\$							
			\$							
6a	Did the c	rganization change its method of accoun	ting? (see instruc	tions) .						No
b	If 6a is "	Yes," has the organization described the	change on Form	990, 990-EZ	z, 990-P	F, or Form 1	.128? If "No,	' explain i	n Part V	
Par	t <b>V</b> S	upplemental Information			-	·	<u> </u>	-		
Drovic		lanation required by Part IV, line 6b. Also	nrovide any ot	her addtion:	al inform	ation See i	netructions			
	ac the exp	nanation required by Fart IV, line ob. Also	provide any or	ner additions	ar 11110111	ation. See i	11301 40010113.			
	Unde	r penalties of perjury, I declare that I have exar	nined this return, ir	cluding accon	npanying	schedules and	l statements, a	nd to the b	est of my know	ledge and
		, it is true, correct, and complete. Declaration o	f preparer (other th	an taxpayer)	is based o	on all informat	ion of which pr	eparer has	any knowledge	
Sig	n		1				-			
Hei	re 👠	SHARON BRAWNER	2023-11-02	PRESIDEN	т				RS discuss this r	
			<b>└</b>						reparer shown l ıctions)? 🗹 Ye:	
		Signature of officer	Date	Title				(see ilistic	ctions): Ex re	<u> </u>
		Print/Type preparer's name ALLISON C CARTER	Preparer's signatur	e		Date	Check I if	PTIN P01242	412	
Paic	t	ALLISON C CARTER					self-employed	1 201242	714	
	parer	Firm's name DEAN DORTON ALLEN FO	RD PLLC				Firm's EIN ▶	27-38582	52	
	Only	Figure 1 and the second of the	1400				ļ	TO) 0 == -		
	Ciny	Firm's address ► 250 W MAIN STREET STE	1400				Phone no. (8	59) 255-23	41	
		LEXINGTON, KY 40507								
									Form <b>990</b>	<b>)-T</b> (2022)

efile GRAPHIC print - DO NOT PROCESS

Name: NATIONAL CORVETTE MUSEUM FOUNDATION INC

DLN: 93393306006023

IRC Section Number Interest description Interest amount

INTEREST PAID 229,271

As Filed Data -

Total Interest Amount: 229,271

## TY 2022 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

ADMIN SERVICES 207,736

## TY 2022 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

 LOAN FEE WRITE OFF
 54,951

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	ata -					DLN:	93393306006023
SCI	HEDULE A	Unrela	ated Bus	ines	s Tax	able Inc	ome	2		OMB No. 1545-0047
(Fo	rm 990-T)	From a	ın Unrel	ated	Trade	e or Bus	ines	S		2022
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN numbers							(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ONAL CORVETTE MU	ition ISEUM FOUNDATION INC					<b>Empl</b> 4-2519	<b>oyer identific</b> 972	ation	number
<b>c</b> (	Inrelated business ac	ctivity code (see instructions)	) ▶ 561000	<b>D</b> Seq	uence:	:	1	of		4
E 0	Describe the unrelate	ed trade or business ▶ ADMII	NISTRATIVE S	ERVICE	S FROM C	ONTROLLED	ORGAN	IZATION		
Pa	rt I Unrelated	Trade or Business Inco	ome		(/	A) Income		(B) Expense	s	(C) Net
1a	Gross receipts or sa	ales 220,902								
b	Less returns and allow	vances	<b>c</b> Balance	e ▶   1	c	220,9	902			
2		(Part III, line 8)		-						
3	-	act line 2 from line 1c		<u> </u>	:	220,9	02			220,902
4a		come (attach Sch D (Form 10 ctions)		. 4	a	·				<u> </u>
b	Net gain (loss) (For	m 4797) (attach Form 4797)	) (see instructio	ns) <b>4</b>	b					
c	Capital loss deducti	ion for trusts		4	С					
5	. ,	a partnership or an S corpor	•	. 5	i					
6	Rent income (Part )	IV)		. 6	<b>i</b>		0		0	
7	Unrelated debt-fina	nced income (Part V)		. 7	'		0		0	
8		royalties, and rents from a d VI)		. ε	3		0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	9	)		0		0	
10		ctivity income (Part VIII) .								
11		(Part IX)					0		0	
12	•	instructions; attach stateme	•	-						
13		es 3 through 12				220,9			0	220,902
Pai		ns Not Taken Elsewher with the unrelated busing		uctions	for limit	ations on de	eductio	ons) Deductio	ons m	ust be directly
1	Compensation of of	fficers, directors, and trustee	s (Part X) .						1	0
2	Salaries and wages								2	
3	Repairs and mainte	enance							3	
4									4	
5	•	tement) (see instructions)							5	
6		h Farma 4563) (and in attraction				   <b>7</b>			6	
7 8		h Form 4562) (see instructio laimed in Part III and elsewh	•			. / 8a			8b	
9									9	
10		ferred compensation plans .							10	
11		rograms							11	
12		enses (Part VIII)							12	
13		costs (Part IX)							13	0
14		attach statement) 🕏							14	207,736
15	·	<del>-</del>							15	207,736
16	Unrelated business	income before net operating	loss deductio	n. Subt	ract line 1	5 from Part I,	line 13	3, column (C)	16	13,166
17		perating loss (see instruction	•						17	0
18		ss taxable income. Subtrac							18	13,166
For P	aperwork Reduction A	Act Notice, see instructions.	-	Cat. No.	740360			Sch	edule	A (Form 990-T) 2022

Sched	dule A (Form 990-T) 2022				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	d for resale) apply to t	he organization?	∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with I	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L	1			
_		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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ►	0
_	ŗ		· ·	· · · -	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			L	
5	Total deductions. Add line 4 columns A through	ph D. Enter here and on Par	t I, line 6, column (B)	· · · · · · · <u>-</u>	0
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
	A 🗆				
	в				
	c 🗆				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-				
~	financed property  Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
	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 thr	ough D). Enter here and or	n Part I, line 7, column	(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ► _	0
11	Total dividends-received deductions include	d in line 10			0
				61.11	A (Form 990-T) 2022

	ule A (Form 990-T) 2022									Page <b>3</b>
Par	VI Interest, Annuit	ies, Roya	Ities, and Re	ents fror	n Control					
							•	ed Organization		<del></del>
	1. Name of controlled organ	ization	<b>2.</b> Employer identification number			<b>4.</b> Total payme	of specified ents made for that is inc in the cont organizate gross inc		ded lling n's	<b>6.</b> Deductions directly connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt Co	ontrolled Or	ganization	S			
	7. Taxable 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)										
	s						line 8,	and on Part I, column (A)  0 ee instructions		er here and on Part I, line 8, column (B)
	1. Description of income	:	2. Amount of	income	con	tions direc nected statement	(att	Set-asides ach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)					(		<del>'</del>			
(2)										
(3)										
(4)										
			Add amounts in o Enter here and o line 9, colum	on Part I,						odd amounts in column 5. Enter here and on Part I, line 9, column (B)
Total			bu. Tananana (	Othor Th	an Advan	tining To		:		
	VIII Exploited Exem	-	ty Income, (	omer in	iali Auver	using Ir	icome (see	: 1115t1 uctions)	Т	
	Description of exploited acti	· —								
	Gross unrelated business in						•	` ′	2	
3	Expenses directly connected column (B)								3	
4	Net income (loss) from unrelines 5 through 7		or business. S						4	
5	Gross income from activity	that is not u	ınrelated busin	ess income	e				5	
6	Expenses attributable to inc								6	
7	Excess exempt expenses. S									
	here and on Part II, line 12								7	
								Sche	dule	A (Form 990-T) 2022

Sched	dule A (Form 990-T) 2022				Page <b>4</b>
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A}$	two or more periodical	s on a consolidated basi	s.	
	В				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	orresponding column.			
		Α	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	ter of the columns tota	l or zero here and on Pa	rt II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	<b>2.</b> Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2)					
(3)					
(4) Total	I. Enter here and on Part II, line 1				0
	t XI Supplemental Information (see i				
I GI	Supplemental Information (See 1	noti detionoj			
				Schedul	e A (Form 990-T) 2022

efil	e GRAPHIC print	t - DO NOT PROCESS As Filed Data	a -			D	LN:	93393306006023
SC	HEDULE A	Unrelated Busin	ess	Taxable In	con	ne		OMB No. 1545-0047
(Fo	rm 990-T)	From an Unrelat	ed T	rade or Bu	sine	ess		2022
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990T fo ► Do not enter SSN numbers on this form as it					). C	pen to Public Inspection for 01(c)(3) Organizations Only
	Name of the organiza CONAL CORVETTE MU	ation JSEUM FOUNDATION INC				nployer identifica 19972	tion	number
<b>c</b> l	Jnrelated business a	ctivity code (see instructions) ► 459420 <b>D</b>	Seque	nce:	2	of		4
E [	Describe the unrelate	ed trade or business ► GIFT SHOP						
Pa	rt I Unrelated	Trade or Business Income		(A) Income		(B) Expenses		(C) Net
1a	Gross receipts or s	ales <u>199,574</u>						
b	Less returns and allow	wances c Balance ▶	<b>1</b> c	199	,574			
2	Cost of goods sold	(Part III, line 8)	2	98	3,922			
3	Gross profit. Subtra	act line 2 from line 1c	3	100	,652			100,652
4a		come (attach Sch D (Form 1041 or Form ctions)	4a					
L-			4b					
	Capital loss deduct	rm 4797) (attach Form 4797) (see instructions)	4c					
		a partnership or an S corporation (attach	1					
	, ,	· · · · · · · · · · · · · · · · · · ·	5					
6	Rent income (Part	IV)	6		0		0	
7	Unrelated debt-fina	anced income (Part V)	7		0		0	
8		royalties, and rents from a controlled	8		0		0	
9	organizations (Part	e of section 501(c)(7), (9), or (17)	9		0		0	
10		activity income (Part VIII)	10					
11		(Part IX)	11		0		0	
12	•	instructions; attach statement)	12	100			_	100.653
13		es 3 through 12	13		,652		0	100,652
Pai		ns Not Taken Elsewhere (See instruct with the unrelated business income	ions fo	or limitations on	dedu	ctions) Deductior	ns m	ust be directly
1	Compensation of o	fficers, directors, and trustees (Part X)					1	0
2	Salaries and wages						2	
3	Repairs and mainte		• •				3	
4							4	
5 6		atement) (see instructions)					5 6	
7		th Form 4562) (see instructions)			• •		-	
8		claimed in Part III and elsewhere on return		8a			8b	
9							9	
10	•	eferred compensation plans					10	
11		programs				<b>⊢</b>	11	
12		penses (Part VIII)				F	12	
13		costs (Part IX)				F	13	0
14	Other deductions (	attach statement)				[	14	
15	Total deductions	. Add lines 1 through 14				[	15	0
16	Unrelated business	income before net operating loss deduction.	Subtrac	t line 15 from Part	I, line	e 13, column (C)	16	100,652
17	Deduction for net o	operating loss (see instructions)				[	17	0

Cat. No. 740360

18

Schedule A (Form 990-T) 2022

100,652

Unrelated business taxable income. Subtract line 17 from line 16

For Paperwork Reduction Act Notice, see instructions.

ched	ule A (Form 990-T) 2022				Page <b>2</b>
Part	Cost of Goods Sold Enter m	ethod of inventory valu	ation ►		
1	Inventory at beginning of year		. <del></del>	1	0
2	Purchases			2	98,922
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement	)		4	0
5	,			5	0
6	Total. Add lines 1 through 5			6	98,922
7	Inventory at end of year			7	0
	Cost of goods sold. Subtract line 7 from line 6				98,922
	Do the rules of section 263A (with respect to pr	<u> </u>			☐ Yes ☑ No
	IV Rent Income (From Real Proper	<u> </u>			
	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 📙				
	В 🗆				
	c ∐				
	D L				
_	Part and a second	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%)				
	but not more than 50%)				
D	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 colu	umns A through D. Enter he	re and on Part I line 6	S column (A)	0
	,	The state of the s	re and on Part 1, line t	s, column (A)	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through	h D. Enter here and on Par	t I, line 6, column (B)		0
Par	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code	). Check if a dual-use (	(see instructions)	
	A 🗆				
	В				
	c 🗆				
	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)				
	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
	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 thr	ough D). Enter here and or	Part I, line 7, column	(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
.0	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ►	0
.1	Total dividends-received deductions include	d in line 10			0

	ule A (Form 990-T) 2022									Page <b>3</b>
Par	VI Interest, Annuit	ies, Roya	Ities, and Re	ents fror	n Control					
							•	ed Organization		<del></del>
	1. Name of controlled organ	ization	<b>2.</b> Employer identification number			<b>4.</b> Total payme	of specified ents made for that is inc in the cont organizate gross inc		ded lling n's	<b>6.</b> Deductions directly connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt Co	ontrolled Or	ganization	S			
	7. Taxable 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)										
	s						line 8,	and on Part I, column (A)  0 ee instructions		er here and on Part I, line 8, column (B)
	1. Description of income	:	2. Amount of	income	con	tions direc nected statement	(att	Set-asides ach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)					(		<del>'</del>			
(2)										
(3)										
(4)										
			Add amounts in o Enter here and o line 9, colum	on Part I,						odd amounts in column 5. Enter here and on Part I, line 9, column (B)
Total			bu. Tananana (	Othor Th	an Advan	tining To		:		
	VIII Exploited Exem	-	ty Income, (	omer in	iali Auver	using Ir	icome (see	: 1115t1 uctions)	Т	
	Description of exploited acti	· —								
	Gross unrelated business in						•	` ′	2	
3	Expenses directly connected column (B)								3	
4	Net income (loss) from unrelines 5 through 7		or business. S						4	
5	Gross income from activity	that is not u	ınrelated busin	ess income	e				5	
6	Expenses attributable to inc								6	
7	Excess exempt expenses. S									
	here and on Part II, line 12								7	
								Sche	dule	A (Form 990-T) 2022

Sched	dule A (Form 990-T) 2022				Page <b>4</b>
Par	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A}$	two or more periodical	s on a consolidated basi	s.	
	В				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	orresponding column.			
		Α	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	ter of the columns tota	l or zero here and on Pa	rt II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	<b>2.</b> Title	3. Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business
(1)					
(2)					
(3)					
(4) Total	I. Enter here and on Part II, line 1				0
	t XI Supplemental Information (see i				
I GI	Supplemental Information (See 1	noti detionoj			
				Schedul	e A (Form 990-T) 2022

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -			DL	N: 93393306006023
SCI	HEDULE A	Unrela	ted Bus	siness	Taxable	Incom	e	OMB No. 1545-0047
(Fo	orm 990-T)				rade or			2022
	tment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN numbers						Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza IONAL CORVETTE MU	ition ISEUM FOUNDATION INC				<b>B Em</b> <sub>1</sub> 74-251	oloyer identificati 9972	on number
c u	Jnrelated business ac	ctivity code (see instructions)	<b>▶</b> 531190	<b>D</b> Seque	nce:	3	of	4
<b>E</b> [	Describe the unrelate	ed trade or business ▶ RENTA	AL INCOME F	ROM CONT	ROLLED ORGA	ANIZATION		
Pa	rt I Unrelated	Trade or Business Inco	ome		(A) Inc	ome	(B) Expenses	(C) Net
1a	Gross receipts or sa	ales						
b	Less returns and allow	vances	c Balanc	e <b>▶ 1</b> c				
2		(Part III, line 8)						,
3	-	act line 2 from line 1c						
4a	Capital gain net inc	ome (attach Sch D (Form 10	41 or Form					
b	Net gain (loss) (For	rm 4797) (attach Form 4797)	) (see instruction	ons) 4b				
С	Capital loss deducti	ion for trusts		4c				
5	, ,	a partnership or an S corpor	•					
6	Rent income (Part 1	IV)		. 6		0		0
7	Unrelated debt-fina	nced income (Part V)		. 7		0		0
8		royalties, and rents from a c		. 8		546,169	1,152,4	75 -606,306
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	. 9		0		0
10	Exploited exempt a	ctivity income (Part VIII) .		. 10				
11	-	(Part IX)				0		0
12	•	instructions; attach statemer	•					
13		es 3 through 12				546,169	1,152,4	
Pai		ns Not Taken Elsewher with the unrelated busing		uctions fo	or limitations	on deduct	ions) Deductions	must be directly
1	•	fficers, directors, and trustee	s (Part X) .				_	0
2	Salaries and wages						_	2
3	Repairs and mainte							3
4								1 220 274
5		stement) (see instructions) 🖺					· · · · · · · · · · · · · · · · · · ·	229,271
6		h Form 4562) (see instructio				7		5
7 8	•	n Form 4562) (see instructio laimed in Part III and elsewh	•			8a	1,143,188 1,143,188 <b>8</b>	<b>b</b> 0
8 9		iaimed in Part III and eisewn			[			b 0
10		ferred compensation plans .					<u> </u>	0
11		rograms					<u> </u>	1
12		enses (Part VIII)						2
13		costs (Part IX)						3 0
14		attach statement) 🕏						<b>4</b> 54,951
15		Add lines 1 through 14 .						5 284,222

Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss (see instructions)

18

**Unrelated business taxable income.** Subtract line 17 from line 16

17 18

16

For Paperwork Reduction Act Notice, see instructions.

-890,528 Schedule A (Form 990-T) 2022

-890,528

Sched	dule A (Form 990-T) 2022				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	d for resale) apply to t	he organization?	∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with I	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	В 🗌				
	с 📙				
	D L	1			
_		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 colu	ımns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ►	0
_	ŗ		· ·	· · · -	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			L	
5	Total deductions. Add line 4 columns A through	ph D. Enter here and on Par	t I, line 6, column (B)	· · · · · · · <u>-</u>	0
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
	A 🗆				
	в				
	c 🗆				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-				
~	financed property  Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
	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 thr	ough D). Enter here and or	n Part I, line 7, column	(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ► _	0
11	Total dividends-received deductions include	d in line 10			0
				61.11	A (Form 990-T) 2022

	dule A (Form 990-T) 2022									Page <b>3</b>
Par	t VI Interest, Annuit	ies, Roya	Ities, and Re	ents fro	m Control					
								ed Organizations		
	1. Name of controlled organi	ization	2. Employer identification number				of specified ents made	5. Part of colur that is includ in the control organization gross incom	ed ling 's	<b>6.</b> Deductions directly connected with income in column 5
(1)	NCM MOTORSPORTS PA	47-1462434								
(2)										
(3)										
(4)										
					Controlled Or	-				
	7. Taxable income	inco	et unrelated ome (loss) nstructions)	<b>9.</b> Total of spe payments m		ade that is ind controlling		of column 9 cluded in the organization's s income		Deductions directly connected with come in column 10
(1)	0			0		0		546,169		1,152,475
(2)										
(3)										
(4)								nns 5 and 10.		d columns 6 and 11.
	s	 ome of a \$		 (c)(7),		. ► 7) Orgar	line 8, d	and on Part I, column (A) 546,169 se instructions	1	er here and on Part I, line 8, column (B) 1,152,475
	1. Description of income		2. Amount of		3. Deduct	tions direc nected statement	tly 4	. Set-asides ach statement)	5	5. Total deductions and set-asides add columns 3 and 4)
(1)										
(2)										·
(3)										
/ A \										
(4)										
•			Add amounts in o Enter here and o line 9, colum	on Part I,						dd amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Total</b>			Enter here and o line 9, colum	on Part I, in (A) (		tioir T		inchruchian - N		Inter here and on Part I,
otal Pari	Exploited Exem	► npt Activi	Enter here and o line 9, colum	on Part I, in (A) (	) han Adver	tising Ir	ncome (see	e instructions)		Enter here and on Part I, line 9, column (B)
Total Part	<b>Exploited Exem</b> Description of exploited acti	► h	Enter here and of line 9, column ty Income, of	on Part I, In (A) (Other T						Enter here and on Part I, line 9, column (B)
Fotal Part 1 2	Exploited Exem Description of exploited acti Gross unrelated business in	npt Activitivity:	Enter here and of line 9, column ty Income, of trade or business	on Part I, in (A)  Other T  ss. Enter	here and on	Part I, line	e 10, column	(A)		Enter here and on Part I, line 9, column (B)
1	<b>Exploited Exem</b> Description of exploited acti	npt Activitivity:  come from to the with production in the product	Enter here and of line 9, column  ty Income, of trade or busine oction of unrela	on Part I, n (A) ( Other T  ss. Enter ted busin	here and on	Part I, line	e 10, column e and on Part	(A) I, line 10,		Enter here and on Part I, line 9, column (B)
Fotal Pari 1 2	Description of exploited acti Gross unrelated business in Expenses directly connected column (B)	npt Activity vity: come from to the production of the production o	Enter here and of line 9, column  ty Income, of trade or busine oction of unrela	on Part I, n (A)  (Dther T  ss. Enter ted busin ubtract lii	here and on less income. I	Part I, ling	e 10, column e and on Part 	(A) I, line 10,	2	Enter here and on Part I, line 9, column (B)
Fotal Pari 1 2 3	Description of exploited acti Gross unrelated business in Expenses directly connected column (B) Net income (loss) from unre lines 5 through 7	npt Activity vity: come from to the production of the production o	ty Income, (trade or busine siction of unrelation of business. S	on Part I, n (A)  (Dther T  ss. Enter ted busin ubtract lii	here and on less income. I 	Part I, ling	e 10, column e and on Part 	(A) I, line 10,	2 3	Enter here and on Part I, line 9, column (B)
Fotal Part 1 2 3	Description of exploited acti Gross unrelated business ind Expenses directly connected column (B)  Net income (loss) from unre lines 5 through 7  Gross income from activity to	npt Activity vity: come from to d with produ	ty Income, trade or busine scition of unrelated business. S	on Part I, In (A)  (C)  Other T  ss. Enter ted busin  ubtract lii ess incom	here and on less income. I ne 3 from line	Part I, ling	e 10, column and on Part  ain, complete	(A) I, line 10,	2 3 4	Enter here and on Part I, line 9, column (B)
Fotal Pari 1 2 3 4	Description of exploited acti Gross unrelated business in Expenses directly connected column (B) Net income (loss) from unre lines 5 through 7	npt Activity:  come from to discount trade  that is not unome entere	trade or busine or business. S or business. S inrelated busin d on line 5	on Part I, In (A)  Sther T  ss. Enter ted busin  ubtract lii  sss. incom	here and on less income. I ne 3 from line	Part I, line Enter here e 2. If a ga	e 10, column a and on Part  ain, complete	(A)	2 3 4 5	Enter here and on Part I, line 9, column (B)

	dule A (Form 990-							Page <b>4</b>	
		sing Income		. 1. 1	11.1.1				
1	Name(s) of perio	odical(s). Check box if re	eporting tw	o or more periodical	s on a consolidated	basis.			
	в 🗆 — — — — — — — — — — — — — — — — — —								
	c 🗆 ———								
	<b>D</b>								
Enter	amounts for each	periodical listed above	in the corr	esponding column.					
				A	В		С	D	
2	Gross advertising	g income							
а	Add columns A t	hrough D. Enter here ar	nd on Part I	, line 11, column (A	)			0	
3	Direct Advertisin	g costs by periodical	$\Box$						
а	Add columns A t	hrough D. Enter here ar	nd on Part I	, line 11, column (B	)			0	
4	line 2. For any cogain, complete li column in line 4 complete lines 5	(loss). Subtract line 3 f olumn in line 4 showing nes 5 through 8. For an showing a loss or zero, through 7, and enter z	a y do not ero on						
5	Readership costs								
6		ne							
7	Excess readershi	p costs. If line 6 is less ine 6 from line 5. If line	5 is						
8	deduction. For ea	p costs allowed as a ach column showing a g lesser of line 4 or line 7							
а	Add line 8, colun	nns A through D. Enter	the greater	of the columns tota	l or zero here and o	on Part I	I, line 13 ▶	0	
Pa	rt X Comper	nsation of Officers,	Director	s, and Trustees	(see instructions	5)			
		1. Name			2. Title		<b>3.</b> Percentage of time devoted to business	<b>4.</b> Compensation attributable to unrelated business	
(1)	See Additional Da	ta Table							
(2)									
(3)									
<u>(4)</u>									
		on Part II, line 1					>	0	
Par	t XI Suppler	mental Information	ı (see inst	ructions)					
	Part Number	Line Number			Explanation			Amount	
	SCHEDULE A  7 AND 8  NATIONAL CORVETTE MUSEUM FOUNDATION, INC., HEREBY ELECTS, PURSUANT TO IRC SEC. 168(K)(7), NOT TO CLAIM THE ADDITIONAL DEPRECIATION ALLOWABLE UNDER IRC SEC. 168(K) FOR THE FOLLOWING QUALIFYING PROPERTY PLACED IN SERVICE DURING THE TAX YEAR ENDING DECEMBER 31, 2022: ALL PROPERTY IN THE 7 YEAR CLASS. SEE ATTACHED FORM 4562.								

Schedule A (Form 990-T) 2022

efil	e GRAPHIC print	- DO NOT PROCESS As Filed D	Data -			DLN	: 93393306006023
SC	HEDULE A	Unrelated Bus	siness	Taxable In	con	1e	OMB No. 1545-0047
(Fc	orm 990-T)	From an Unrel					2022
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990 ► Do not enter SSN numbers on this form					Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza IONAL CORVETTE MU	tion SEUM FOUNDATION INC				iployer identification 19972	n number
C I	Jnrelated business ac	ctivity code (see instructions) ▶ 541800	<b>D</b> Seque	ence:	4	of	4
E I	Describe the unrelate	d trade or business ► ADVERTISING					
Pa	rt I Unrelated	Trade or Business Income		(A) Income		(B) Expenses	(C) Net
1a	Gross receipts or sa	ales					
b	Less returns and allow	vances <b>c</b> Balanc	e <b>▶ 1</b> c				
2		(Part III, line 8)					
3		act line 2 from line 1c					
4a		ome (attach Sch D (Form 1041 or Form					
	1120)) (see instruc	tions)	. 4a				
	- , , ,	m 4797) (attach Form 4797) (see instruction	· -				
	Capital loss deducti		4c				
5	` ,	a partnership or an S corporation (attach					
6	•	(V)			0	(	
7		nced income (Part V)			0		
8	Interest, annuities,	royalties, and rents from a controlled			0	(	
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)	. 9		0	(	
10	·	ctivity income (Part VIII)					
11	Advertising income	(Part IX)	. 11	16	,770	2,813	13,957
12	•	instructions; attach statement)					
13		es 3 through 12		· '	,770	2,813	<u> </u>
Pa		ns Not Taken Elsewhere (See instr with the unrelated business income	uctions f	or limitations on o	deduc	tions) Deductions r	must be directly
1	Compensation of of	ficers, directors, and trustees (Part X) .				1	0
2	Salaries and wages					2	
3	Repairs and mainte	nance				3	
4						4	
5		, ,				5	
6				1 1		6	
7 8		h Form 4562) (see instructions) laimed in Part III and elsewhere on return				8b	
9	'					9	
10	•	ferred compensation plans				· · · · · <del>  ·</del>	
11		rograms					
12		enses (Part VIII)					
13		costs (Part IX)					
14	Other deductions (a						<del>-</del>
15	,	Add lines 1 through 14					
16	Unrelated business	income before net operating loss deduction	on. Subtra	ct line 15 from Part	I, line	13, column (C) <b>16</b>	0
17	Deduction for net o	perating loss (see instructions)				17	0
18	<b>Unrelated</b> busine	ss taxable income. Subtract line 17 fron	n line 16			18	

Cat. No. 740360

Schedule A (Form 990-T) 2022

For Paperwork Reduction Act Notice, see instructions.

Sched	dule A (Form 990-T) 2022				Page <b>2</b>
Par	Cost of Goods Sold Enter m	ethod of inventory valu	ation ▶		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement	)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	d for resale) apply to t	he organization?	∐ Yes
Par	t IV Rent Income (From Real Proper	ty and Personal Prop	erty Leased with I	Real Property)	
1	Description of property (property street address	, city, state, ZIP code). Ch	eck if a dual-use (see i	nstructions)	
	A 🔲				
	в 🗌				
	с Ц				
	D L				
_		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 colu	mns A through D. Enter he	ere and on Part I, line 6	5, column (A) . ►	0
_	ŗ		· ·	· · · -	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			L	
5	Total deductions. Add line 4 columns A through	h D. Enter here and on Par	t I, line 6, column (B)	· · · · · · · <u>-</u>	0
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (street ad	dress, city, state, ZIP code	). Check if a dual-use	(see instructions)	
	A 🗆				
	в				
	c 🗆				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-				
~	financed property  Deductions directly connected with or allocable				
3	to debt-financed property				
а	Straight line depreciation (attach statement)				
	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 thr	ough D). Enter here and or	n Part I, line 7, column	(A) ▶	0
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, colum	ns A through D. Enter here	and on Part I, line 7,	column (B) ► _	0
11	Total dividends-received deductions include	d in line 10			0
				C-l d-d-	A (Form 990-T) 2022

	ule A (Form 990-T) 2022									Page <b>3</b>
Part	VI Interest, Annuit	ies, Roya	Ities, and Re	ents fror	n Control					
							•	ed Organization		<del></del>
:	1. Name of controlled organ	ization	<b>2.</b> Employer identification number			4. Total of specified payments made		5. Part of column that is included in the controllin organization's gross income		<b>6.</b> Deductions directly connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization	s			
	7. Taxable 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 come in column 10
(1)										
(2)										
(3)										
(4)									<u> </u>	
Totals Part	VII Investment Inco						line 8,	and on Part I, column (A)  0 ee instructions		er here and on Part I, line 8, column (B)
	1. Description of income	:	2. Amount of	income	con	tions direc nected statement	(att	Set-asides ach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)					(		,			
(2)										
(3)										
(4)										
			Add amounts in o Enter here and o line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals			bu. Tananana (	Othor Th	an Advan	tining To		:		
	VIII Exploited Exem	-	ty Income, (	omer in	iali Auver	using Ir	icome (see	: 1115t1 uctions)	Т	
	Description of exploited acti	· —								
	Gross unrelated business in						•	` ′	2	
	Expenses directly connected column (B)								3	
	Net income (loss) from unre lines 5 through 7		or business. S						4	
5	Gross income from activity	that is not u	ınrelated busin	ess income	e				5	
	Expenses attributable to inc								6	
	Excess exempt expenses. S									
	here and on Part II, line 12		<u></u>						7	
								Sche	dule	A (Form 990-T) 2022

	dule A (Form 990-T) 2022				Page <b>4</b>
	Advertising Income		P. L. T. L. 1		
1	Name(s) of periodical(s). Check box if reporting  A   AMERICA'S SPORTS CAR	two or more periodicals	on a consolidated basi	S.	
	B   AMERICA'S SPORTS CAR				
	c □				
	D 🗆				
Enter	amounts for each periodical listed above in the o	corresponding column.			
	·	A	В	С	D
2	Gross advertising income	16,770			
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (A)			16,770
3	Direct Advertising costs by periodical	2,813			
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)			2,813
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	13,957			
5	Readership costs	27,188			
6	Circulation income	4,105			
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	23,083			
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 .	13,957			
a	Add line 8, columns A through D. Enter the grea	ater of the columns total	or zero here and on Pa	art II, line 13 ▶	13,957
Pa	rt X Compensation of Officers, Direc	tors, 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)	I. Enter here and on Part II, line 1				0
	t XI Supplemental Information (see		<del></del>		0
Fai	Supplemental Information (see	instructions)			
				Sahadul	e A (Form 990-T) 2022
				Schedul	C A (101111 330-17 2022

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93393306006023 OMB No. 1545-0172 Depreciation and Amortization Form 4562 (Including Information on Listed Property) Department of the Treasury Attach to your tax return. Internal Revenue Service Sequence No. 179 Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Business or activity to which this form relates **Identifying number** NATIONAL CORVETTE MUSEUM FOUNDATION INC 74-2519972 NCM MOTORSPORTS PARK, INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) • • • • • • • • • • • • • • 1,080,000 1 Total cost of section 179 property placed in service (see instructions) · · · · · 2 3 2,700,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- · · · · Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, (b) Cost (business use 6 (a) Description of property (c) Elected cost Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 · · · 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562. • 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Don't include listed property. See instructions.) **Section A** MACRS deductions for assets placed in service in tax years beginning before 2022 · · · 17 1,075,338 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation (f) Method year placed in (business/investment (e) Convention property period deduction service use only-see instructions) 19a 3-year property **b** 5-year property 314,133 200 DB 44,877 c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property ММ 27.5 yrs. S/L h Residential rental property MM 27.5 yrs. S/L ММ S/L 39 yrs. i Nonresidential real ММ 22,973 property 1,131,720 39.0 S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. c 30-year 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV 21 Listed property. Enter amount from line 28 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 instructions 1,143,188 23 For assets shown above and placed in service during the current year, enter the For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 12906N Form 4562 (2022)

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.

		,	()	(-)	-,			,									
Sec	tion A—Depre	eciation a	nd Other Inf	ormation (Cau	ıtion	: See	the ins	truction	ons fo	or limi	ts for p	assen	iger a	utom	obile:	s. <b>)</b>	
24	Do you have evid	lence to supp	ort the business/in	vestment use claime	ed? 🗆	Yes [	No	24b	If "Ye:	s," is th	ne evide	nce wr	itten?	- □ v	es [	No	
Тур			Ва	(e) Basis for depreciation business/investment use only)  (f) Recovery period			f) overy	(g) Methi Conver	) od/	(h) Depreciation/ deduction			(i Elec section co	ted n 179			
25			nce for qualified	l listed property pl siness use. See ins			ice durir	-	-		25						
26 ⊦	Property used mo	re than 50%	6 in a qualified l	ousiness use:													
			%														
			% %														
<b>7</b> F	Property used 50	% or less in		ness lise.													
	Topolity asca so	70 01 1000 111	%	l l						9	5/L -						
			%							-	5/L -						
_			%	<u> </u>						9	5/L -						
		. ,	•	gh 27. Enter here							28			ı			
29	Add amounts in	n column (i),		nere and on line 7,									•	29			
			s used by a sole	Section B—Inf proprietor, partno ection C to see if y	er, or	other '	'more th	nan 5%	own	er," or						vehicle	s to
				,		( a	a)	(l	o)	(	(c)	(	d)	(4	e)		f)
30	Total business/i ( <b>don't</b> include o					Vehi	cle 1	Vehi	cle 2	Veh	icle 3	Vehi	cle 4	Vehi	cle 5	Vehi	cle 6
31	Total commuting	g miles drive	en during the ye	ar	.												
	Total other pers	-															
	Total miles drive through 32	en during th	e year. Add line	s 30													
34	Was the vehicle	available fo	r personal use		_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle owner or related	used prima															
36	Is another vehic	de available	for personal use	e?													
		ons to deteri	mine if you mee	for Employers t an exception to e											more	than 5	5%
37	Do you maintai employees?			t that prohibits all						ng com		by yo	ur • •		Ye	es	No
38	Do you maintai See the instruc	n a written tions for vel	policy statement	t that prohibits pe orporate officers, o	rsonal directo	l use of	f vehicle 1% or r	s, exc nore o	ept co wners	mmuti	ng, by y	our en	nploye	es?			
	Do you treat al	l use of vehi	cles by employe	ees as personal us	e? .												
10			five vehicles to or formation receive	your employees, o	btain	inform	ation fro	om you	ur em	oloyees	about t	he use	of th	e •			
11	Do you meet th	ne requireme	ents concerning	qualified automob	oile de	monsti	ration us	se? Se	e instr	uctions	5					T	
	Note: If your a	answer to 3	7, 38, 39, 40 <i>,</i> oi	41 is "Yes," don't	t com	plete S	ection B	for th	e cove	ered ve	hicles.						
Pa	rt VI Am	ortization	า												•		
	(a) (b) (c) Date Amortizable amount			e	(d) Code section  (e) Amortization period or			ation or	(f Amortiza this y			ation for					
42	Amortization of	costs that b	begins egins during you	ur 2022 tax year (	see in	nstructi	ons):				percent	9c					
		T		, (						Т							
 43	Amortization of	costs that b	egan before vou	ır 2022 tax year		· · ·						. 1	43				9,28
				instructions for wh	hara +	o renor	+	-	-	-	•	F	44				9 28

## Additional Data

## Software ID: Software Version:

**EIN:** 74-2519972

Name: NATIONAL CORVETTE MUSEUM FOUNDATION INC.