EXTENDED TO A	AUGUST	17, 2020 _	_	٠.				
Form 990-T Exempt Organization B			ax Return)	OMB No 1545-0687			
(and proxy tax u					0040			
For calendar year 2018 or other tax year beginning OCT				<u>9</u>	2018			
Départment of the Treasury				٩١	Open to Public Inspection for 501(c)(3) Organizations Only			
address changed Name of organization (Gheck box it na	Check box if Name of organization (Check box if name changed and see instructions.)							
B Exempt under section Print DE ETTE HOLDEN CUMME	R MUSI	EUM FOUNDATI	ON	5	9-2191587			
X 501(C)(3) Number, street, and room or suite no. If a P.C). box, see II	structions.			lated business activity code instructions)			
408(e) 229(e) Type 829 RIVERSIDE AVE.		<u>-</u>		1				
408A 530(a) City or town, state or province, country, and 2 JACKSONVILLE, FL 32				453	220_			
C Book value of all assets at end of year								
51,035,426. G Check organization type X 501(c)	corporation	501(c) trust	401(a) trust	Other trust			
H Enter the number of the organization's unrelated trades or businesses.	3		the only (or first) ur					
trade or business here RETAIL SALES/RENTAL REV			complete Parts I-V.		· ·			
describe the first in the blank space at the end of the previous sentence, comple	te Parts I an	d II, complete a Schedule	M for each addition	al trade	e or			
business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a	narant-cube	udiany controlled group?		T Y	es X No			
If "Yes," enter the name and identifying number of the parent corporation.	parent-subs	idially controlled group.		''	CS [21] NO			
J The books are in care of THE ORGANIZATION		Telepho	one number 🕨 9	04-	356-6857			
Part J' Unrelated Trade or Business Income		(A) Income	(B) Expense:		(C) Net			
1a Pross receipts or sales 324,748.								
b Less returns and allowances 31,284. c Balance	▶ 1c	293,464.						
2 Cost of goods sold (Schedule A, line 7)	2	224,464.						
3 Gross profit. Subtract line 2 from line 1c	3	69,000.			69,000.			
4a Capital gain net income (attach Schedule D)	4a	<u> </u>						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			/ -	 			
c Capital loss deduction for trusts	4c 5			/	<u> </u>			
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C)	6							
7 Unrelated debt-financed income (Schedule E)	7		A. r. r. r.					
Interest, annuities, royalties, and rents from a controlled organization (Schedu	<u> </u>							
Interest, annuities, royalties, and rents from a controlled organization (Schedul Investment income of a section 501(c)(7), (9), or (17) organization (Schedul Exploited exempt activity income (Schedule I)			1					
Exploited exempt activity income (Schedule I)	10							
Adverysing income (Schedule J)	11	<i>/</i> ·						
12 Other income (See instructions, attach schedule)	12	<u>/</u>			50.000			
13 Toyal. Combine lines 3 through 12	13	/ 69,000.			69,000.			
Part II Deductions Not Taken Elsewhere (See instruction (Except for contributions, deductions must be directly connected to the contributions).	ns for limit ected with	ations on deductions.) the unrelated business	income)					
	,010d 11 juii			144	T			
 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 	1			15	4,893.			
16 Repairs and maintenance				16	5,728.			
	DEG			17	,			
18 Interest (attach schedule) (see instructions)	KECE	IVED		18				
19 Taxes and licenses		်		19	4,962.			
19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules)	UG 🕜	2020		20				
21 Depreciation (attach Form 4562)			6,911.					
22 Less depreciation claimed on Schedule A and elsewhere on return	OGDE	N. 11T 22a		22b	6,911.			
23 Depletion		101		23				
24 Contributions to deferred compensation plans				24	10,039.			
25 Employee benefit programs 26 Excess exempt expenses (Schedule I)				25 26	10,033.			
26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J)				27	 			
28 Other deductions (attach schedule)		SEE STAT	EMENT 1	28	17,547.			
29 Total deductions. Add lines 14 through 28			_	29	50,080.			
30 Unrelated business taxable income before net operating loss deduction. Sul	btract line 2	9 from line 13		30	18,920.			
31 Deduction for net operating loss arising in tax years beginning on or after J			- [,	31	-			
32 Unrelated business taxable income. Subtract line 31 from line 30		· IMI		32	18,920.			
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.			•	[Form 990-T (2018)			

Form 990-	/	DE ETTE HOLDEN CUM		ION	59-219	1587	Page 2
Part	<u> </u>	otal Unrelated Business Taxab	ele Income				
33	Total o	f unrelated business taxable income compute	d from all unrelated trades or business	es (see instructions)	1	38	27,717.
34	Amour	nts paid for disallowed fringes	/	· \ \ \ .	.l .	34	
35	`Deduct	tion for net operating loss arising in tax years	beginning before January 1, 2018 (see	instructions S	TMT 2	35	<u> </u>
36		f unrelated business taxable income before s	,	1 (/ 1) / 1	1		
		3 and 34		LIM.	1	36	
37		c deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)	1 ~	8	37	1,000.
38		ted business taxable income. Subtract line		n line 36	•		
,		he smaller of zero or line 36		5 5 5,		38	0.
Part I		ax Computation				1 40	
/ /39			no 39 hy 219/ (0 21)			39	0.
,		zations Taxable as Corporations. Multiply li		ount on line 20 from:		39	
40		Taxable at Trust Rates. See instructions for		ount on line 38 from:			
		ax rate schedule or Schedule D (For	m 1041)			40	
41	_	tax. See instructions				41	
42	Alterna	ative minimum tax (trusts only)				42	
43	Tax on	Noncompliant Facility Income. See instruct	tions			43	
44		Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies			44	0.
Part	<u> </u>	ax and Payments					
1 / 45a	Foreigi	n tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	45a		1	
b	Other	credits (see instructions)		45b			
C	Genera	al business credit. Attach Form 3800		45c			
d	Credit	for prior year minimum tax (attach Form 880	1 or 8827)	45d		1	
-		credits. Add lines 45a through 45d	,			45e	
46		act line 45e from line 44				46	0.
47		taxes. Check if from: Form 4255	Form 8611 Form 8697 Fo	rm 8866 Other	(attach schedule)	47	
48		ax. Add lines 46 and 47 (see instructions)			,,	48	0.
		net 965 tax liability paid from Form 965-A or F	Form 965-R Part II column (k) line 2			49	0.
49			omi 303-b, Fait II, Column (K), line 2	50a		"	
		ents: A 2017 overpayment credited to 2018				1	
		estimated tax payments		50b		1	
		posited with Form 8868		50c		1	
	_	n organizations: Tax paid or withheld at source	e (see instructions)	50d		1	
		p withholding (see instructions)		50e	•	1 1	
f	Credit	for small employer health insurance premium	is (attach Form 8941)	501		1 1	
g	g Other	credits, adjustments, and payments: 🖳 Fo	orm 2439				
	F	Form 4136 Ot	ther Total	▶ 50g			
51	Total	payments. Add lines 50a through 50g				51	
52	Estima	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨 🔙			52	
/ \ 53	Tax du	re. If line 51 is less than the total of lines 48,	49, and 52, enter amount owed		>	53	·
1)_54	Overp	ayment. If line 51 is larger than the total of lii	nes 48, 49, and 52, enter amount overpa	aid	>	54	
55	Enter t	the amount of line 54 you want: Credited to 2	019 estimated tax	R	efunded 🕨	55	
Part '	VI S	statements Regarding Certain	Activities and Other Inform	ation (see instru	uctions)		
56	At anv	time during the 2018 calendar year, did the c	organization have an interest in or a sign	ature or other author	rity		Yes No
	-	financial account (bank, securities, or other)					
		N Form 114, Report of Foreign Bank and Final					
	here		,				<u> </u>
57		the tax year, did the organization receive a d	istribution from or was it the grantor of	f or transferor to a fo	oreian trust?		<u> </u>
3,		." see instructions for other forms the organization		, 01 (14110101010110, 411	orongii ti dot		
58		the amount of tax-exempt interest received or					
		der penalties of perjury, I declare that I have examined		and statements, and to th	e best of my knowled	dge and be	lief, it is true,
Sign	con	rect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which p	preparer has any knowled	ge .		
Here		W. Ja Verre	1X-13-20 N TNOR	RIM DIRECT	rob W	-	discuss this return with
		Signature of officer	Date Title	KIM DIRECT		e preparer : structions)?	shown below (see
				Ta. T			
		Print/Type preparer's name	Preparer's signature	Date		f PTIN	
Paid				07/00/00	self- employed		0005406
Prep	arer	JAMES A. HALLERAN	JAMES A. HALLERAN	07/29/20	1_ +		0005496
Use (Firm's name ► JAMES MOORE			Firm's EIN	59	-3204548
	-		IVE CIRCLE		_		4
		Firm's address ► DAYTONA BE	ACH, FL 32114-1180)	Phone no. 3	86-2	57-4100
823711 0	1-09-19						Form 990-T (2018)

Schedule A - Cost of Good	s Sold. Fnte	r method of inven	tory valuation COS	ייי		·
1 Inventory at beginning of year	1	203,348.	6 Inventory at end of ye			6 224,392.
2 Purchases	2	157,200.			ine 6	IJ,
3 Cost of labor	3	65,563.	from line 5. Enter here			?¥
4a Additional section 263A costs		<u> </u>	line 2	····',	7 224,464.	
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
•	* 4b	22,745.	-	•	•	, ,
5 Total. Add lines 1 through 4b	5	448,856.		aoquirou	tor roomby apply to	X
Schedule C - Rent Income				Lease	d With Real Prope	
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)			=			
(4)						
	2. Rent recei	ved or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	nd personal property (If the percent tersonal property exceeds 50% or If at is based on profit or Income)	age	3(a) Deductions directly c columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)	-	<u> </u>				
(3)						
(4)		-				
Total	0.	Total		0.	 	
(c) Total income. Add totals of columns	2(a) and 2(b). E	nter			(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, colum Schedule E - Unrelated Det		Income (see	instructions)	0.	Part I, line 6, column (B)	<u> </u>
· ·			2. Gross Income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fu	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				+		
(2)						
(3)			<u> </u>			
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of o	ge adjusted basis r allocable to nanced property ch schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
			,,		inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			_		0.	0.
Totals Total dividends-received deductions	neluded in colum	nn R	_			0.

Form 990-T (2018)

Form 990-T (2018) DE ETT	E HOLDEN CU	MMER MUSE	UM FOUNDATI	ON	59-21	91587	Page 4
Schedule F - Interest, A	Annuities, Royal	ies, and Rents	From Controlle	d Organizati	ions (see in:	structions)
		Exempt	Controlled Organizati	ons			
Name of controlled organizat	Name of controlled organization Cantrolled organization			ments made	5. Part of column 4 included in the cont organization's gross	trolling	6. Deductions directly connected with income in column 5
(1)		- 				-	
(1)							
(2)		 			· · · · · ·		
			-		* .	-+	· · · · · · · · · · · · · · · · · · ·
_(4)							
Nonexempt Controlled Organiz	zations						
7, Taxable Income	8. Net unrelated incom (see instructions		of specified payments made	10 Part of column in the controlling gross in	g organization's		uctions directly connected income in column 10
(4)						 	
(1)		•				 	
						├	
(3)						<u> </u>	
(4)		·				L	
				Add column: Enter here and oi line 8, col	n page 1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals			•		0.		0.
Schedule G - Investme		Section 501(c)(7	7), (9), or (17) Org	ganization		<u> </u>	
1. Desc	ription of income		2. Amount of income	3. Deductions directly connect (attach schedul	ed 4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							, , , , , , , , , , , , , , , , , , , ,
(2)						-	
							+
(3)							
(4)			Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)
		_					
Totals			0.	L			0.
Schedule I - Exploited (see instru	•	income, Other	r I nan Advertisir	ng Income	<u>, </u>		1
Description of exploited activity	2. Gross unrelated business income from	3. Expenses directly connected with production	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a	5. Gross incom from activity that is not unrelated	at attribu	penses	7. Excess exempt expenses (column 6 minus column 5,
,	trade or business	of unrelated business income	gain, compute cols 5 through 7	business incom	ne COIL	umn 5	but not more than column 4)
(4)							
(1)			ļ	1			
(2)							
(3)							
(4)							
	Enter here and on	Enter here and on					Enter here and
	page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)					on page 1, Part II, line 26
							· ·
Totals	0.	0.					0.
Schedule J - Advertisi							
Part I Income From	Periodicals Rep	orted on a Con	solidated Basis				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compu cols 5 through 7		on 6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)	<u> </u>		7			$\neg \neg$	
			\dashv				
(4)						\longrightarrow	
			,				^
Totals (carry to Part II, line (5))	<u> </u>	0.]0).		L		0.
							Form 990-T (2018

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

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	T			:			
(2)	Î						
(3)							
(4)							
Totals from Part I	▶	0.	0.		•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ADVERTISING EXPENSE BANK FEES WEBSITE INSURANCE PROFESSIONAL SERVICES SECURITY TELEPHONE & UTILITIES		1,653. 7,784. 615. 1,335. 993. 1,688. 3,479.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	17,547.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/08	25,802.	10,207.	15,595.	15,595.
09/30/09	25,626.	0.	25,626.	25,626.
09/30/10	20,823.	0.	20,823.	20,823.
09/30/11	42,255.	0.	42,255.	42,255.
09/30/12	9,881.	0.	9,881.	9,881.
09/30/15	9,393.	0.	9,393.	9,393.
09/30/16	4,284.	0.	4,284.	4,284.
09/30/18	69,541.	0.	69,541.	69,541.
NOL CARRYO	VER AVAILABLE THIS	YEAR	197,398.	197,398.

FORM 990-T	COST OF	GOODS	SOLD	- OTHER	COSTS	STATEMENT 3
DESCRIPTION						AMOUNT
ADVERTISING/PROMOTION EVENT COSTS LICENSES AND FEES OTHER EXPENSE REPAIRS & MAINTENANCE SUPPLIES TRAVEL FREIGHT & POSTAGE						1,243. 3,628. 402. 184. 625. 1,782. 3,361. 11,520.
TOTAL TO FORM 990-T, S	CHEDULE	A, LIN	E 4B			22,745.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning $\frac{OCT\ 1,\ 2018}{}$, and ending $\frac{SEP\ 30,\ 2019}{}$ ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

501(c)(3) Organizations Only

Name	of the organization DE ETTE HOLDEN CUMMER M	ISEI	M FOUNDA	TON	Employer idea 59-21		
	Inrelated business activity code (see instructions) > 72232		11 1 001121		, 0, 22		
	Describe the unrelated trade or business CATERING		THER MISC	CELLAN	EOUS AC	rivi	TIES
=	t I Unrelated Trade or Business Income	e (B) Expen		Ī	(C) Net		
1 a	Gross receipts or sales			1.	,		•
b	Less returns and allowances c Balance ▶	1c					·
2	Cost of goods sold (Schedule A, line 7)	2	-			\dashv	<u></u>
3	Gross profit. Subtract line 2 from line 1c	3		<u></u>	 :	\dashv	
4 a	Capital gain net income (attach Schedule D)	4a			 -	+	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b_					····
C	Capital loss deduction for trusts	4c			······································		
5	Income (loss) from a partnership or an S corporation (attach			1	•	٠,	
	statement)	5				-	-
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7			-		
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11		<u> </u>			20 (50
12	Other income (See instructions, attach schedule) STMT 4	12		658.			20,658.
<u>13</u>	Total. Combine lines 3 through 12	13	20,	658.	-		20,658.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the under the connected with the under the connected with	ions 1 unrela	for limitations ated business	on dedu income	uctions.) (Exc .) 	ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	0: 40.4
16	Repairs and maintenance					16	3,434.
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)		1	í		20	
21	Depreciation (attach Form 4562)		21	Ц		<u> </u>	
22	Less depreciation claimed on Schedule A and elsewhere on return		22	a		22b_	
23	Depletion					23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	
26	Excess exempt expenses (Schedule I)					26	
27	Excess readership costs (Schedule J)					27	0 (0.7
28	Other deductions (attach schedule)		SEE	STATE	MENT 5	28	8,427.
29	Total deductions. Add lines 14 through 28					29	11,861.
30	Unrelated business taxable income before net operating loss dedu				3	30	8,797.
31	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018	3 (see		 	

instructions)

Schedule M (Form 990-T) 2018

Unrelated business taxable income. Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER	INCOME	STATEMENT 4
DESCRIPTION			TRUOMA
CATERING COMMISSION LICENSING AND REPRODUCTION PHOTOGRAPHY PERMITS	ON		17,841. 2,367. 450.
TOTAL TO SCHEDULE M, PART	r I, LINE 12		20,658.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 5
DESCRIPTION			AMOUNT
CONTRACT SERVICES ADVERTISING TECHNOLOGY OFFICE EXPENSE SECURITY TELEPHONE & UTILITIES			2,222. 1,087. 352. 1,042. 1,111. 2,613.
TOTAL TO SCHEDULE M, PART	r II, LINE 28		8,427.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

501(c)(3) Organizations Only

Name	of the organization DE ETTE HOLDEN CUMMER M	JSEU	M FOUNDATION	Employer ide 1 59-21		
	Inrelated business activity code (see instructions) 53200 RENTAL IN					- -
Pai		COM	(A) Income	(B) Expense	s	(C) Net
12	Gross receipts or sales		<u> </u>			
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
-	statement)	5				,
6	Rent income (Schedule C)	6	94,492.	111,8	96.	-17,404.
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
-	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule)	12				
13	Total, Combine lines 3 through 12	13	94,492.	111,8	96.	-17,404.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the understanding the the understand the understanding	unrela	ted business incon	ne.)	cept io	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	F 400
16	Repairs and maintenance				16	5,180.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		ı (46 406	20	
21	Depreciation (attach Form 4562)		21	16,126.	_	16 106
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	16,126.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26_	
27	Excess readership costs (Schedule J)		455 4m2		27	12 (76
28	Other deductions (attach schedule)		SEE STA	rement 6	28	13,676.
29	Total deductions. Add lines 14 through 28				29	34,982.
30	Unrelated business taxable income before net operating loss dedu			e 13	30	-52,386.
31	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see			
	instructions)				31	F0 306
32	Unrelated business taxable income. Subtract line 31 from line 30				32	-52,386.

Schedule M (Form 990-T) 2018

LHA For Paperwork Reduction Act Notice, see instructions.

DE ETTE HO	OLDEN CU	MMER MUS	EUM FOUNDATION	ſ	59-219	1587	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation		· · ·		
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6	
2 Purchases	2		7 Cost of goods sold. Su	ıbtract lı	ne 6	,, -,	
3 Cost of labor	3		from line 5. Enter here	and in P	art I,		
4 a Additional section 263A costs			line 2		l	7	
(attach schedule)	4a		8 Do the rules of section			Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?			<u>_</u>	
Schedule C - Rent Income (From Real	Property and	Personal Property L	eased	d With Real Prop	erty)	
(see instructions)							
Description of property							
(1) REAL PROPERTY							
(2)							
(3)			***				
(4)							
<u> </u>		ed or accrued			2/a) Daductions directly	connected with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	of rent for p	(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)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 7		
(1)	0.	94,492			111,896.		
(2)							
(3)							
(4)	·		· · · · · · ·				
Total	0.	Total	94,4	92.			
(c) Total income. Add totals of columns		ter	0.4.4	00	(b) Total deductions. Enter here and on page 1,	. 111 006	
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Income (see	94,4	92.	Part I, line 6, column (B)	<u>▶ 111,896.</u>	
Schedule E - Officialed Deb	it-Filianceu	income (see	instructions)	1	2 Deductions directly con-	sected with or ellocable	
Description of debt-financed property			2. Gross income from		Deductions directly connected with or allocable to debt-financed property		
			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			<u></u>	 		-	
(2)	·						
(3)	. —		1		.		
(4)			-				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average ac debt-finance debt-finance		adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%	<u> </u>			
(2)			%				
(3)			%				
(4)			%		·		
,,	•				nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			•	L			
Total dividends received deductions in	soluded in column	. 0			_	. 1	

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
BANK FEES INSURANCE PROFESSIONAL SERVICES TELEPHONE & UTILITIES		46. 3,870. 436. 9,324.
TOTAL TO SCHEDULE M, PART II,	LINE 28	13,676.

FORM 990-T	(M)	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT 7
DESCRIPTION	ŗ				CTIVITY NUMBER	AMOUNT	TOTAL
SALARIES & BENEFITS OCCUPANCY OFFICE EXPENSE SECURITY BANK FEES COST OF REVENUE	ITS	- SUBTOTA		2	79,421. 4,367. 440. 12,982. 4,870. 9,816.	111,896.	
TOTAL TO FO	RM 99	0-т, schedui	LE C, COLU	MIN 3			111,896.