(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instruction	ctions.		Taxpayer identification number (TIN)		
print	THE CHRYSLER MUSEUM INCORPORATED					96
File by th due date filing you	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
return. Se instructio		oreign addi	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
Form 9	90-T (corporation) THE CHRYSLER MU	07				
• If th • If th box ▶ 1 I t ↓ 2 I	request an automatic 6-month extension of time until he organization named above. The extension is for the orga Calendar year or X tax year beginning JUL 1, 2021 f the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	Group Exe and atta MAX anization's , an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>X</u> 15, 2023 , to file return for: d ending	f this is fo all memb	r the whole group, ers the extension is npt organization ret	s for.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b i	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
e	estimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by			
<u> </u>	using EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE for	payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868 (F	Rev. 1-2022)

			** PUBLIC DISCLOSURE COPY *	*	
	0		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Fo	rm Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (s) 2021
			Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection
Α	For th	ne 2021 calenda	ar year, or tax year beginning $JUL 1$, 2021 and ending	<u>JUN 30, 2022</u>	
в	Check if applicat	C Name of	organization	D Employer identific	ation number
_	Addr				
Ľ	chan	ge THE	CHRYSLER MUSEUM INCORPORATED		
Ľ	chan	ge Doing bu	usiness as	51-024319	
Ļ	returi	n Number	,	ite E Telephone number	
	returi termi		MEMORIAL PLACE	757-664-0	
_	ated	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	43,414,982.
F	returi Appli	n NORI	OLK, VA 23510	H(a) Is this a group re	
	tion pend		nd address of principal officer: ERIK H. NEIL AS C ABOVE	for subordinates	
-	T	xempt status:		H(b) Are all subordinates in If "No." attach a	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or CHRYSLER.ORG	H(c) Group exemption	list. See instructions
		of organization:		ear of formation: 1939	
	art I				I State of legal dofinente. VII
_	1	,	e the organization's mission or most significant activities: THE MUSE	JM EXISTS TO F	RESENT.
Ş	3		E, & INTERPRET WORKS OF ART FOR THE WE		HE PUBLIC.
5	2		✓ if the organization discontinued its operations or disposed of more than the organization discontinued its operations.		
Governance	3		ing members of the governing body (Part VI, line 1a)		28
			ependent voting members of the governing body (Part VI, line 1b)		28
Activition 8	5 0 5		of individuals employed in calendar year 2021 (Part V, line 2a)		159
įŧ	6		of volunteers (estimate if necessary)		193
÷	7 a		business revenue from Part VIII, column (C), line 12		337,285.
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
9	8		and grants (Part VIII, line 1h)	12,409,132.	25,196,994.
Dinovo	9	•	ce revenue (Part VIII, line 2g)	516,444.	1,161,846.
6	10		come (Part VIII, column (A), lines 3, 4, and 7d)	5,674,358.	7,398,989.
-	111		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>532,026.</u> 19,131,960.	198,927.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	<u>33,956,756.</u> 0.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	<u> </u>	o or for members (Part IX, column (A), line 4)	4,438,552.	5,145,462.
Evenence	n 15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ <u>1,243,317.</u>	213,500.	403,606.
ş		Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright 1, 243, 317.	215,5001	100,000.
Ì	ן 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,786,596.	7,210,797.
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,438,648.	12,759,865.
	19		expenses. Subtract line 18 from line 12	9,693,312.	21,196,891.
or				Beginning of Current Year	End of Year
ets	UE 20	Total assets (F	Part X, line 16)	120,717,636.	126,873,495.
Net Assets or	ਸ਼੍ਹ ਸੂ 21		(Part X, line 26)	1,762,525.	1,922,424.
Net	22		und balances. Subtract line 21 from line 20	118,955,111.	124,951,071.
	art II				
Un	der pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	knowledge and belief, it is
tru	e, corre	ect, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	rer has any knowledge.	

Sign Here	Signature of officer ERIK H. NEIL, EXECUTIV Type or print name and title	E DIRECTOR			Date						
Daid	Print/Type preparer's name MELISSA H. TUCKER, CPA	Preparer's signature MELISSA H.	TUCKER,		/23						
Paid Preparer	Firm's name PBMARES, LLP	MELISSA H.	IUCKER,		Firm's EIN ► 54-0737372						
Use Only											
May the If	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No						
	Form 990 (2021)										

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) THE CHRYSLER MUSEUM INCORPORATED	51-0243196 Page	2
Par	t III Statement of Program Service Accomplishments		7
	Check if Schedule O contains a response or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission: THE CHRYSLER MUSEUM EXISTS TO ENRICH AND TRANSFORM LIVES	WE BRING ART	
		FORM AND	-
	INSPIRE, PROVIDING VISITORS OPPORTUNITIES TO GAIN INSIGH		-
	THEMSELVES AND THEIR WORLD THROUGH ORIGINAL WORKS OF ART		-
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes X No)
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No)
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, and	
	revenue, if any, for each program service reported.	ues 1,406,443.	_
4a	(Code:) (Expenses \$ 9,964,005. including grants of \$) (Reven THE CHRYSLER MUSEUM OF ART IS AN EDUCATIONAL INSTITUTION)
	AND OPEN TO THE PUBLIC. THE MUSEUM PRESENTS CHANGING EX		-
	WELL AS A BROAD PERMANENT COLLECTION FROM A WIDE ARRAY O		—
	TIMES. TO THIS END, THE MUSEUM COLLECTS, PRESERVES, DIS		-
	INTERPRETS ORIGINAL WORKS OF ART FOR THE ENJOYMENT AND E		-
	DIVERSE CONSTITUENCY. IN NOVEMBER 2011, THE MUSEUM OPER.		_
	MAKING STUDIO ADJACENT TO ITS MAIN BUILDING. THE STUDIO	OFFERS A FULL	_
	PROGRAM OF PUBLIC DEMONSTRATIONS AND CLASSES AS WELL AS 2	A ROBUST SET OF	
	EDUCATIONAL PARTNERSHIPS WITH REGIONAL COLLEGES AND UNIV		
	DYNAMIC VISITING ARTIST PROGRAM. STUDIO PROGRAMMING IS		_
	COMPLEMENT AND ENRICH THE PUBLIC'S UNDERSTANDING AND APP	RECIATION OF	_
	THE MUSEUM'S OUTSTANDING COLLECTION OF HISTORICAL GLASS.		_
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
			-
			-
			-
			_
			_
			_
			_
			_
			_
			_
4c	(Code:) (Expenses \$ including grants of \$) (Reven		<u>,</u>
40	(Code) (expenses \$) (neven	ue \$)
			-
			_
			_
			_
			_
			_
			-
			-
4d	Other program services (Describe on Schedule O.)		—
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 9,964,005.	, 	_
		Form 990 (202	1)
132002	2 12-09-21		
	3		

Form 990 (2021)			INCORPORATED
Part IV Checklist	of Require	d Schedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
•	Schedule D, Part III	8	<u> </u>	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 11	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	390	(2021)

132003 12-09-21

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Form	990	(2021)
FUIII	330	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
52		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 25 o		X
		35a		<u> </u>
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512/b)(13)2. If IVes II section 5.12/b)	35b		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V		 V	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 57		Yes	No
d				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
10-1	(gambling) winnings to prize winners?	1c	gan	(2021)
132004	4 12-09-21	rorm	330	(2021)

08390203 758849 301590

021)				INCORPORATE	
Statement	s Regardi	ng Other IRS	Filings and	Tax Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 159			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	•	v	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<u>3a</u> 3b	X X	
b 10	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	Δ	
łd	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	та		
Ď	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
_	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1			
D				
2	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U.				
D	organization is licensed to issue gualified health plans			
	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			x
с	Enter the amount of reserves on hand 13c	14a		
c a	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	_	
c a b	Enter the amount of reserves on hand 13c			
c a b	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		_	
c la b	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
c la b	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	14b		x
c la	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	14b 15		x
c la b	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	14b 15		x
c a b	Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	14b 15		x

Form 990 (2021)

Part V

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any oth	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct super	vision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?		•	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		<u>renue 0000.</u> j			Yes	N
0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, before ming				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
				12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>				- 23	
C		,		10-	х	
2	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
4	Did the organization have a written document retention and destruction policy?			14		
5	Did the process for determining compensation of the following persons include a review and approva		lent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X	-
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
ec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright VA$					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (sec	tion 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other <i>(explain</i>					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of intere	est policy, and	l finano	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and recor	ds 🕨			
	THE CHRYSLER MUSEUM - 757-664-6200					
	ONE MEMORIAL PLACE, NORFOLK, VA 23510					
	3 12-09-21			Гания	1 990	(202

THE CHRYSLER MUSEUM INCORPORATED

Form 990 (2021)

51-0243196 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2021)	THE CHRYSLER	MUSEUM II	NCORPORATED	51-0243196	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Sch	Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, D	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table f	or all persons required to be liste	d. Report comper	nsation for the calendar ye	ear ending with or within the organization'	s tax year.				
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.									

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			ne	Reportable	Reportable	Estimated
	hours per	box, unless		ss per	son i	s both	an	compensation	compensation	amount of
	week		officer and a director/trustee		.ee)	from	from related	other		
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	-	Key employee	est co oyee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) ERIK H. NEIL	40.00									
EXECUTIVE DIRECTOR				Х				272,165.	Ο.	31,663.
(2) DANA FUQUA	40.00									
DEPUTY DIRECTOR FOR OPERATIONS				х				129,170.	Ο.	29,608.
(3) HEATHER SHERWIN	40.00									
DIRECTOR OF DEVELOPMENT						X		135,871.	Ο.	11,172.
(4) SETH FEMAN	40.00									
DEPUTY DIRECTOR FOR ART & INTREPRETA				х				108,834.	Ο.	10,022.
(5) COLLEEN HIGGINBOTHAM	40.00									
DEPUTY DIRECTOR FOR VISITOR SERVICES				х				107,622.	Ο.	11,234.
(6) JANET BRADLEY	0.20									
TRUSTEE		х						0.	Ο.	0.
(7) GLENN CARRIGTON	0.20									
TRUSTEE		Х						0.	Ο.	0.
(8) HAROLD J. COBB JR.	0.20									
TRUSTEE		Х						0.	0.	0.
(9) MARK DREYFUS	0.20									
TRUSTEE		Х						0.	0.	0.
(10) MATTHEW FINE	0.20									
TRUSTEE		Х						0.	0.	0.
(11) PAUL D. FRAIM	0.20									
TRUSTEE		Х						0.	0.	0.
(12) ROBERT FRIEDMAN	0.20									
TRUSTEE		Х						0.	0.	0.
(13) CHRISTINIA L. GOODE	0.20									
TRUSTEE		Х						0.	0.	0.
(14) VIRGINIA C. HITCH	0.20									
TRUSTEE		Х						0.	0.	0.
(15) SALLY KELLAM	0.20									
TRUSTEE		Х						0.	0.	0.
(16) KIRK LEVY	5.00									
TRUSTEE		Х		Х				0.	0.	0.
(17) SUZANNE MASTRACCO	0.20									
TRUSTEE		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) THE CHRYS	SLER MUS	SEU	JМ	IN	CC	RP	OF	RATED	51-02	431	.96	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average	(do		Posi		ו than d	200	Reportable	Reportable		Estim	ated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	1	amou	nt of
	week		cer an	d a di	irecto	or/trus T	tee)	from	from related		oth	er
	(list any	rector						the	organizations	.	comper	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC	2/	from	
	organizations	ustee	trust		e	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiz and re	
	below	lual tr	tional) ploye	st con	-	1099-1120)			organiz	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiz	ations
(18) COLIN M. MCKINNON	0.20	_	_	0	×		_			-+		
TRUSTEE		х						0.		0.		Ο.
(19) PENNY MEREDITH	0.20											
TRUSTEE		Х						0.		0.		0.
(20) CHARLOTTE M. MINOR	5.00											
SECRETARY		Х		Х				0.		0.		0.
(21) J. DOUGLAS PERRY	0.20											
TRUSTEE		Х						0.		0.		0.
(22) SUSAN QUATE	0.20											
TRUSTEE		Х						0.		0.		0.
(23) C. ARTHUR "BROTHER" RUTTER, III	5.00									_		-
CHAIRMAN		Х		Х				0.		0.		0.
(24) BOB SASSER	0.20											•
TRUSTEE		Х						0.		0.		0.
(25) AUDREY SETTLE	0.20											0
TRUSTEE		Х				-		0.		0.		0.
(26) RONY THOMAS	0.20	x						0				0
TRUSTEE		Α						0.753,662.		<u>0.</u> 0.	0.2	<u>0.</u> 699.
1b Subtotal								153,002.		0.	93,	0.
c Total from continuation sheets to Part VI								753,662.		0.	0.2	699.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not set the set of the set o						·····				0.1	,	099.
	or infined to th	ose	liste	u ao	ove	<i>•)</i> wri	o re	eceived more than \$100,0	Jou of reportable			5
compensation from the organization											Ye	
3 Did the organization list any former officer,	director trust	مم لا		mol		0 0r	hio	hest compensated empl		Ē		
č				•						- 1	3	X
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su	m of reportabl	 A CO	mne	nsa	tion	and	oth	per compensation from th	e organization	·· -		+
and related organizations greater than \$150										- 1	4 X	:
5 Did any person listed on line 1a receive or a										··· -		
rendered to the organization? <i>If</i> "Yes." com										- 1	5	x
Section B. Independent Contractors		<u></u>	01 00		2010	011 .				<u></u>		
1 Complete this table for your five highest cor	npensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of compe	ensati	on from	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) (B) (C)												
Name and business	address							Description of se	ervices	Cc	ompensa	tion
WORK PROGRAM ARCHITECTS, 400 GRANBY												
STREET, SUITE 301, NORFOL	STREET, SUITE 301, NORFOLK, VA 23510 ARCHITECTS 767,990.											
MASTERPIECE INTERNATIONAL	MASTERPIECE INTERNATIONAL											
	39 BROADWAY, STE 1410, NEW YORK, NY 10006 ART SHIPPING 506,507.											
COMMUNITY COUNSELING SERVICE, P.O. BOX												
824885, PHILADELPHIA, PA	19182-4	88	5					CAMPAIGN CONS	SULTANTS		403,	606.
ELECTRONIC SYSTEMS		- -	• •									
P.O. BOX 603066, CHARLOTT	'E, NC 2	82	60					IT SERVICES			100,	604.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4 SEE PART VII, SECTION A CONTINUATION SHEETS

132008 12-09-21

Form 990 (2021)

9

Form 990 THE CHRYS									51-024	3196
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c				app	lv)	compensation	compensation	amount of
	per	(0)	T				.,,	from	from related	other
	week					ee		the	organizations	compensation
	(list any	to				plo ye		organization	(W-2/1099-MISC)	from the
	hours for	direc				d em		(W-2/1099-MISC)	(112) 1000 10000)	organization
	related	e or	tee			sate		(** 2/1000 10100)		and related
	organizations	Individual trustee or director	Institutional trustee		ee	Highest com pen sated em ployee				organizations
	below	ual tr	tiona		Key employee	t cor	~			organizations
	line)	divid	stitut	Officer	ey en	ghes	Former			
	,	-	=	5	Å	Ξ	Fc			
(27) DR. JANICE UNDERWOOD	0.20								0	0
TRUSTEE	0.00	Х						0.	0.	0.
(28) CHARITY VOLMAN	0.20	77						0	0	0
TRUSTEE	0.00	Х	-					0.	0.	0.
(29) RANDY WEBB	0.20								•	•
TRUSTEE	F A A	Х						0.	0.	0.
(30) WAYNE F. WILBANKS	5.00									-
VICE-CHAIRMAN		Х		X				0.	0.	0.
(31) DONALD WINCHESTER	0.20									
TRUSTEE		Х						0.	0.	0.
(32) MICHAEL A. WITYNSKI	0.20									
TRUSTEE		Х						0.	0.	0.
(33) CHERYL XYSTROS	5.00									
TREASURER				Х				0.	0.	0.
			<u> </u>							
Total to Part VII, Section A, line 1c										

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			_ /			IR I	MUSEUM	INCORPORATE)	51-0243	196 Page 9
Pa	rt \	/111									
			Check if Schedule O c	contair	ns a respo	nse (or note to any	line in this Part VIII (A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S S	1	2	Federated campaigns		1a						
ant unt			Membership dues				1,098,62	4.			
n Gr			Fundraising events					-			
ifts ar A			–								
s, G milå			Government grants (contri				2,680,71	8.			
r Si		f	All other contributions, gifts,	grants,	and						
ibut			similar amounts not included	above	1 f		21,417,65	2.			
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in I	lines 1a-	1f 1g	\$	5,501,46				
a C		h	Total. Add lines 1a-1f					25,196,994.			
							Business Coc		449.250		
ice	2	а	FACILITY RENTAL GLASS STUDIO				531120 812900	448,250.	· · · · ·		
erv ue		b	EDUCATIONAL PROGRAMS	2			611710	401,962.	401,962. 311,634.		
m S ven		с с		, 			011/10	511,054.	511,054.		
gra Re		d									
Program Service Revenue		f	All other program service	reveni	le						
		g	Total. Add lines 2a-2f					1,161,846.			
	3		Investment income (includ								
		other similar amounts)					🕨	1,081,041.			1081041.
	4		Income from investment o	of tax-e	exempt bo	nd p	roceeds	•			
	5		Royalties	·····				49,254.			49,254.
					(i) Rea		(ii) Persona	<u> </u>			
	6		Gross rents	6a				-			
			Less: rental expenses	6b				-			
		C d	Rental income or (loss) Net rental income or (loss)	6c							
	7		Gross amount from sales of		(i) Securit		(ii) Other				
	'	u	assets other than inventory	1 H	15,579,3		(-			
		b	Less: cost or other basis	<u> </u>	, ,			-			
е			and sales expenses	7b	9,261,3	362.					
venue		с	Gain or (loss)	7c	6,317,9	948.					
Re		d	Net gain or (loss)					6,317,948.		367,453.	5950495.
Other	8	а	Gross income from fundraising	ng ever	its (not						
đ			including \$								
			contributions reported on		-						
			Part IV, line 18			8a		-			
			Less: direct expenses Net income or (loss) from t			8b					
	٩		Gross income from gamin				····· •				
		4	Part IV, line 19			9a					
		b				9b					
			Net income or (loss) from			s <u></u>					
	10	а	Gross sales of inventory, le	ess re	turns						
			and allowances			10a		-			
			Less: cost of goods sold			10b	196,86				
		С	Net income or (loss) from	sales o	of invento	ry		173,759.	173,759.		
sr			CAMEDING CONSTRATON	-			Business Coc		70.020		
Miscellaneous Revenue	11		CATERING COMMISSIONS RICHMOND FUND PARTNE		PINCOM		812900 525990	70,838.	70,838.	-30,168.	-64,756.
ven				TUGUT		<u> </u>	525550	- 34, 324.		-30,100.	-04,/50.
Be		c d	All other revenue								
Σ			Total. Add lines 11a-11d				L	-24,086.			
	12		Total revenue. See instructio				Þ	33,956,756.	1,406,443.	337,285.	7016034.
13200	9 12	-09-									Form 990 (2021

11

THE CHRYSLER MUSEUM INCORPORATED Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor				X
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	l otal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		440 467	0.05 0.01	40.050
	trustees, and key employees	668,226.	418,467.	205,801.	43,958.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	2 754 701	2 002 550	400 100	252 101
7	Other salaries and wages	3,754,781.	2,903,558.	498,102.	353,121.
8	Pension plan accruals and contributions (include	110,605.	86,584.	13 176	10 545
9	section 401(k) and 403(b) employer contributions)	302,603.	264,075.	<u>13,476.</u> 11,772.	<u> 10,545.</u> 26,756.
9 10	Other employee benefits	309,247.	240,192.	40,821.	28,234.
11	Payroll taxes Fees for services (nonemployees):	505,247.	240,1920	40,0210	20,234.
	Management				
	Legal				
	Accounting	53,470.		53,470.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	403,606.			403,606.
f	Investment management fees	524,689.		524,689.	•
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch O.)	1,838,747.	1,569,541.	84,991.	184,215.
12	Advertising and promotion	224,655.	207,933.		<u>184,215.</u> 16,722.
13	Office expenses	801,535.	651,540.	57,903.	92,092.
14	Information technology	135,715.	118,205.	2,783.	14,727.
15	Royalties				
16	Occupancy	574,089.	559,341.	7,916.	6,832.
17	Travel	67,978.	49,513.	6,776.	11,689.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots		40.000	C 075	0 010
19	Conferences, conventions, and meetings	56,561.	42,268.	6,075.	8,218.
20	Interest	13,898.	13,898.		
21	Payments to affiliates	62,128.	43,378.	11,884.	6,866.
22 22	Depreciation, depletion, and amortization	177,246.	172,575.	2,507.	2,164.
23 24	Insurance Other expenses. Itemize expenses not covered	111,240.	112,313.	2,507.	2,104.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ACCESSIONS	1,395,075.	1,395,075.		
h	EXHIBITION FEES/INSTALL	745,885.	745,885.		
c	REPAIRS AND MAINTENANCE	372,511.	360,620.	6,970.	4,921.
d	MUSEUM EVENTS	166,615.	121,357.	16,607.	28,651.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,759,865.	9,964,005.	1,552,543.	1,243,317.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2021)

12

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33

Total liabilities and net assets/fund balances

120,717,636.

Check if Schedule O contains a response or note to any line in this Part X **(A)** Beginning of year Cash - non-interest-bearing 9,422,123. 2 Savings and temporary cash investments

		Cash - non-interest-bearing			
	2	Savings and temporary cash investments	9,422,123.	2	23,226,212.
	3	Pledges and grants receivable, net	3,872,821.	3	7,170,594.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	124,808.	8	123,172.
Ass	9	Prepaid expenses and deferred charges	950,967.	9	727,916.
		Land, buildings, and equipment: cost or other			,
	100	basis. Complete Part VI of Schedule D 10a 2,499,738.			
	h	basis. Complete Part VI of Schedule D10a2,499,738.Less: accumulated depreciation10b2,186,724.	355,825.	10c	313,014.
	11		51,309,519.	11	44,699,509.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	53,831,341.	12	49,971,637.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	850,232.	15	641,441.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	120,717,636.	16	126,873,495.
	17	Accounts payable and accrued expenses	1,098,997.	17	1,337,478.
	18	Grants payable	1,000,00,00,0	18	1,337,1700
	19	Deferred revenue	284,528.	19	280,946.
	20		201/0201	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bili		controlled entity or family member of any of these persons		22	
Lia	23		379,000.	23	304,000.
	24	Unsecured notes and loans payable to unrelated third parties	,	24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,762,525.	26	1,922,424.
		Organizations that follow FASB ASC 958, check here X	, , , , , , ,		,- ,
es		and complete lines 27, 28, 32, and 33.			
lances	27	Net assets without donor restrictions	36,800,846.	27	33,485,135.
	28	Net assets with donor restrictions	82,154,265.	28	91,465,936.
Гр		Organizations that do not follow FASB ASC 958, check here			
Бu		and complete lines 29 through 33.			
Net Assets or Fund Ba	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
let,	32	Total net assets or fund balances	118,955,111.	32	124,951,071.
Z	22	Total lightliting and not accepte/fund balances	120 717 636	22	126 873 495

51-0243196 Page 11

1

(B) End of year

126,873,495.

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Form 990 (2021)

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	990 (2021) THE CHRYSLER MUSEUM INCORPORATED	51-0	<u>)243</u> :	196	Pa	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33	,95	6,7	56.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	,75	9,8	65.	
3	Revenue less expenses. Subtract line 2 from line 1	3			6,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118				
5	Net unrealized gains (losses) on investments	5	-15	,20	0,9	31.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	124	<u>,95</u>	<u>1,0</u>	71.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
			,		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				1	
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				_	000	/ ··	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	Name of the organization Employee									
De	rt I	THE Descention Dublic (CHRYSLER M	USEUM INCORPO	DRATEI)		5	1-0243196	
		Reason for Public (ee instruction	S.		
	organ	ization is not a private found		•		,				
1	\square	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section					···			
3		A hospital or a cooperative							41 1 ¹ 4 - 1 ¹	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
-		city, and state:	r the henefit of a col	llaga or university owned	l or operat	ad by a ga	vorpmontolu	nit doooriba	ad in	
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6										
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
'		section 170(b)(1)(A)(vi). (C	•	Initial part of its support in	onna gove	annentar		ie general j		
8	\square	A community trust describe		(1)(A)(vi) (Complete Par	+ II)					
9	H	An agricultural research org				ed in coniu	unction with a	land-grant	college	
-		or university or a non-land-				-		-	-	
		university:	, , ,	(j		5		
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga		-	• • • •	-				
		the supported organization			majority c	of the direc	tors or truste	es of the su	ipporting	
		organization. You must o								
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported	
_		organization(s). You mus	-				un al fu un attinum al		al : i i i i	
c		J Type III functionally inte						ly integrate	a with,	
d		its supported organization Type III non-functionally						ted organia	zation(s)	
U		that is not functionally int						-		
		requirement (see instructi			•		-	anatonin		
е		Check this box if the orga						II. Type III		
-		functionally integrated, or					.)po., .)po	, . , p e		
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	5 5					
g	Pro	vide the following informatior	about the supporte	d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount or	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)	
Tota	a l									
							1			

Schedule	A (Form 990)) 2021
Part II	Suppor	t Sc

THE CHRYSLER MUSEUM INCORPORATED

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6573862.	6977346.	7655664.	12409132.	25196994.	58812998.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6573862.	6977346.	7655664.	12409132.	25196994.	58812998.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						11326250.
6	Public support. Subtract line 5 from line 4.						47486748.
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6573862.	6977346.	7655664.	12409132.	25196994.	58812998.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	731,434.	1402620.	1229266.	650,092.	1130295.	5143707.
9	Net income from unrelated business	-					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						63956705.
12	Gross receipts from related activities,	etc. (see instructio	ons)		•		,153,740.
13	First 5 years. If the Form 990 is for th	•	,				
	organization, check this box and stor						
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	74.25 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	86.18 %
16a	a 33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization	-	▶□
b	o 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and s t	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, <u>16</u> a	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >
						Schedule A	(Form 990) 2021

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THE CHRYSLER MUSEUM INCORPORATED Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	1 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	nization,
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020		1			16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶∟
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶∟
13202	3 01-04-22		17			Schee	dule A (Form 990) 2021

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THE CHRYSLER MUSEUM INCORPORATED

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2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

18

132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 THE CHRYSLER MUSEUM INCORPORATED 51-0243196 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide 11b

detail in Part VI.

Section B. Type I Supporting Organizations

			162	NU
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
	or management of the supporting organization was vested in the same persons that controlled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy	sfy the Integral Part Test during the year	(see instructions).
--	--	---------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes." describe in Part VI the role played by the organization in this regard.*

Schedule A (Form 990) 2021

11c

Vee Ne

Yes No

1

132025 01-04-22

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
				/

THE CHRYSLER MUSEUM INCORPORATED

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

51-0243196 Page 6

132026 01-04-22

Schedule A (Form 990) 2021

Schedule A (Form 990) 202	1
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THE CHRYSLER MUSEUM INCORPORATED

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

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	THE (CHRYSLER	MUSEUM	INCORPORA	ATED	51-0243196	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. , 2, 3b, 3c, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9a 3; Part IV, Sect	lanations requ a, 9b, 9c, 11a, ion E, lines 1c,	ired by Part II, line 11b, and 11c; Par , 2a, 2b, 3a, and 3l	10; Part II, line 17a o t IV, Section B, lines b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	
	(See instructions.)		, ,					
132028 01-04-2	2			22			Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

THE	CHRYSLER	MUSEUM	INCORPORATED

51-0243196

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Schedule B (Form 990) (2021)

THE CHRYSLER MUSEUM INCORPORATED

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 8,310,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 2,639,200. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,615,718. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 2,505,000. X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 6 Person Payroll 1,000,000. Noncash X \$ (Complete Part II for noncash contributions.)

Employer identification number

51-0243196

123452 11-11-21

08390203 758849 301590

Schedule B (Form 990) (2021) Name of organization

THE CHRYSLER MUSEUM INCORPORATED

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 978,840. Noncash Χ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Employer identification number

51-0243196

THE C	HRYSLER MUSEUM INCORPORATED	51-0243196		
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
2	DOLLAR TREE STOCK			
		\$ 2,639,20	00. 11/18/21	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
4	MICROSOFT AND SCHWAB STOCK			
		\$500,09	<u>12/20/21</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
6	NORFOLK SOUTHERN STOCK			
		\$640,15	<u>10/28/21</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
7	NORFOLK SOUTHERN STOCK			
		\$ <u>568,84</u>	<u>03/07/22</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		

27

Schedule B (Form 990) (2021)

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Employer identification number

Schedule B (Form 990) (2021) Name of organization

Schedule E	3 (Form 990) (2021)			Page 4			
Name of or	rganization			Employer identification number			
THE CH	HRYSLER MUSEUM INCORPOR	ATED		51-0243196			
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a	tions to organizations described in s					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this inf	fo. once.) > \$			
(a) No. from	Use duplicate copies of Part III if additional						
from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
			<u> </u>				
		(e) Transfer of gi	ft				
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held			
Part I							
ľ	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
F							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
F	(e) Transfer of gift						
ŀ	Transferee's name, address, a	Ind ZI P + 4	Relationship of	transferor to transferee			
(a) No. from			(-) 5	Accountion of how with in hold			
Part I	(b) Purpose of gift	(c) Use of gift		Description of how gift is held			
ŀ		e) Transfer of git					
ŀ	Transferee's name, address, a	Ind ZIP + 4	Relationship of	transferor to transferee			
123454 11-11-	21			Schodula B (Form 000) (0004)			
120404 11-11-	-21			Schedule B (Form 990) (2021)			

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D

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.



ant of the Treasury I

Interna	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest information	on.	Inspectio	on
Nam	e of the organization	THE CHRYSLER MUSEUN	1 INCORPORATED		identification $1 - 02431$	
Par	t I Organizatior		d Funds or Other Similar Funds or			
		swered "Yes" on Form 990, Part IV, line				
			(a) Donor advised funds	(b) Funds and	d other accour	nts
1	Total number at end of	year				
2		tributions to (during year)				
3		nts from (during year)				
4		of year				
5			writing that the assets held in donor advised f	unds		
	are the organization's p		Yes	No No		
6	Did the organization info	orm all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only		
	for charitable purposes	and not for the benefit of the donor or	r donor advisor, or for any other purpose cont	ferring		
					Yes	No
Par	t II Conservation	n Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.		
1		tion easements held by the organization				
		nd for public use (for example, recreat		• •		
	Protection of natu		Preservation of a c	ertified historic	structure	
•	Preservation of o					
2	day of the tax year.	igh 2d if the organization held a qualifi	ied conservation contribution in the form of a		asement on the at the End of the	
_		votion accomenta				TAN TUAT
-						
b c	-	-	ucture included in (a)			
			Ifter 7/25/06, and not on a historic structure	20		
ŭ				2d		
3			eased, extinguished, or terminated by the org		the tax	
	year 🕨					
4	Number of states where	e property subject to conservation eas	sement is located			
5	Does the organization h	have a written policy regarding the peri	iodic monitoring, inspection, handling of			
	violations, and enforcer	ment of the conservation easements it	holds?		Yes	No No
6	Staff and volunteer hou	rs devoted to monitoring, inspecting, I	handling of violations, and enforcing conserva	ation easements	during the yea	ar
	▶					
7	Amount of expenses inc	curred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements duri	ng the year	
	►\$					
8		• • • • • • • • •	e satisfy the requirements of section 170(h)(4)			
					Yes	└── No
9		•	on easements in its revenue and expense stat			
		· · · ·	ote to the organization's financial statements	that describes	the	
Par		ng for conservation easements.	Art, Historical Treasures, or Othe	r Similar Ass	sets.	
		organization answered "Yes" on Form				
12			8, not to report in its revenue statement and t	nalance sheet w	orks	
Ĩ	-		lic exhibition, education, or research in furthe		onto	
		· · ·	icial statements that describes these items.			
b	•		8, to report in its revenue statement and bala	nce sheet works	s of	
-	-		exhibition, education, or research in furthera			
		nounts relating to these items:	,,,,,,,,			
		-		▶ \$		
	(ii) Assets included in I					
2	.,		asures, or other similar assets for financial gai			
		equired to be reported under FASB AS				
а	Revenue included on Fo	orm 990, Part VIII, line 1	-	🕨 💲		

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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29

2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

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		YSLER MUSEU					51-02	43196	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other S	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that r	nake sign	nificant ι	use of its			
	collection items (check all that apply):									
а	X Public exhibition d X Loan or exchange program									
b	X Scholarly research e X Other EDUCATION									
с	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization	i's exemp	t purpos	se in Part i	XIII.		
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or other	similar as	ssets		_		_
_	to be sold to raise funds rather than to be ma							Yes	X	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Y	es" on Fo	orm 990	, Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custodi		any for contributions	s or other asse	ts not inc					
ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII								L	
			Swing table.					Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					·	······			1
Par										
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance	92,893,254.	70,035,098.	68,596,	577.	65,4	86,954.	59,	187,	198.
	Contributions	5,205,222.	1,347,280.	2,099,	573.	1,4	65,310.	2,	402,	373.
	Net investment earnings, gains, and losses	-7,205,054.	23,758,101.	1,837,	280.	4,6	87,397.	6,	734,	831.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	3,456,202.	2,247,225.	2,498,	332.	3,0	43,084.	2,	837,	448.
f	Administrative expenses									
	End of year balance	87,437,220.	92,893,254.	70,035,	,098.	68,5	96,577.	65,	486,	954.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	33.9200	%	,						
	Permanent endowment ► 46.3600	%	_							
	10 000	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administere	d for the o	organiza	ation			
	by:	0				0		Γ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, I	Part X, lin	ie 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulate	ed	(d) Book	k valu	е
	-	basis (investm	ent) basis	(other)	depre	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		2,49	9,738.	2,18	36,72	24.	313	3,0	14.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part X	. column (B). line 1	0c.)				313	3,0	14.
							Schedule	D (Form	990)	2021

	R MUSEUM INCO	RPORATED	51-0243196 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) THE RICHMOND FUND	49,542,752.	END-OF-YEAR MA	RKET VALUE
(B) CHARITABLE GIFT			
(C) ANNUNITIES	428,885.	END-OF-YEAR MA	RKET VALUE
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	49,971,637.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 1	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		►
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		▶
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial state	ements that reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check h	ere if the text of the footnote has	been provided in Part XIII

132053 10-28-21

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 THE CHRYSLER MUSEUM INCORPO	-			0243196 Page 4	
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	19,041,576.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	_ <u>2a</u> -1	.5,200,931.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	2d	810,440.			
е	Add lines 2a through 2d			2e	-14,390,491.	
3	Subtract line 2e from line 1			3	33,432,067.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b	524,689.			
с				4c	524,689.	
		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>)			5	33,956,756.	
5 Pa		ents With	Expenses per R			
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>)	ents With	Expenses per R		n.	
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	ents With	Expenses per R			
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.	
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.	
1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemed Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	Expenses per R	letur	n.	
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With	Expenses per R	letur	n.	
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Prior year adjustments	ents With 	Expenses per R	letur	n. 13,045,616.	
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per R	letur	n. <u>13,045,616.</u> 810,440.	
1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R	1	n. 13,045,616.	
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	letur 1 2e	n. <u>13,045,616.</u> 810,440.	
1 2 2 6 0 2 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R 810,440.	letur 1 2e	n. <u>13,045,616.</u> 810,440.	
1 2 3 4 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents With 2a 2b 2c 2d 4a	Expenses per R	letur 1 2e	n. <u>13,045,616.</u> <u>810,440.</u> <u>12,235,176.</u>	
1 2 3 4 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IV, line 7b	2a 2b 2c 2d	Expenses per R 810,440. 524,689.	letur 1 2e	n. <u>13,045,616.</u> <u>810,440.</u> <u>12,235,176.</u> 524,689.	
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 810,440. 524,689.	1 2e 3	n. <u>13,045,616.</u> <u>810,440.</u> <u>12,235,176.</u>	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MOST MUSEUMS, THE COLLECTION						
IS NOT PRESENTED IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION.						
THE VALUE OF ACCESSIONS (COLLECTION ITEMS PURCHASED BY THE MUSEUM) AND THE						
DEACCESSION PROCEEDS ARE REPORTED AS NON-OPERATING ACTIVITIES IN THE						
ACCOMPANYING STATEMENTS OF ACTIVITIES. CONTRIBUTED COLLECTION ITEMS ARE						
NOT REFLECTED IN THE FINANCIAL STATEMENTS.						

THE MUSEUM IS COMMITTED TO APPLYING THE HIGHEST PROFESSIONAL STANDARDS TO

THE CARE AND PRESERVATION OF ITS UNIQUE COLLECTION. EACH OF THE ITEMS IS

CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR

EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY.

132054 10-28-21

32

	CHRYSLER MUSEUM	INCORPORATED	51-0243196 Page 5				
Part XIII Supplemental Information (continued)							
ACCESSIONS AND DEACCESSI	ONS ARE APPROVE	D BY THE MUSEUM'S BOA	RD AND THE				
PROCEEDS FROM DEACCESSIC	N ARE USED SOLE	LY FOR THE ACQUISITIC	N OF				
COLLECTION ITEMS. ADDIT	IONALLY, IN AN	EFFORT TO MAINTAIN TH	E PURCHASING				
POWER OF SUCH PROCEEDS.		IMILARLY DESIGNATED T					
POWER OF SUCH PROCEEDS,	THE BUARD HAS S	IMILARLI DESIGNATED I	HE INVESTMENT				
INCOME EARNED ON THESE F	TINDS AT TIME	30, 2022 AND 2021, TH	E MUSEUM'S				
		50, 2022 IMD 2021, II					
COLLECTION WAS INSURED A	T A LEVEL DEEME	O APPROPRIATE BY MANA	GEMENT.				

PART III, LINE 4:

THE CHRYSLER IS ONE OF AMERICA'S MOST DISTINGUISHED ART MUSEUMS. LOCATED IN HAMPTON ROADS, A COMMUNITY OF 1.5 MILLION IN SOUTHEASTERN VIRGINIA, THE CHRYSLER WELCOMES APPROXIMATELY 200,000 ANNUAL VISITORS FROM AROUND THE WORLD. THE MUSEUM IS HOME TO A WORLD CLASS COLLECTION OF OVER 30,000 PAINTINGS, SCULPTURES, PHOTOGRAPHS AND DECORATIVE ARTS PRIMARILY ASSEMBLED BY INDUSTRIALIST WALTER P CHRYSLER, JR. THE MUSEUM IS PARTICULARLY WELL KNOWN FOR ITS GLASS COLLECTION, ONE OF THE FINEST AND MOST COMPREHENSIVE ANYWHERE. THE MUSEUM ALSO ADMINISTERS A HISTORIC HOUSE: THE MOSES MYERS HOUSE; AS WELL AS A GLASS MAKING STUDIO, ALL OF WHICH ARE LOCATED IN DOWNTOWN NORFOLK. IN ADDITION TO ITS FINE PERMANENT COLLECTION, THE MUSEUM PRESENTS EACH YEAR A DYNAMIC SCHEDULE OF CHANGING EXHIBITIONS AND A WIDE VARIETY OF INTERPRETIVE PROGRAMS. EACH IS DESIGNED TO MAKE THE WORKS ON VIEW IN THE MUSEUM GALLERIES ACCESSIBLE AND MEANINGFUL TO DIVERSE THE CHRYSLER MUSEUM GLASS STUDIO IS AN EDUCATIONAL TOOL THAT AUDIENCES. OFFERS THE PUBLIC AN EXPERIMENTAL APPROACH TO THE EXCITING PROPERTIES OF GLASS. THIS ADDITION TO THE MUSEUM COMPLEMENTS OUR COMPREHENSIVE GLASS COLLECTION WITH AN ENGAGING APPROACH THAT DEMONSTRATES THE MANY GLASS PROCESSES USED TO CREATE THESE EXTRAORDINARY OBJECTS.

PART V, LINE 4:

Schedule D (Form 990) 2021

132055 10-28-21

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES SUPPORTING THE

MUSEUM.

PART X, LINE 2:

THE MUSEUM IS AN ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. EXEMPT ORGANIZATIONS ARE SUBJECT TO TAX ON INCOME FROM REGULARLY CONDUCTED TRADE OR BUSINESS ACTIVITIES THAT ARE NOT SUBSTANTIALLY RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE. THE MUSEUM HAD NET OPERATING LOSS CARRYFORWARDS AT JUNE 30, 2022 AND 2021 OF APPROXIMATELY \$184,000 AND \$448,000, RESPECTIVELY, RELATED TO ITS UNRELATED BUSINESS INCOME. DUE TO THE UNCERTAINTY RELATED TO THE POTENTIAL USE OF THESE NET OPERATING LOSS CARRYFORWARDS, MANAGEMENT HAS APPLIED A FULL VALUATION ALLOWANCE AGAINST THE RELATED DEFERRED TAX ASSET. FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, APPROXIMATELY \$264,000 AND \$408,000, RESPECTIVELY, OF PRIOR NET OPERATING LOSS CARRYFORWARDS WERE UTILIZED. TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATIONS FOR THREE YEARS FROM THE DATE FILED. MANAGEMENT CONTINUALLY EVALUATES TAX POSITIONS REFLECTED IN THE MUSEUM'S TAX FILINGS AND DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST. THE MUSEUM'S POLICY IS TO CLASSIFY INCOME TAX RELATED INTEREST AND PENALTIES, IF ANY, AS MISCELLANEOUS EXPENSES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	196,864.
TRANSFER OF BOARD DESIGNATED RESERVES	613,576.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	810,440.

34

PART XI, LINE 4B - OTHER ADJUSTMENTS:

132055 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE CHRYSLER MUSEUM INCORPORATED Part XIII Supplemental Information (continued)	51-0243196 Page 5
INVESTMENT MANAGEMENT FEE	524,689.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOOD SOLD	196,864.
TRANSFER OF BOARD DESIGNATED RESERVES	613,576.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	810,440.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT MANAGEMENT FEE	524,689.
	Schedule D (Form 990) 202
132055 10-28-21 35	· · ·

<pre>(Form 990) Complete if the cognization narwared "Yes" on Form 980, Part IV, Ine 17, 18, or 19, or 11 million or ganization narwared "Yes" on Form 980 Part IV, Ine 17, 18, or 19, or 11 million or 10 million of Form 980 Part IV. Ine 17, 18, or 19, or 11 million of the cognization of the most Part IV. Ine 17, 18, or 19, or 11 million of the complete if the cognization of the most Part IV. Ine 17, 18, or 19, or 11 million of the cognization of the complete if the cognization of the cognization of the cognization and the latest information. I Indicate whether the cognization raised funds through any of the following activities. Check all that appy.</pre>	SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities				ities	OMB No. 1545-0047		
Control to a starting ▶ Attach to form 990 or form 990 etc. Open to Paulic Name of the organization Image: Control to a starting of the instructions and the latest information. Engineering instruction running 51-0.243.129 Pert1 Fundraising Activities. Complete if the organization answerd "Yes" on Form 990.Pat IV, line 17. Form 990 EZ. Hers are not required to complete this part. Engineering instructions and the latest information. Engineering instructions and the organization answerd "Yes" on Form 990.Pat IV, line 17. Form 990 EZ. Hers are not required to complete the organization ransed fund through any of the following activities. Check all that spply. Engineering instructions and instructions and individualing activities. Check all that spply. 0 Implementation anset fund through any of the following activities. Check all that spply. Special fundaming events 1 Implementation anset fund through any of the following activities. Check all that spply. Special fundaming events 2 Define organization anset fundaming pursuant to agreements under which the fundaming events Implementation anset fundaming events 2 Define organization associations (i) Activity Implementation anset fundaming events 2 Define organization associations (ii) Activity Implementation anset fundaming events 10 Implementation astructity fundaming events Implementation anset	(Form 990)	\mathbf{J}					or if the	2021	
Name of the organization Employer identification number Part FUE CHRYSLER MUSEUM INCORPORATED 51-0233196 Part Fundraising Activities. Complete the part. 61-0243196 Part Fundraising Activities. Complete the part. 6 1 Indext whether the organization name of Yes' on Form 900, Part VI, Int 7. Form 900-EZ files are not required to complete the part. 6 1 Indext whether the organization name of the following activities. Check all that app. 1 1 Indext whether the organization name of the following activities. Check all that app. 1 2 Did the organization have a written or oral agreement with any individual (including offices, directors, functees, or key employees liken if Tem 900-Part VI, Internation or the organization. No 0 International agreement with any individual (including offices, directors, functees, or key employees liken if Tem 900-Part VI (or retained by) or or eatened by or organization. No 0 Name and address of individual or other 900 or 900-Part VI (or retained by) or or eatened by organization. No 0 No 1 2 202, 606. 50, 659, 259, 209. 0 1 1 1 1 1 1 0	Department of the Treasury						Open to Public		
THE CHRYSLER MUSEUM INCORPORATED 51-223196 Part Fundations Activities. Complete if the organization answerd "Yes" on Form 980, Part IV, line 17. Form 980-EZ filers are not required to complete the part. Indicate writter the organization raised thatds through any of the following activities. Check all that apply. a >			o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	F	•
Fundraising Activities. Compate it the organization answered "Yes" on Form 930. Part IV, line 17. Form 990 EZ lifes are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e b Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations f C Price solicitations g 2 Do the organization have a written or onal agreement with any individual (including officers, fundtees, or key employees listed in Compositient in concenton with professional fundiating services? If Yes. (i) Name and address of individual or artities (fundring or gueration a sugreements under which the fundrinsers is to be composities at least \$5.00 by the organization. (ii) Activity (iii) Activity (i) Name and address of individual or artities (fundring or and sugreement with any individual (including officers, sugreements under which the fundrinsers) is 20, 859, 209. (iv) Arount pade to organization is registered. (ii) Name and address of individual for Clesson TERESY & Yes No 51, 262, 815. 402, 606. 50, 859, 209. <td>Name of the organization</td> <td></td> <td>YSLER MUSEUM INCOR</td> <td>POR</td> <td>ATEI</td> <td>)</td> <td></td> <td></td> <td></td>	Name of the organization		YSLER MUSEUM INCOR	POR	ATEI)			
1 Indicate whether the organization raised tunds through any of the following activities. Check all that apply. a		ing Activities	Complete if the organization answ				ine 17		
Mai solicitations Mai solicitationsolicitations Mai solicitations Mai solicitations Mai									
b Internet and enal solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Inperson solicitations g Special fundraising events d Inperson solicitations g Yes No d Visc, list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (f) Amount paid to grantation and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (f) Name and address of individual (fill Activity (f) Activity (f) Arount paid to grantation or entity (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. contentstryr constructions starting to a start									
d ⊆ Inperson solitations 2 a Did the organization have a written or onal agreement with any individual (including officers, directors, frustees, or key employees listed in Form 980, Part VII) or entity in connection with professional functiasing services? ▲ Yes ▲ No b 1* "Ves," list the 10 highest paid individuals or entities (functialises) pursuant to agreements under which the functialiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity with the functialiser is to be orgenization have a written or onal agreement written or entity (functialised) (iii) Activity with the transmitten or entity (functialised) (iii) Activity with the transmitten of the transmitten of the functialiser is to be orgenization COMMUNITY CONNELLING SERVICE CONSULTING P.O. BOX \$24885, SERVICES-SERATEOV 4 × S1,262,815, 403,606, 50,859,209, - P.O. BOX \$24885, SERVICES-SERATEOV 4 × S1,262,815, 403,606, 50,859,209, - P.O. BOX \$24885, SERVICES-SERATEOV 4 × S1,262,815, 403,606, 50,859,209, - P.O. BOX \$24885, SERVICES-SERATEOV 4 × S1,262,815, 403,606, 50,859,209, - Description of loginal and the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. VA - Her Paperwork Reduction Act Notice, see the Instructions for Form 980 or 990-EZ. SEE PART IV FOR CONTINUATIONS									
2 a Did the organization have a written or oral agreement with any individual (including officiers, directors, trustees, or including including officiers, directors, trustees, or including officiers, directors, trustees, or including officiers, directors,			g 📃 Specia	al fundra	ising	events			
b If Yes, 'list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$3,000 by the organization. If Yes, 'list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$3,000 by the organization. (I) Name and address of individual or entity (fundraiser) (ii) Activity If Yes, 'list in or to be for relatived by for activity organization (iii) Activity If Yes, 'list in ort. (i) to greate a the for activity or activity for acti									
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or licensing. VA VA LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021	Total					51,262,815.		403,606	. 50,859,209.
VA		ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from r	egistration
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS	VA								
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS									
SEE PART IV FOR CONTINUATIONS	=					_			
				990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

THE CHRYSLER MUSEUM INCORPORATED

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		outions and gross income on Form 990.F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		EZ, III les T al lu OD. LISI e	vents with gloss receipt	s greater trian \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
Revenue			(event type)	(event type)	(total number)	col. (c))	
	1	Gross receipts					
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	3						
	4	Cash prizes					
Se	5	Noncash prizes					
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►		
De	11	Net income summary. Subtract line 10 from li					
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than		
anu		\$10,000 011 0111 330°L2, inte 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue							
£	1	Gross revenue					
Se	2	Cash prizes					
Expensi	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses					
			Yes %	Yes %	Yes %		
	6	Volunteer labor	No	No	Νο		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►		
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)				
		Hot gaming moome cammary. Cubractime r			F	<u> </u>	
9	En	ter the state(s) in which the organization condu	cts gaming activities:				
a Is the organization licensed to conduct gaming activities in each of these states?							
b	lf "	No," explain:					
		ere any of the organization's gaming licenses re Yes," explain:			ear?	Yes No	
13208	82 10)-21-21			Sche	dule G (Form 990) 2021	

Sch	edule G (Form 990) 2021	THE	CHRYSLER	MUSEUM	INCORPORATED	51-0	243196	Page 3
11	Does the organization conduct ga	aming act	ivities with nonme	embers?			Yes	No
	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	No
13	Indicate the percentage of gamin							
	The organization's facility						13a	%
	An outside facility						13b	%
	Enter the name and address of th						I	
		•		0				
	Name							
	Address 🕨							
15a	Does the organization have a cor	ntract with	a third party fron	n whom the or	ganization receives gaming r	evenue?	Yes	No No
b	If "Yes," enter the amount of gam				► \$	and the amount		
	of gaming revenue retained by th	e third pa	rty 🕨 \$					
C	If "Yes," enter name and address	of the thi	rd party:					
	Name							
	Address 🕨							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	▶ \$						
	Description of services provided	▶						
	Director/officer	Em	ployee	Indepe	endent contractor			
	Mandatory distributions:							
а	Is the organization required unde	r state lav	v to make charital	ole distribution	s from the gaming proceeds	to		
Ŀ	retain the state gaming license?						L Tes	
D	Enter the amount of distributions	-			to other exempt organization	ons or spent in the		
Pa	organization's own exempt activit rt IV Supplemental Infor				ired by Part I, line 2b, colum	ns (iii) and (v): and Par	t III linos Q. C	b 10b
					nformation. See instructions		t III, III les 9, 8	, 10b,
SC	HEDULE G, PART I,	LINE	2B. LIST	OF TEN	HIGHEST PAID	FUNDRAISERS	:	
<u></u>			,					
/ -								
(1) NAME OF FUNDRAI	SER:	COMMONTAY	COUNSE	LING SERVICE			
<u>(I</u>) ADDRESS OF FUND	RAISE	R: P.O. E	30X 8248	85, PHILADELPH	IA, PA 191	82	
<u>(</u> I	I) ACTIVITY: CONS	<u>ult</u> in	G SERVICE	<u>IS-ST</u> RAT	EGY & IMPLEMEN	TATION OF F	UNDRAI	SING

132083 10-21-21

Schedule G		
D - I IV	0	_

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)

SC	CHEDULE J Compensati	ion Information	I	OMB No. 1	545-004	47
(Fo		rustees, Key Employees, and Highest	_	00	1	
\	Compensa	ated Employees		20	21	
		ered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic
		to Form 990. instructions and the latest information.		Inspe		
Nam	ame of the organization		Employer id	entificatio	on nur	nber
	THE CHRYSLER MUSEUM 1	INCORPORATED	51-0	24319	6	
Pa	Part I Questions Regarding Compensation	·				
					Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the	e following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant	information regarding these items.				
	First-class or charter travel] Housing allowance or residence for persor	nal use			
	Travel for companions	Payments for business use of personal res	sidence			
	Tax indemnification and gross-up payments] Health or social club dues or initiation fees	6			
	Discretionary spending account	Personal services (such as maid, chauffeu	r, chef)			
b	b If any of the boxes on line 1a are checked, did the organization follow	w a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above?	If "No," complete Part III to explain		1b		L
2	2 Did the organization require substantiation prior to reimbursing or all	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regardir	ng the items checked on line 1a?		2		<u> </u>
3						
	CEO/Executive Director. Check all that apply. Do not check any boxe		on to			
	establish compensation of the CEO/Executive Director, but explain in	-				
		Written employment contract				
		Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compensation co	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section	A line 1a with respect to the filing				
4	organization or a related organization:	A, line Ta, with respect to the filling				
а				4a		x
b		etirement plan?				X
						x
•	If "Yes" to any of lines 4a-c, list the persons and provide the application	•				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the o		n			
	contingent on the revenues of:	· ·				
а	a The organization?			5a		Х
b	b Any related organization?			5b		X
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the o	organization pay or accrue any compensation	n			
	contingent on the net earnings of:					
а	a The organization?			. 6a		X
	b Any related organization?					X
	If "Yes" on line 6a or 6b, describe in Part III.					
7	Y For persons listed on Form 990, Part VII, Section A, line 1a, did the o	• • • • • •				
	not described on lines 5 and 6? If "Yes," describe in Part III \ldots			. 7		X
8	3 Were any amounts reported on Form 990, Part VII, paid or accrued p	oursuant to a contract that was subject to th	e			
	initial contract exception described in Regulations section 53.4958-4			8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable pres	sumption procedure described in				
						L
LHA	HA For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Schedu	le J (Forn	n 990)	2021

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ERIK H. NEIL	(i)	272,165.	0.	0.	5,000.	26,663.	303,828.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANA FUQUA	(i)	129,170.	0.	0.	5,776.	23,832.	158,778.	0.
DEPUTY DIRECTOR FOR OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 THE CHRYSLER MUSEUM INCORPORATED

Schedule J (Form 990) 2021

Page 3

Part III S	Supplemental Information
--------------	--------------------------

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ſ ZUZ

51-0243196

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

THE CHRYSLER MUSEUM INCORPORATED Part I Types of Property

	., jess strisperty			<i>.</i>				
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	terminir	ng	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion am	ounts	3
1	Art - Works of art	x	490	Torri 550, Fart vill, line rg				
2			±50					
2	Art - Historical treasures							
3 4	Art - Fractional interests							
_	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	45	5 501 168	FMV ON DATE	DEC	דיז	
9	Securities - Publicly traded		45	5,501,400.	FMV ON DALE	REC		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
						`	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	tions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash				I
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is cheo	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

SCHEDULE M, LINE 33:

IN ACCORDANCE WITH GAAP, THE MUSEUM DOES NOT RECORD CONTRIBUTIONS OF

ART AS REVENUE

Part II

Schedule M (Form 990) 2021

51 - 0243196

Page 2

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

THE CHRYSLER MUSEUM INCORPORATED

Employer identification number 51 - 0243196

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF THE CHRYSLER MUSEUM IS COMPOSED OF TWENTY-EIGHT (28) TRUSTEES.

THE CITY COUNCIL OF THE CITY OF NORFOLK APPOINTS FIFTEEN (15) OF THE

TRUSTEES. THE BOARD OF THE NORFOLK SOCIETY OF ARTS ELECTS TWO (2) OF THE

TRUSTEES. ELEVEN (11) TRUSTEES ARE ELECTED BY THOSE TRUSTEES WHO ARE

NEITHER APPOINTED BY THE COUNCIL OF THE CITY OF NORFOLK NOR ELECTED BY THE

BOARD OF THE NORFOLK SOCIETY OF THE ARTS.

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

THE MUSEUM DIRECTOR ENSURES THAT TAX RETURNS AND OTHER GOVERNMENT-ORDERED PAYMENTS OR REPORTS ARE FILED IN A TIMELY AND ACCURATE MANNER. THE MUSEUM'S FINANCE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES THE MUSEUM'S IRS FORM 990 ANNUAL TAX FILING FOR PRESENTATION TO THE FULL BOARD. THE MUSEUM DIRECTOR THEN SIGNS AND CERTIFIES THAT THE MUSEUM'S IRS FORM 990 IS ACCURATE AND COMPLETE. THE FULL BOARD DISCUSSES AND APPROVES THE FORM 990 PRIOR TO ITS FILING.

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

ANNUALLY EACH MEMBER OF THE BOARD OF TRUSTEES IS REQUIRED TO DISCLOSE THEIR CONFLICTS OF INTEREST. THE CONFLICT OF INTEREST POLICY IS AN INTEGRAL PART OF THE BOARD OF TRUSTEES INITIAL ORIENTATION AND DISCUSSED ANNUALLY. ADDITIONALLY, THE DIRECTOR AND DEPUTY DIRECTOR OF OPERATIONS REVIEW EACH TRUSTEE'S DISCLOSURE ANNUALLY AND THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND EVALUATES POTENTIAL CONFLICTS TO ENSURE COMPLIANCE.

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

THE CHRYSLER MUSEUM INCORPORATED	51-0243196
STAFF COMPENSATION:	
ON AN ANNUAL BASIS, THE MUSEUM ANALYZES THE FAIRNESS O	F COMPENSATION BY
USING LOCAL, NATIONAL, AND INDUSTRY SPECIFIC SURVEY DA	TA. THE MARKET DATA

CULTURAL INSTITUTIONS, HOWEVER, THE MUSEUM ALSO USES MORE GENERALIZED

SURVEY DATA.

MUSEUM DIRECTOR'S COMPENSATION:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS AND APPROVES AN ANNUAL COMPENSATION PLAN FOR THE MUSEUM'S DIRECTOR. THE MUSEUM'S DIRECTOR'S COMPENSATION IS BASED ON THE CURRENT MARKET VALUE OF THE POSITION BASED ON THE SKILLS AND KNOWLEDGE REQUIRED FOR THE POSITION. IN ADDITION TO SALARY, THE MUSEUM DIRECTOR CAN BE AWARDED A PERFORMANCE-BASED BONUS. A WRITTEN PERFORMANCE APPRAISAL IS COMPLETED FOR THE MUSEUM DIRECTOR EACH YEAR TO SUBSTANTIATE THE ENTIRE COMPENSATION PACKAGE. BOTH THE PERFORMANCE APPRAISAL AND ANY PAY INCREASE IS APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VIEWING AT WWW.CHRYSLER.ORG

46

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING AND HONORARIA:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

132212 11-11-21

184,215.

1,569,541.

84,991.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization THE CHRYSLER MUSEUM INCORPORATED	Page Employer identification number 51-0243196
TOTAL EXPENSES	1,838,747.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,838,747.
	1,000,1470
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE OF THE BOARD IS RESPONSIBLE FOR OVERS	IGHT OF THE
ANNUAL AUDIT AND SELECTION OF THE INDEPENDENT AUDITORS.	THIS POLICY
REMAINS UNCHANGED FROM THE PRIOR YEAR.	
32212 11-11-21 47	Schedule O (Form 990) 20

CARRYOVER DATA TO 2022

Name THE CHRYSLER MUSEUM INCORPORATED	Employer Identifica 51-02431	
Based on the information provided with this return, the following are possible carryover amounts to next year	ar.	
FEDERAL POST-2017 NET OPERATING LOSS - SCHEDULE K-	1 DISTRIBU	184,389.
FEDERAL PRE-2018 NET OPERATING LOSS		149.
FEDERAL CONTRIBUTION - 50% CASH		0.
FEDERAL CONTRIBUTION CARRYOVER HAS BEEN ADJUSTED		
DUE TO NET OPERATING LOSS CARRYOVER PER INCOME		
TAX REGULATIONS SEC. 1.170A-11(C)(2) AS FOLLOWS:		
CONTRIBUTION DEDUCTION BEFORE NOL		149.
LESS CONTRIBUTION DEDUCTION AFTER NOL		0.
ADJUSTMENT TO CONTRIBUTION CARRYOVER		149.

119341 04-01-21

Nam	: THE CHRYSLER	MUSEUM INCORPO	RATED							FEIN:	51-0243196
	e and Entity: SCH n 382 Annual Limitation	EDULE K-1 DIST	RIBUT POST-201 Section 382 Carryover	.7 NO	DETAIL C	ARRYOVER SCH	IEDULE				
Yea Orig nate	- Original - Carryover d Amount	Total Amount Used	Amount Used for 06/30/22	Amount Used for							
A 201 B 201	8 69,638. 9 219,316.	69,638. 34,927.	69,638. 34,927.								
C D											
A 201 B 201 C D E F											
G H											
I J											
K L											
M N											
0											
Q											
O P Q R S T											
U											
V W											
Deta Type	E Amount I S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B											
A B C D E F G											
E											
G H											
I											
J K											
L M											
N O											
P Q											
R S											
T U											
V W											
Provide State					•	•		•		•	

112571 04-01-21

ame.	THE CHRYSLER M	IUSEUM INCORPO	RAIED							FEIN:	51-02431
		2018 NOL FED			DETAIL C	ARRYOVER SCH	IEDULE				
ear rigi- ated	2 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for 06/30/21	Amount Used for 06/30/22	Amount Used for	Amoun Used fo					
009	4 602	4,602.	4,602.								
2010 2011	6,321. 7,612. 22,851.	6,321. 7,612	6,321. 7,612.								
2012	22,851.	7,612. 22,851.	22,851.								
2013	26,666.	26,666.	26,666.								
2014 2015	26,666. 26,474. 76,103.	26,474. 76 103.	26,474. 76,103.								
2016	91,429.	76,103. 91,429.	91,429.								
2017	305,660.	305,511.	146,427.	159,084.							
_											
etail S	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo
ype E	3	Used IOI	USEU IUI	USEU IOI	USEU IUI	USEC IOI	Used for		Used for		USEUIC
· (

04-01-21

- 8	879-TE	****	THIS IS N IRS e-file S for a	ot a file Signature	ABLE COP Authoriz	ation	ŀ	OMB	No. 1545-0047
Form U	075-12	For calendar year 20	21, or fiscal year beginning				, 20 <u>22</u>	2	021
Departme	nt of the Treasury		Do not sen	d to the IRS. Kee	p for your rec	ords.		Ľ	UZ I
	evenue Service		Go to www.irs.go	ov/Form8879TE f	or the latest in	formation.			
Name of	filer						EIN or SSN		
	THE C	HRYSLER MU	SEUM INCOR				51-02	<u>4319:</u>	6
Name ar	nd title of officer or	person subject to tax	ERIK H. N EXECUTIVE						
Part		of Return and Re	eturn Informatio						
Form 53 or 10a l whiche	330 filers may er below, and the a ver is applicable le line in Part I.	nter dollars and cents mount on that line fo blank (do not enter	re using this Form 88 s. For all other forms, or the return being file -0-). But, if you entere	enter whole dolla ed with this form w ed -0- on the returr	rs only. If you c vas blank, then n, then enter -0-	heck the box on leave line 1b, 2 on the applicab	line 1a, 2a, b, 3b, 4b, 5b le line below.	3a, 4a, 5 , 6b, 7b, Do not	a, 6a, 7a, 8a, 9a, 8b, 9b, or 10b, complete more
1a		k here ►		e, if any (Form 990					
2a		heck here 🕨 🔄		e, if any (Form 990					
3a		L check here		m 1120-POL, line					
4a		heck here ►		investment inco					
5a		ck here ►		(Form 8868, line 3				5b	
6a		eck here ► 🗶		m 990-T, Part III, li				6b	0.
7a	Form 4720 che	ck here ►	b Total tax (For	m 4720, Part III, lii	ne 1)			7b	
8a	Form 5227 che	ck here ►	b FMV of asset	s at end of tax ye	ar (Form 5227	, Item D)		8b	
9a	Form 5330 che	ck here ►	b Tax due (Forn	n 5330, Part II, line	e 19)			9b	
10a		check here		edit payment req				10b	
Part		`	ture Authorizat						
interme acknow of any r entry to financia later tha paymer persona	diate service proved ledgement of re refund. If applica the financial institution to d an 2 business da the of taxes to rec al identification r	wider, transmitter, or ceipt or reason for re ble, I authorize the U ittution account indi- ebit the entry to this sys prior to the paym eive confidential info umber (PIN) as my s		ginator (ERO) to se ission, (b) the rea designated Financ aration software fe a payment, I must . I also authorize to answer inquiries ronic return and, i	end the return t ison for any de ial Agent to init or payment of t contact the U.S he financial ins and resolve iss	to the IRS and to ay in processing itate an electronic he federal taxes S. Treasury Finar titutions involved ues related to th e consent to elec	the receive from the return or c funds withd owed on this ncial Agent at d in the proce e payment. I	the IRS refund, a rrawal (dii return, a 1-888-35 ssing of t have sele withdraw	(a) an and (c) the date rect debit) nd the i3-4537 no the electronic ected a val. 12345
			ERC) firm name					five numbers, but t enter all zeros
	with a state a on the return? As an officer return. If I have	gency(ies) regulating s disclosure consent or person subject to re indicated within th	021 electronically file charities as part of t screen. tax with respect to th is return that a copy r my PIN on the retur	he IRS Fed/State ne entity, I will ente of the return is be	program, I also er my PIN as m ing filed with a	authorize the af	orementioned	d ERO to 121 electr	enter my PIN ronically filed
Signature	of officer or person su	bject to tax 🕨 * * * *	THIS IS N	OT A FILE	ABLE COP	Y ****	Date		
Part		cation and Auth							
		your six-digit electro by your five-digit sel	nic filing identificatio f-selected PIN.	n	Second	44814567 not enter all zeros			
submitt			PIN, which is my sign e requirements of Pı		-				
ERO's si	gnature 🕨 📴	MARES LLP				Date 🕨 02	/03/23		
		.	ERO Must Reta				0.		
			Submit This For		iniess Requ	iested I o Do	50		970 TE
LHA F	or Privacy act a	nd Paperwork Red	uction Act Notice, s	ee instructions.				Form 8	879-TE (2021)
102521 0	1-11-22			51					

2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	orName of exempt organization or other filer, see instructions.Ta			Taxpayer	Taxpayer identification number (TIN)	
print	THE CHRYSLER MUSEUM INCORPO	RATED			51-0243	196
File by the due date filing your return. Se	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.		51 0215	
instruction		oreign addi	ress, see instructions.			
Enter th	ne Return Code for the return that this application is for (file	e a separat	e application for each return)			0 7
Applica	ation	Return	Application			Return
ls For		Code	Is For			Code
	90 or Form 990-EZ	01	Form 1041-A			08
	720 (individual)	03	Form 4720 (other than individual)			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above) 90-T (corporation)	06 07	Form 8870			12
Tele • If th • If th box • 1 I tt 2 If	request an automatic 6-month extension of time until	ACE -	Fax No.	f this is fo all memb	r the whole grou ers the extensio npt organization	n is for.
	ⁱ this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	ternative tax, less	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.	
c E	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
U	sing EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE	for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 886	8 (Rev. 1-2022)

123841 01-12-22

Form 990-T	ר ו	OMB No. 1545-0047	
	(and proxy tax under section 6033(e))		0004
	For calendar year 2021 or other tax year beginning \underline{JUL} 1, 2021, and ending \underline{JUN} 30, 202	<u>22</u> .	2021
Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) 	.	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
B Exempt under section	Print THE CHRYSLER MUSEUM INCORPORATED	5	1-0243196
X 501(c)(3) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. ONE MEMORIAL PLACE		exemption number nstructions)
408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code NORFOLK, VA 23510	_F	Check box if
	C Book value of all assets at end of year 126,873,495.		an amended return.
G Check organization	type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust		
H Check if filing only to	o 🕨 🔄 Claim credit from Form 8941 📃 Claim a refund shown on Form 2439		
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
	attached Schedules A (Form 990-T)		1
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	ame and identifying number of the parent corporation.		
	re of ► THE CHRYSLER MUSEUM Telephone number ► Telephone number ►	/5/-	664-6200
		—	
	business taxable income computed from all unrelated trades or businesses (see	1	159,233.
2 Reserved		2	
3 Add lines 1 and 2		3	159,233.
	utions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5 Total unrelated bu	siness taxable income before net operating losses. Subtract line 4 from line 3	5	159,233.
6 Deduction for net	operating loss. See instructions STATEMENT 3	6	159,233.
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from		7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 19	99A deduction. See instructions	9	
	. Add lines 8 and 9	10	1,000.
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0
enter zero		11	0.
Part II Tax Com	•	Τ	0
	kable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		2	
3 Proxy tax. See ins		3	
4 Other tax amounts		4	
	um tax (trusts only)	5	
	through 6 to line 1 or 2, whichever applice	6	0.
	through 6 to line 1 or 2, whichever applies	/	Form 990-T (2021)
LHA For Paperwork F	Reduction Act Notice, see instructions.		Form 330 -1 (2021)

Form 9	90-7 (2021)		P	2 age				
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d							
е	Total credits. Add lines 1a through 1d	1e						
2	Subtract line 1e from Part II, line 7	2		0.				
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here							
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.				
6a	Payments: A 2020 overpayment credited to 2021 6a							
b	2021 estimated tax payments. Check if section 643(g) election applies 66							
с	Tax deposited with Form 8868							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions)							
f	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments: Form 2439							
•	□ Form 4136 Other Total ▶ 6g							
7	Total payments. Add lines 6a through 6g	7						
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8						
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9						
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10						
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	11						
Part								
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes	No				
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here			х				
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
_	foreign trust?			х				
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year							
4	Enter available pre-2018 NOL carryovers here \$ 159,233. Do not include any post-2017 NOL carryovers	rvover						
•	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.							
5	 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce 							
the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.								
	Business Activity Code Available post-2017 NOL carryover							
	900003 \$ 288,954.							
	\$							
	Did the organization change its method of accounting? (see instructions)			х				
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"							
	explain in Part V							
Part			1					

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	Under penalties of perjury, I declare that I have exami correct, and complete. Declaration of preparer (other Signature of officer		ormation of which pre		ge.	May the p	e and belief, it is true, the IRS discuss this return with reparer shown below (see uctions)? X Yes No
Paid	Print/Type preparer's name MELISSA H. TUCKER, CPA	Preparer's signature MELISSA H. CPA	TUCKER,	Date	Check self- employ] if	PTIN P00716515
Preparer Use Only	Firm's name PBMARES , LI	JP RTHOUSE ST.,	SUITE 1		Firm's EIN Phone no.		54-0737372 7-229-7180
123711 01-31-2	2						Form 990-T (2021)

54	
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FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - THE RICHMOND FUND (EIN 26-1501561)	N/A	149.
TOTAL TO FORM 990-T, PART I, LI	NE 4	149.

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	149		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	149 0	-	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	149 0 149	-	
ALLOWABLE CONTRIBUTIONS DEDUCTION		-	0
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
	Y FORWARD FROM PRIOR YEAR CTION INCLUDED IN PART I, LINE 6	159,233. 159,233.
SCHEDULE A PORTIO SCHEDULE A ENTIT		
1	0.	
TOTAL SCHEDULE A NET OPERATING DED	SHARE OF PRE-2018 NOL UCTION	0. 159,233.
BALANCE AFTER PRE EXPIRING NET OPER CARRY FORWARD OF	0. 0. 0.	

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 4
		LOSS		
		PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
06/30/10	4,602.	4,602.	0.	0.
06/30/11	6,321.	6,321.	0.	0.
06/30/12	7,612.	7,612.	0.	0.
06/30/13	22,851.	22,851.	0.	0.
06/30/14	26,666.	26,666.	0.	0.
06/30/15	26,474.	26,474.	0.	0.
06/30/16	76,103.	76,103.	0.	0.
06/30/17	91,429.	91,429.	0.	0.
06/30/18	305,660.	146,427.	159,233.	159,233.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	159,233.	159,233.

SCHEDULE A (Form 990-T)

Е

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

Department of the Treasury Internal Revenue Service **Do not en**

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

2021

OMB No. 1545-0047

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

1

B Employer identification number

1

of

51-0243196

D Sequence:

A Name of the organization

THE CHRYSLER MUSEUM INCORPORATED

<u>C</u> Unrelated business activity code (see instructions) ► 900003

Describe the unrelated trade or business SCHEDULE K-1 DISTRIBUTIVE SHARE OF UBTI

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	367,453.		367,453.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 5	5	-46,627.		-46,627.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 6	12	16,459.		16,459.
13	Total. Combine lines 3 through 12	13	337,285.		337,285.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages		7,500.
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions	. 5	
6	Taxes and licenses		
7			
8	Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8a	8b	
9	Depletion	. 9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs		
12	Excess exempt expenses (Part VIII)		
13	Excess readership costs (Part IX)	. 13	
14	Other deductions (attach statement) SEE STATEMENT 7	. 14	65,987.
15	Total deductions. Add lines 1 through 14	. 15	73,487.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	263,798.
17	Deduction for net operating loss. See instructions STATEMENT 8	. 17	104,565.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	159,233.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 2021

123741 01-28-22

	ule A (Form 990-T) 2021				Page 2
Part	III Cost of Goods Sold Ente	er method of inventory valua	ation 🕨		
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Cost of goods sold. Subtract line 7 from line 6.				Yes No
9 Part	Do the rules of section 263A (with respect to pro IV Rent Income (From Real Property)				
1	Description of property (property street address,		-		
•	A				
	в 🗌				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	s			
	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	impo Althrough D. Entor hor	a and an Dart L line C a		0.
3	Deductions directly connected with the income		e and on Farth, line 0, 0		.
4	in lines 2(a) and 2(b) (attach statement)				
•					
5	Total deductions. Add line 4 columns A through	n D. Enter here and on Part I	, line 6, column (B)		0.
Part					
1	Description of debt-financed property (street add	dress, city, state, ZIP code).	Check if a dual-use. See	e instructions.	
	Α 🗌				
	в 🔲				
	c 🗌				
	D		1		r
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocal				
_	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		6 %	%	<u>%</u>
7	Gross income reportable. Multiply line 2 by line 6			L	0.
8	Total gross income (add line 7, columns A throu	ugn D). Enter here and on P	arτ I, line 7, column (A)	▶	0.
9	Allocable deductions. Multiply line 3c by line 6				
9 10	Total allocable deductions. Add line 9, column	s A through D. Enter here ar	ud on Part L line 7, colu	mn (B)	0.
11	Total dividends-received deductions included				0.
123721 (e A (Form 990-T) 2021
		59			· · / = · - ·

2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

(2) Nonexempt Controlled Organizations (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)													1
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made unrelated 6. Deductions directly connected with income in column 5 (1)	Sched	ule A (Form 990-T) 2021	uition Do	valtice and D	onto from	o Control		anization					Page 3
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made iter is included in the controlling organization 6. Deductions directly connected with income in column 5 (1) Image: specified (see instructions) Image: specified payments made 10. Part of column 9 11. Deductions directly connected with income in column 5 (2) Image: specified (see instructions) 10. Part of column 9 11. Deductions directly connected with income in column 10 (3) Image: specified (see instructions) 9. Total of specified payments made 10. Part of column 9 11. Deductions directly connected with income in column 10 (1) Image: specified (see instructions) 9. Total of specified payments made 10. Part of column 9 11. Deductions directly connected with income in column 10 (1) Image: specified (see instructions) Image: specified payments made 10. Part of column 9 11. Deductions directly connected with income in column 10 (1) Image: specified (see instructions) Image: specified (see instructions) 11. Deductions directly connected with income in column 10 (1) Image: specified (see instructions) Image: specified (see instructions) 11. Deductions (see instructions) 11. Deductions (see instructions) (2) I	Part	VI Interest, Annu	lilles, Roy	yanties, and Ro		n Control		-			,		
organization identification income (loss) payments made that is included in the controlling organizations connected with income in column 5 (1) Image: Image		1 Name of controlle	d	2 Employer	3 Net	unrelated		-	· · · · · ·	-		6 Deduc	tions directly
number (see instructions) Controlling organizations (this gross income income in column 5 (1) Image: column 5 Income			u l					•	that is	s included	in the		
(1) Image: Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made (see instructions) 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) Image: Column 6, income 11. Deductions directly connected with income in column 10 (2) Image: Column 6, income 11. Deductions directly connected with income in column 10 (2) Image: Column 6, income 11. Deductions directly connected with income in column 10 (3) Image: Column 6, income Add columns 5 and 10. Enter here and on Part 1, ins 8, column (8) 1 Description of income 2. Amount of income 3. Deductions diatech statement) 1 Description of income 2. Amount of income 3. Deductions diatech statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) Add amounts in column 2. Enter here and on Part 1, ine 9, column (8) Add amounts in column 2. Enter here and on Part 1, ine 9, column (1) Add amounts in column 2. Enter here and on Part 1, ine 9, column (8) Add amounts in column 5. Enter here and on Part 1, ine 9, column (8) 1 Description of exploted activity: 2 Add amounts in column 2. Enter here and on Part 1, ine 9, column (8) Add amounts in column 2. Enter here					(see ins	tructions)						income	in column 5
(2) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated Income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1) Image: Connected with Income (loss) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (2) Image: Column (2) Image: Column (2) Image: Column (2) Image: Column (2) (3) Image: Column (2) Image: Column (2) Image: Column (2) Image: Column (2) Totals Image: Column (2) Image: Column (2) Image: Column (2) Image: Column (2) 1 Description of income 2. Amount of income 3. Deductions directly connected (attach statement) Image: Column (2) 3 Image: Column (2) Image: Column (2) Image: Column (3) Image: Column (3) (4) Add amounts in column 2. Enter here and on Part 1, ine 9, column (8) Image: Column (3) Image: Column (3) 1 Description of exploited activity: Image: Column (2) Image: Column (3) Image: Column (3) (4)	(1)									greee me			
(4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)	(2)												
Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organizations 11. Deductions directly connected with income in column 10 (1)	(3)												
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 0. Part of column 9 that is include in the controlling organization's gross income 11. Deductions directly connected with income in column 10 (1)	(4)												
income (loss) (see instructions) payments made that is included in the controlling organization's connected with income in column 10 (1)				No	· · · · ·		<u> </u>	ons					
including (use) (see instructions) payments induce (see instructions) controlling organization's gross income controlling organization's income in column 10 income in column 10 (1) (a) (b) (c) (c) (2) (c) (c) (c) (c) (3) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (c) Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income (c)	7	7. Taxable Income				•					11.		
(1)				. ,	pa	yments mad	е				:		
(2) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization income 3. Deductions 1. Description of income 2. Amount of income 3. Deductions 3. Deductions 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1)			(See	instructions)				gross	incom	ne			
(3) Add columns 5 and 10. Enter here and on Part 1, line 8, column (A) Add columns 5 and 10. Enter here and on Part 1, line 8, column (A) Totals • 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions directly connected (attach statement) 5. Total deductions and set-asides (atd cols 3 and 4) (1) 2. Amount of income 3. Deductions directly connected (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (2) - - - - (3) - - - - (4) - - - - 7. Totals - - - - (4) - - - - 7. Totals - - - - 1 Description of exploited activity: - - - 2 Gross unrelated business income from trade or business. Enter here and on Part 1, line 9, column (A) 2 - 3 Expenses directly connected with production of unrelated business income. Enter here and on Part 1, line 5 through 7 3 - 4 Net income (loss) from unrelated													
(4) Add columns 5 and 10. Enter here and on Part I, line 8, column (A) Add columns 6 and 11. Enter here and on Part I, line 8, column (A) Totals 0. 0. Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 4. Set-asides (attach statement) 5. Total deductions and set-asides (add cols 3 and 4) (1) 2. Add amounts in column 2. Enter here and on Part I, line 9, column (A) 4. Set-asides (add cols 3 and 4) (2) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Add amounts in column 5. Enter here and on Part I, line 9, column (B) Add amounts in column 5. Enter here and on Part I, line 9, column (A) Totals 0. 0. 2 Part VIII 0. 0. 0. 1 Description of exploited activity: 0. 2 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 9, column (A) 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 5 5 Gross income from activity that is not unrelated business income from trelated business income from line 5.													
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income directly connected (attach statement) (attach statement) and set-asides (add cols 3 and 4) (1) (attach statement) (attach statement	Part	VII Investment I	Income o	f a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)	l.		
(attach statement) (attach s		1. Desc	cription of in	come		2. Amou	nt of			4. Set-	asides		
(2) (3) Add amounts in column 2. Enter here and on Part I, line 9, column 5. Enter here and on Part I, line 9, column (A) Add amounts in column 2. Enter here and on Part I, line 9, column (A) Totals 0. 0. 0. Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 0. 1 Description of exploited activity: 2 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 4 5 Gross income from activity that is not unrelated business income 5 6 Expenses attributable to income entered on line 5 6 7 Excess exempt expenses. Subtract line 5, but do not enter more than the amount on line 5						incon	ne			(attach st	atemer		
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Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited activity:						line 9, colu						line 9	
1 Description of exploited activity:	-				>	la a la Alabara							0.
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5 Gross income from activity that is not unrelated business income 5 6 Expenses attributable to income entered on line 5 6 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 6	7										4		
667Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line	5	•											
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line													
										<u></u>	7		

Schedule A (Form 990-T) 2021

123731 01-28-22

	ule A (Form 990-T) 2021					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportin	ng two or m	ore periodicals on	a consolidated basi	S.	
	A []					
	в					
	c					
	D					
Enter a	amounts for each periodical listed above in the	correspond	ling column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or	n Part I, line	11, column (A)		►	0.
а		Г		1		
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, line	11, column (B)		►	0.
		Г				
4	Advertising gain (loss). Subtract line 3 from li	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
-	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 le					
8	than line 6, enter zero Excess readership costs allowed as a	······				
0	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 g		a line 8a. columns t	I Intal or zero here an	ud on	
u	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, a	and Trustees	(see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	Enter here and on Part II, line 1				▶	0.
Part	XI Supplemental Information (set	ee instructio	ons)			

123732 01-28-22

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION	NET INCOME OR (LOSS)
THE RICHMOND FUND (EIN 26-1501561) - ORDINARY BUSINESS	
INCOME (LOSS)	-28,261
THE RICHMOND FUND (EIN 26-1501561) - NET RENTAL REAL ESTATE INCOME	-22,898
THE RICHMOND FUND (EIN 26-1501561) - OTHER NET RENTAL	22,050
INCOME (LOSS)	18,038
THE RICHMOND FUND (EIN 26-1501561) - INTEREST INCOME THE RICHMOND FUND (EIN 26-1501561) - DIVIDEND INCOME	2,874 624
THE RICHMOND FUND (EIN 26-1501561) - DIVIDEND INCOME THE RICHMOND FUND (EIN 26-1501561) - ROYALTIES	1,823
THE RICHMOND FUND (EIN 26-1501561) - OTHER PORTFOLIO	1,010
INCOME (LOSS)	-172
THE RICHMOND FUND (EIN 26-1501561) - OTHER INCOME (LOSS)	-18,655
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-46,627
FORM 990-T (A) OTHER INCOME	STATEMENT 6
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - THE RICHMOND FUND (EIN 26-1501561)	16,459
TOTAL TO SCHEDULE A, PART I, LINE 12	16,459
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 7
	AMOUNT
DESCRIPTION	
DESCRIPTION 	
ROYALTY INCOME DEDUCTION	693 1,200
ROYALTY INCOME DEDUCTION FACILITY AND OVERHEAD SECTION 59 (E) (2) EXPENSES	1,200 59,184
THE SECTION THE SECTION TACILITY AND OVERHEAD SECTION 59 (E) (2) EXPENSES INVESTMENT INTEREST EXPENSE	

08390203 758849 301590

FORM 990-T	' (A)	I	POST 2017 NOL SCH	IEDULE	STATEMENT 8
PRIOR YEA 2017 NO			NOL DEDUCTION	CARRYFC POST 20	DRWARD OF 017 NOL
28	288,954. 1		104,565.		184,389.
990-T SCH	А	POST-201	L7 NET OPERATING	LOSS DEDUCTION	STATEMENT 9
		POST-201 SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS DEDUCTION LOSS REMAINING	STATEMENT 9 AVAILABLE THIS YEAR
990-T SCH TAX YEAR 06/30/19 06/30/20			LOSS PREVIOUSLY	LOSS	AVAILABLE

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses ► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

THE CHRYSLER MUSEU	M INCORPORATEI)		51-	0243196
Did the corporation dispose of any investme					
If "Yes," attach Form 8949 and see its instru	.,				
Part I Short-Term Capital Ga	-		-		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					51,945.
4 Short-term capital gain from installment sale				4	
5 Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	tation)			6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga	ne lines 1a through 6 in columr	1 h		7	51,945.
Bort II Long Torm Conitol Co					
	ins and Losses - Ass	ets Held More Tha	n One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	949,	Subtract column (e) from
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on 	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 	(d) Proceeds (sales price)	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the result with column (g)
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89	949,	Subtract column (e) from column (d) and combine the result with column (g) 288,435.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the result with column (g)
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	949, (g)	Subtract column (e) from column (d) and combine the result with column (g) 288,435.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 	(d) Proceeds (sales price) s from Form 6252, line 26 or 3	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	949, (g) 11	Subtract column (e) from column (d) and combine the result with column (g) 288,435.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-king the fourth of the fourth of	(d) Proceeds (sales price) s from Form 6252, line 26 or 3	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	(g) 11 12	Subtract column (e) from column (d) and combine the result with column (g) 288,435. 27,073.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin 	(d) Proceeds (sales price) s from Form 6252, line 26 or 3 ad exchanges from Form 8824 e lines 8a through 14 in colum	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	(g) 11 12 13	Subtract column (e) from column (d) and combine the result with column (g) 288,435.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-kin 	(d) Proceeds (sales price) s from Form 6252, line 26 or 3 ad exchanges from Form 8824 e lines 8a through 14 in colum	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	11 (g) 11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 288,435. 27,073. 315,508.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin 	(d) Proceeds (sales price) s from Form 6252, line 26 or 3 nd exchanges from Form 8824 el lines 8a through 14 in colum d II	(e) Cost (or other basis) 7 	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	11 (g) 11 12 13 14	Subtract column (e) from column (d) and combine the result with column (g) 288,435. 27,073. 315,508. 51,945.
 See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain or (loss) from like-kir 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combin 	(d) Proceeds (sales price) s from Form 6252, line 26 or 3 ad exchanges from Form 8824 el lines 8a through 14 in colum d II ine 7) over net long-term capita	(e) Cost (or other basis) 7 n h	(g) Adjustments to ga or loss from Form(s) 85 Part II, line 2, column	149, (g) 11 12 13 14 15	Subtract column (e) from column (d) and combine the result with column (g) 288,435. 27,073. 315,508.

 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns
 18

 Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form	8949
	ent of the Treasury evenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2021

Attachment Sequence No. **12A** Social security number or

taxpayer identification no.

)	1	_	0	2	4	3	1	9	6	

THE CHRYSLER M							243196
Before you check Box A, B, or C bel statement will have the same information of the same information o	ow, see whether ation as Form 10	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute staterr Ir basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute IS by your
broker and may even tell you which i Part I Short-Term. Transact	<u>box to check.</u>	al accete you hold	1 year or less are go	porally short torm (so	instruction	s) For long torm	
transactions, see page 2.							
Note: You may aggregate al codes are required. Enter the	l short-term transace totals directly on \$	tions reported on F Schedule D. line 1a	Form(s) 1099-B show : vou aren't required	ving basis was reported to report these trans	ed to the IRS actions on F	and for which no ac form 8949 (see instru	ljustments or ctions).
You must check Box A, B, or C below.	Check only one bo	x. If more than one b	ox applies for your sho	rt-term transactions, comp	olete a separat	e Form 8949, page 1, for	/
f you have more short-term transactions than wi							
(A) Short-term transactions re				-	Note ab	ove)	
(B) Short-term transactions re			-	eported to the IRS			
X (C) Short-term transactions no					Adjustmer	it, if any, to gain or	(1)
(a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	(h) Gain or (loss).
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in	Subtract column (e)
		(Mo., day, yr.)		Note below and	(4)). See instructions.	from column (d) &
		(1110), ddy, yn y		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	0000(3)	adjustment	with column (g)
THE RICHMOND FUND							
(EIN 26-1501561)							51,945.
2 Totals. Add the amounts in colu	$\frac{1}{2}$	nd (b) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							51,945.
above is checked), or line 3 (if B				1		eported to the IRS	

Form 8949 (2021)				Attachm	ent Sequend	ce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
THE CHRYSLER M	USEUM INC	CORPORATE	D			51-0	243196
Before you check Box D, E, or F bek statement will have the same informa broker and may even tell you which I Part II Long-Term. Transacti	box to check.						
see page 1.							
Note: You may aggregate al codes are required. Enter th You must check Box D, E, or F below. (If you have more long-term transactions than will	e totals directly on S Check only one bo	Schedule D, line 8a x. If more than one be	; you aren't required ox applies for your long	to report these transa- term transactions, complete	actions on Forr ete a separate Fo	m 8949 (see instru rm 8949, page 2, for	ictions).
(D) Long-term transactions rep	1 5	,	,		,		
(E) Long-term transactions rep (E) Long-term transactions rep (X) (F) Long-term transactions no	oorted on Form(s)) 1099-B showing	g basis wasn't re			-)	
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If vou	enter an amount), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price)	basis. See the Note below and see <i>Column (e)</i> in	column (f). S	Gee instructions.	Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
THE RICHMOND FUND						•	
(EIN 26-1501561)							288,435.
2 Totals. Add the amounts in colu	I mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D above is checked) or line 10 (if I							288,435.
above is checked), or line 10 (if I Note: If you checked Box D above b			vas incorrect ont	l er in column (e) tha	hasis as ron	orted to the IDC	
adjustment in column (g) to correct							

Form 4797
Department of the Treasury Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB	No.	1545-0184

27

Seauence No Identifying number

Name(s) shown on return	Identifying number
THE CHRYSLER MUSEUM INCORPORATED	51-0243196
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	10

Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Part I Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

	·····, ····				(000 1101 0010)	,		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss Subtract (f) from th	he
TH								
(E	IN 26-1501561)						27,07	/3.
						l		
3	Gain, if any, from Form 4684, line 39							
4	Section 1231 gain from installment sa							
5	Section 1231 gain or (loss) from like-k							
6	Gain, if any, from line 32, from other t							12
7	Combine lines 2 through 6. Enter the	.,	•	• •			27,07	/3.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,				r Form 1065, Sche	edule K,		
		•						
	Individuals, partners, S corporation from line 7 on line 11 below and skip							
	1231 losses, or they were recaptured							
	the Schedule D filed with your return	•			ig torm oupridi gan			
•	Newseest wed est easting 1001 less							
8	Nonrecaptured net section 1231 loss						,	
9	Subtract line 8 from line 7. If zero or l line 9 is more than zero, enter the am	,	,	0				
	capital gain on the Schedule D filed v			•		g	27,07	73.
		•					, 27,07	<u> </u>
Pa	art II Ordinary Gains and I	Losses (see in	structions)					
10	Ordinary gains and losses not includ	ded on lines 11 th	rough 16 (inclue	de property held 1	vear or less):			
	,,,				, 			
11	Loss, if any, from line 7	1	•	•	•	1	1 ()
12	Gain, if any, from line 7 or amount fro						`	/
13	Gain, if any, from line 31							
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a						
15	Ordinary gain from installment sales f						5	
16	Ordinary gain or (loss) from like-kind e							
17							7	
18	For all except individual returns, ente							
	a and b below. For individual returns,				-			
а	If the loss on line 11 includes a loss fi	•		(b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property		-					
	as an employee.) Identify as from "Fo						3a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4	-				18	Bb	

LHA For Paperwork Reduction Act Notice, see separate instructions. 118011 12-17-21

51-0243196

Page 2

19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α							
В							
С							
D							
	These columns relate to the properties on						
	lines 19A through 19D.		Property A	Property	в	Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20					
		20					
21	Cost or other basis plus expense of sale						
22	Depreciation (or depletion) allowed or allowable	22					
23	Adjusted basis. Subtract line 22 from line 21	23					
<u>24</u>	Total gain. Subtract line 23 from line 20	24					
	If section 1245 property:						
	Depreciation allowed or allowable from line 22	25a					
b	Enter the smaller of line 24 or 25a	25b					
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions \dots	26a					
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b					
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
c	Additional depreciation after 1969 and before 1976	26d					
e	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
	Add lines 26b, 26e, and 26f	26g					
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
	Soil, water, and land clearing expenses	27a					
b	Line 27a multiplied by applicable percentage	27b					
C	Enter the smaller of line 24 or 27b	27c					
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a					
	Enter the smaller of line 24 or 28a	28b					
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a					
	Enter the smaller of line 24 or 29a. See instructions	29b					
Su	mmary of Part III Gains. Complete property of	olumns	A through D throug	n line 29b before	going	to line 30.	
30	Total gains for all properties. Add property columns	A throu	ah D line 24			30	
00	Total gains for an proporties. Add property columns		gri D, inic 24				
31	Add property columns A through D, lines 25b, 26g,	270 20	h and 20h Entar ha	re and on line 19		31	
	Subtract line 31 from line 30. Enter the portion from						
32			y of theit of Form 4	004, III e 55. EI le		32	
Pa	from other than casualty or theft on Form 4797, line Int IV Recapture Amounts Under Section	ons 179	and 280F(b)(2)	When Busin	ess l		6 or Less
	(see instructions)					l	1
						(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable ir	prior vears		33		
34	Description of the second stations of the second state sta				34		
35	Recapture amount. Subtract line 34 from line 33. Se				35		
-	12 12-17-21						Form 4797 (202 ⁻

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

08390203 758849 301590

68 2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

Form 4797 (2021)

Department of the Treasury Internal Revenue Service

Name

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

51-0243196

► Yes X No

THE CHRYSLER MUSEUM INCORPORATED

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

to entrol multilities below. Image: space of the space o	Part I Short-Term Capital Gai	ns and Losses - Ass	ets Held One Year	or Less		
This form may be assign to complete if you (sales price) (or other basis) Part I, line 2, column (g) column (g) and compare the result with column (g) reported on from 1098-B for which you have the sine bank and go to line 1b. The standard set of	See instructions for how to figure the amounts to enter on the lines below.					Subtract column (e) from
reported on Form 109-9 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to reported on Form(s) 8049 with Box Checked Short-term capital gain (now installment sales from Form 625, line 26 or 37 To this for all transactions reported on Form(s) 8049 with Box Checked Short-term capital gain (now installment sales from Form 625, line 26 or 37 To there below. To there below. To there below. To there below. This form may be assire to complete if you for entropy 10 you have not hold collars. How hold collars was a form form 625, line 26 or 37 The form is below. This form may be assire to complete if you do not which do lars. This form may be assire to complete if you for other basis) This form transactions reported on Form(s) 849 with Box Checked Short-term capital gain (now installment sale form Form 8224 See instructions for how to figure the amounts for entrop the lines below. This form may be assire to complete if you do not may be assire to complete if you and do cents to which do data. This form may be assire to complete if you and do cents to which do data. Short-term capital gain (now installment sale for form form) 849, lawe this line basis was reported to the IRS and for which you have no adjustments (see instructions, However, if you choose to reported on Form(s) 844 with Box D checked for other basis) To that for all transactions reported on Form(s) 844 with Box D checked for form form 6477, law if and and yo to line 83. To table for all transactions reported on Form(s) 844 with Box D checked for form form 6477, law if and and yo to line 83. To table for all transactions reported on Form(s) 844 with Box D checked for the form form form form form form form form	This form may be easier to complete if you round off cents to whole dollars.				Part L line 2 column (a) Column (
Form(s) 8949 with Box A checked	reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line					
2 Totals for all transactions reported on Form(s) 8949 with Box 6 checked 5 3 Totals for all transactions reported on Form (39849 with Box 6 checked 51,945. 4 5 5 4 5 6 5 Short-term capital gain or (loss) from like-kind exchanges from Form 824. 5 6 Unused capital loss carryover (attach computation) 7 51,945. 7 Net short-term capital gain or (loss). Combine lines ta through 6 in column h 6 () 7 Net short-term Capital Gains and Losses - Assets Held More Than One Year Subtract column (e) from to filter the amounts for how to figure the amounts of cost (sales price) (e) cost (cost (or other basis) (f) Gain or (loss) Subtract column (e) and combine the result with column (g) and combine the result with column (g) 8a Totals for all long-term transactions reported on form 1099-B for which hoas is was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form (s) 8949 with Box E checked 9 11 27,073. 10 Totals for all transactions reported on Form 6252, line 26 or 37 12 13 14 11 Column (f) form (S) 8949 with Box E checked 13 14 288, 435.	•					
Form(s) 8949 with Box 8 checked 51,945. 3 Totals for all transactions reported on Form(s) 8949 with Box 6 checked 51,945. 4 Short-term capital gain form installment sales from Form 8252, line 26 or 37 4 5 Short-term capital gain form installment sales from Form 8252, line 26 or 37 4 6 Unused capital loss carryover (attach computation) 6 7 7 Net short-term capital gain or (loss). Combine lines 1 at through 6 in column h 7 51,945. Optimized capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1 at through 6 in column h 7 51,945. Optimized capital loss carryover (attach computation) Proceeds (cot attach for all tong-term transactions reported on Form 1099-B for which you have reported to the IRS and for Which would have reported to the IRS and for Which you have reported to the IRS						
3 Totals for all transactions reported on Form(s) 8949 with Box C checked 51,945. 4 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 822. 6 6 (1) 7 51,945. 6 (1) 7 51,945. 6 (1) 7 51,945. 6 (1) 7 51,945. 6 (1) 7 51,945. 6 (1) 7 51,945. 7 51,945. 7 51,945. 8 instructions for how to figure the amounts to enter on the lines below. (a) 10 eaistructions for how to figure the amounts to enter on the lines below. (a) 11 Eaistructions, however, in your cloand or bright on pich you hich you have reported to the IRS and for which basis was end reported to the IRS and for which you have reported to the IRS and for all transactions reported on Form(s) 8949 with Box D checked 5 80 Totals for all transactions reported on Form(s) 8949 with Box D checked 11 277,073. 12 Long-term capital gain or (loss) from like-kind exchanges from Form 824						
Form(s) 8949 with Box C checked 51,945. 4 5 5 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 7 7 1,945. 7 Net short-term capital gain or (loss). Combine lines ta through 6 in column h 7 7 1,945. (g) Adjustments to gain or like-kind exchanges from Form 8224 (g) Adjustments to gain or like-kind exchanges from Form 8249. (or other basis) (g) Adjustments to gain or loss from Form(8 849, Part II, line 2, column (g) Subtract column (e) from or loss form Form(8 849, Part II, line 2, column (g) Subtract column (e) from column (b) and combine the result with column (g) 8a Totals for all long-term transactions reported on Form (8 949, eave this line blank and go to line 8b Form (s) 8949, with Box D checked Form (s) 8949, with Box D checked Form (s) 8949, with Box C checked Subtract column (g) 9 Totals for all transactions reported on Form (s) 8949, with Box E checked Subtract column (a) 288 , 435. 11 Enter gain from installment sales from Form 6252, line 26 or 37 12 13 21 12 Long-term capital gain or (loss), Combine lines 8 thro						
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 7 51,945. 7 Net short-term Capital Gains and Losses - Assets Held More Than One Year 7 51,945. See instructions for how to figure the amounts to entrom the lines balow. (e) (g) Adjustments to gain or loss. Bubtract column (e) from Const form Form (s) 8949, Part III, line 2, column (g) Subtract column (e) from column (g) and combine the result with column (g) 8a Totals for all transactions reported on form 109-9 for which basis was reported to the IRS and for which you have mo adjustments (see instructions). However, if you choose to report all these transactions reported on form (s) 8949, with Box E checked 9 Totals for all transactions reported on Form (s) 8949 with Box E checked 11 27,7,0,73. 10 Totals for all transactions reported on Form (s) 8949 with Box E checked 11 27,0,73. 12 11 Long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315,508. 12 Long-term capital gain or (loss). Combine lines ta through 14 in column h 15 315,508.	•					51,945.
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 7 51,945. 7 Net short-term Capital Gains and Losses - Assets Held More Than One Year 7 51,945. See instructions for how to figure the amounts to entrom the lines balow. (e) (g) Adjustments to gain or loss. Bubtract column (e) from Const form Form (s) 8949, Part III, line 2, column (g) Subtract column (e) from column (g) and combine the result with column (g) 8a Totals for all transactions reported on form 109-9 for which basis was reported to the IRS and for which you have mo adjustments (see instructions). However, if you choose to report all these transactions reported on form (s) 8949, with Box E checked 9 Totals for all transactions reported on Form (s) 8949 with Box E checked 11 27,7,0,73. 10 Totals for all transactions reported on Form (s) 8949 with Box E checked 11 27,0,73. 12 11 Long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315,508. 12 Long-term capital gain or (loss). Combine lines ta through 14 in column h 15 315,508.	4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
6 Unused capital loss carryover (attach computation) 6 () 7 Nets hort-term capital gain or (loss). Combine lines 1a through 6 in column h 7 51,945. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to entrophysic of the time below. (o) (a) (a) (b) Adjustments to gain or (loss). Subtract column (e) rom rolss from Form(s) 8949, Part II, line 2, column (g) Subtract column (e) rom rom rolss from Form(s) 8949, inclusion (d) and combine the result with column (g) 8a Totals for all ong-term transactions reported on form 109-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form (s) 8949 with Box D checked					5	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 51,945. Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) (g) Adjustments to gain or (loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) See instructions for how to figure the amounts to enter on the lines below. (c) (c) (g) Adjustments to gain or (loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) 8a Totals for all long-term transactions reported on Form 039-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form 8949, leave this line blank and go to line 8b in a state of the second of the s					6	()
See instructions for how to figure the amounts to enter on the lines below. (d) Proceeds (sales price) (e) Cost (or other basis) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract column (g) 8a Totals for all long-term transactions reported on Form (1999-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions), However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Second Secon	7 Net short-term capital gain or (loss). Combine				7	51,945.
to enter on the lines below. (d) (e) (e) (f) (f) Subtract column (e) from course to gain or loss from Form (s) 8949, Part II, line 2, column (g) Subtract column (e) from course of eport of the BIS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form (s) 8949, leave this line blank and go to line 8b Subtract column (g) 8b Totals for all transactions reported on Form (s) 8949 with Box D checked Image: Subtract column (g) Image:	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Thar	n One Year		
on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Image: Control of the image: Control of	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	Proceeds	Cost	or loss from Form(s) 89	49,	Subtract column (e) from column (d) and combine the
Form(s) 8949 with Box D checked	on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to					
9 Totals for all transactions reported on Form(s) 8949 with Box E checked 288,435. 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 288,435. 11 Enter gain from Form 4797, line 7 or 9 11 27,073. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315,508. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51,945.	8b Totals for all transactions reported on					
Form(s) 8949 with Box E checked 10 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 288,435. 11 Enter gain from Form 4797, line 7 or 9 11 27,073. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315, 508. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51, 945.	Form(s) 8949 with Box D checked					
10 Totals for all transactions reported on Form(s) 8949 with Box F checked 288,435. 11 Enter gain from Form 4797, line 7 or 9 11 27,073. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315,508. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51,945.	9 Totals for all transactions reported on					
Form(s) 8949 with Box F checked 288,435. 11 Enter gain from Form 4797, line 7 or 9 11 27,073. 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315, 508. Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51, 945.	Form(s) 8949 with Box E checked					
11Enter gain from Form 4797, line 7 or 91127,073.12Long-term capital gain from installment sales from Form 6252, line 26 or 371213Long-term capital gain or (loss) from like-kind exchanges from Form 88241314Capital gain distributions1415Net long-term capital gain or (loss). Combine lines 8a through 14 in column h15315,508.Part IIISummary of Parts I and II16Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)1651,945.	I					000 405
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315, 508. Part III Summary of Parts I and II 16 51, 945.						288,435.
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315, 508. Part III Summary of Parts I and II 16 51, 945.						27,073.
14 Capital gain distributions 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 9art III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16			7			
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 315,508. Part III Summary of Parts I and II 16 51,945. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51,945.	5 1 5 ()	d exchanges from Form 8824				
Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51,945.						
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 51,945.			nn		15	515,500.
			lloop (line 15)		10	51 0/5
					17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns 18 367, 453. Note: If losses exceed gains, see Capital Losses in the instructions.	TO AUDITIES TO ATTU TT. ETTER THERE ATTU ON FORM	i izo, page i, inte o, or the ap	plicable line of other returns	·	10	507,455.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

121051 12-17-21

Form	8949
	ent of the Treasury evenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074
2021

Attachment Sequence No. **12A** Social security number or

taxpayer identification no.

51-0243	3196
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THE CHRYSLER M	USEUM INC	CORPORATE	ŚD			51-0	243196
Before you check Box A, B, or C belo statement will have the same informa broker and may even tell you which b	ow, see whether ation as Form 109 box to check	you received any 99-B. Either will s	/ Form(s) 1099-B c show whether you	or substitute staterr r basis (usually you	ent(s) from r cost) was	n your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transacti		al assets you held	1 year or less are ge	nerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate all							liustmonte or
codes are required. Enter the	totals directly on S	Schedule D, line 1a	; you aren't required	to report these trans	actions on F	orm 8949 (see instru	ctions).
You must check Box A, B, or C below. O If you have more short-term transactions than will							each applicable box.
(A) Short-term transactions rep					,		
(B) Short-term transactions rep		-		-	Note ab	540)	
X (C) Short-term transactions no			-				
				(1)	Adjustmen	it, if any, to gain or	(1-)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	où enter an amount	(h) Gain or (loss).
(Example: 100 sh, XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column	(g), enter a code in . See instructions.	Subtract column (e)
	(1010., ddy, yr.)	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
					0000(0)	adjustment	with column (g)
THE RICHMOND FUND							=1 0.45
(EIN 26-1501561)							51,945.
-							
2 Totals. Add the amounts in colur	nns(d)(e)(a) a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo		-					
, ,		•					51,945.
above is checked), or line 3 (if B					hasis		
Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See <i>Column</i> (g) in the separate instructions for how to figure the amount of the adjustment.							

Form 8949 (2021)				Attachm	nent Sequenc	ce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if	shown on page 1			ity number or ntification no.
THE CHRYSLER M							243196
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ow, see whether y ation as Form 109	ou received any 99-B. Either will s	r Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from yo r cost) was re	our broker. A su ported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instructions). For short-term t	ransactions,
Note: You may aggregate all codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; you aren't required	to report these trans	actions on Forr	n 8949 (see instru	ctions).
You must check Box D, E, or F below. O If you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep			•	•	Note above	e)	
(E) Long-term transactions rep			-	eported to the IRS			
X (F) Long-term transactions not				(0)	Adjustment	if any, to gain or	(b)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount), enter a code in	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the Note below and	column (f). S	see instructions.	Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
THE RICHMOND FUND						,	
(EIN 26-1501561)							288,435.
							<u> </u>
2 Totals. Add the amounts in colur	nns (d), (e), (<u>g</u>), a	nd (h) (subtract					
negative amounts). Enter each to	tal here and inclu	ude on your					
Schedule D, line 8b (if Box D abo		•					
above is checked), or line 10 (if E					hadia ii		288,435.
Note: If you checked Box D above b adjustment in column (g) to correct t				. ,			
123012 12-14-21				5			orm 8949 (2021)

⁷¹ 2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

Form 4797
Description of the Trees

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

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No.	1545-0184

Sequence No. 27

		, ,
THE CHRYSLER MUSEUM INCORPORATED		51-0243196
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S		
(or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assets	1c	

 Part I
 Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

	-	•	-		(
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
TH								
(E	IN 26-1501561)							27,073.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa	ales from Form 62	252, line 26 or 3	7			ŀ	
5	Section 1231 gain or (loss) from like-k	ind exchanges fr	om Form 8824				5	
6	Gain, if any, from line 32, from other t	han casualty or t	heft			e	5	
7	Combine lines 2 through 6. Enter the						,	27,073.
	Partnerships and S corporations. F line 10, or Form 1120-S, Schedule K,		. , .		r Form 1065, Sche	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If li in an earlier year	ine 7 is a gain ar r, enter the gain	nd you didn't have from line 7 as a lor	any prior year sec	tion		
0	Nonrecaptured net section 1231 loss	on from prior you	ra. Sao instructi	000		8		
8 9	Subtract line 8 from line 7. If zero or li				o 7 on lino 12 hold		,	
9	line 9 is more than zero, enter the am			•				
	capital gain on the Schedule D filed w			Ũ		g		27,073.
							, I	
Ра	rt II Ordinary Gains and I	_OSSES (see in:	structions)					
10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (includ	de property held 1	year or less):			
	, 5		5 (, 			
11	Loss, if any, from line 7					1	1 ()
11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable							2	/
13 Gain, if any, from line 31							3	
14								
15								
17								
18	For all except individual returns, enter						- 1	
	a and b below. For individual returns,				,			
а		•		(b)(ii), enter that pa	rt of the loss here	Enter the		
а	If the loss on line 11 includes a loss fi	rom Form 4684, I	ine 35, column					
а		rom Form 4684, I on Schedule A (I	ine 35, column (⁻ orm 1040), line	16. (Do not includ	e any loss on prop	erty used	sa l	

(Form 1040), Part I, line 4

LHA For Paperwork Reduction Act Notice, see separate instructions. 118011 12-17-21

Form **4797** (2021)

18b

51-0243196

Page **2**

	1055				(b) Date acqui	red	(c) Date so
(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			(mo., day, yr	.)	(mo., day, y
These columns relate to the properties on							
lines 19A through 19D.		Property A	Proper	ty B	Property	С	Property
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
Depreciation allowed or allowable from line 22	25a						
	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
Additional depreciation after 1975. See instructions	26a						
Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
property or line 24 isn't more than line 26a, skip	26c						
	26d						
	26e						
Section 291 amount (corporations only)	26f						
	26g						
If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for							
	27a						
	27b						
	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits,	28a						
If section 1255 property:						-+	
Applicable percentage of payments excluded	29a						
		A through D through	n line 29b befo	re going	to line 30.	I	
Total gains for all properties. Add property columns	A throu	gh D, line 24				30	
	,	,				31	
•		y or theft on Form 46	684, line 33. Er	nter the p	portion		
from other than casualty or theft on Form 4797, line	6		When Deer	inco- '		32	
(see instructions)	ns 1/9	and 280F(b)(2)	wnen Bus	iness L	use props to	50% (Dr Less
· · · ·					(a) Sectior 179	1	(b) Sectio 280F(b)(2
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33			
Section 179 expense deduction of depreciation and							
				34			
	These columns relate to the properties on lines 19A through 19D. Gross sales price (Note: See line 1a before completing.) Cost or other basis plus expense of sale Depreciation (or depletion) allowed or allowable. Adjusted basis. Subtract line 22 from line 21 Total gain. Subtract line 23 from line 20 If section 1245 property: Depreciation allowed or allowable from line 22 Enter the smaller of line 24 or 25a If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. Additional depreciation after 1975. See instructions Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e Additional depreciation after 1969 and before 1976 Enter the smaller of line 26c or 26d Section 291 amount (corporations only) Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses Line 27a multiplied by applicable percentage Enter the smaller of line 24 or 27b If section 1255 property: <	These columns relate to the properties on lines 19A through 19D. ▶ Gross sales price (Note: See line 1a before completing.) Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable Adjusted basis. Subtract line 22 from line 21 23 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25a Depreciation allowed or allowable from line 22 25a Enter the smaller of line 24 or 25a 25b If section 1250 property: If straight line depreciation subject to section 291. 26a Additional depreciation after 1975. See instructions 26a Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c Additional depreciation after 1969 and before 1976 26d Section 291 amount (corporations only) 26f Add lines 26b, 26e, and 26f 27g If section 1252 property: Inta gible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 28a Enter the smaller of line 24 or 27b 27c If section 1254 property: Inta gible drilling and development costs, e	These columns relate to the properties on lines 19A through 19D. Property A Gross sales price (Note: See line 1a before completing.) Depreciation (or depletion) allowed or allowable Adjusted basis. Subtract line 21 from line 21 20 Cost or other basis plus expense of sale 21 Depreciation (or depletion) allowed or allowable Adjusted basis. Subtract line 23 from line 20 24 If section 1245 property: 25a Depreciation allowed or allowable from line 22 25a Enter the smaller of line 24 or 25a 25b If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. 26a Additional depreciation after 1975. See instructions 26a Subtract line 26a from line 24. If residential rental property or line 24 sin't more than line 26a, skip lines 26d and 26e 26c Additional depreciation after 1969 and before 1976 26d Section 291 amount (corporations only) 26f Add lines 26b, 26e, and 26f 26g Line 27a multiplied by applicable percentage 27b Line 27a multiplied by applicable percentage 27b Cost angland of this form is being completed for a partnership. 28a Line 274 multiplied by applicable percentage 27b Line 274 multipl	These columns relate to the properties on lines 19A through 19D. Property A Property A Cores sales price (Note: See line 1a before completing.) Cost or other basis plus expense of sale 21 22 Depreciation (or depletion) allowed or allowable 21 23 24 Adjusted basis. Subtract line 22 from line 21 23 24 24 24 If section 1245 property: 25 25 25 25 25 If section 1250 property: If straight line depreciation was used, enter -0- on line 260, except for a corporation subject to section 291. 26a 26a Additional depreciation after 1975. See instructions 26a 26b 26c Subtract line 26a from line 24. If residential rental property or line 24 as int more than line 26a, skpi lines 26d and 26e 26c 26c Additional depreciation after 1969 and before 1976 26d 26c 26c Section 291 amount (corporations only) 26f 26g 27a 27a Soil, water, and land clearing expenses 27a 27b 27c 27c 27c Inter 254 property: Not phylicable percentage 27a 27a 27a 27a 27a Soil, water, and land clearing expenses 2	These columns relate to the properties on lines 19A through 19D. Property A Property A Property B Gross sales price (Note: See line 1a before completing.) 20 21 23 24 24 24 24 24 24 24 25 26 27 26 26 27 26 27 27 27 2	These columns relate to the properties on lines 19A through 19D. Property A Property A Property B Property B Cost or other basis plue separes of sale 21 22 24 24 24 24 24 24 24 24 24 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25 26	Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Image: Section 24 Additional depreciation after 1975. Sec Instructions Image: Section 24 Image: Section 24 Image: Section 24 Additional depreciation after 1976. Sec Instructions Image: Section 24 Image: Section 24 Image: Section 24 Additional depreciation after 1976. Sec Instructions Image: Section 24 Image: Section 24 Image: Section 24 Add Image: Section 254 Image: Section 254 Image: Section 254 Image: Section 254 Section 254

08390203 758849 301590

2021.05040 THE CHRYSLER MUSEUM INCOR 301590_1

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Pa	rt I U.S. Transferor Information (see instructions)			
		Ide	ntifying nur	nber (see instructions)
TI	HE CHRYSLER MUSEUM INCORPORATED	5	1-024	2106
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	J	<u>1-024</u> Yes	
2	If the transferor was a corporation, complete questions 2a through 2d.			
a				
	five or fewer domestic corporations?		Yes	XNo
b			X Yes	
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Identify	ing numbe	er
			_	
	If the transferry use a member of an effiliated group filing a consolidated return uses it the parent correction	0	X Yes	Νο
C	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation If not, list the name and employer identification number (EIN) of the parent corporation.	f		
	Name of parent corporation E	IN of pare	nt corpor	ation
d	Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 36	7)	
-	complete questions 3a through 3d.		. ,,	
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN of p	partnershi	р
R	OR PARTNERSHIP 26-17	61403		
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	
	Is the partner disposing of its entire interest in the partnership?		Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			
D -	securities market?		Yes	X No
	rt II Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	5a Ident	ifying nur	nber , if any
но	CIF OFFSHORE	47-1	68292	8
6			ence ID ni	
	YMAN CORP CENTRE 27 HOSPITAL RD			
	ORGE TOWN, GRAND CAYMAN KY1-9008 CAYMAN ISLANDS			
7 Ci	Country code of country of incorporation or organization	1		
8 T, T	Foreign law characterization (see instructions) IMITED PARTNERSHIP			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	XNo
	1 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.			6 (Rev. 11-2018
. 2 700	74			

ection A - Cash				())	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ash	12/31/2021		229,232.		
•	property transferred?				X Yes No
ection B - Other F	Property (other than	intangible property	subject to section 36	67(d))	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ock and curities					
rentory					
her property ot listed under other category)					
operty with It-in loss					
tals					
recognition agreen 2 a Were any assets of foreign corporation	nent was filed? f a foreign branch (includi n?	ng a branch that is a foreig	with respect to which a gain	erred to a	Yes No Yes No
(including a branch If "Yes," continue t	a domestic corporation th n that is a foreign disregar to line 12c. If "No," skip lir	ded entity) to a specified 10 nes 12c and 12d, and go to	/ all of the assets of a foreig 0%-owned foreign corporation line 13. areholder with respect to the	on?	Yes No
transferee foreign o If "Yes," continue t	corporation? to line 12d. If "No," skip lir	ne 12d, and go to line 13.	· · · · · · · · · · · · · · · · · · ·		Yes No
Did the transferor t	ed loss amount included i ransfer property describe on C and questions 14a th		under section 91 ▶ \$		Yes No

Section C - Intangible Property Subject to Section 367(d)

Form 926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED

 Part III
 Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer			
Property described in sec. 367(d)(4)									
Totals									

Form 926 (Rev. 11-2018)

51-0243196

Page 2

124532 04-01-21

orm	926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED	51-0243196	Pag
la	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	N
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	
р	blemental Part III Information Required To Be Reported (see instructions)		
ar	t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000% %		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000% Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	 Yes	
a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		
a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X
a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $.000$ % (b) After $.000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X X
a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright <u>IRC SEC. 351</u> Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X N X N X N
a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes	
a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes 	
a b d a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.		X N X N X N X N
a b c d b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{000}$ % (b) After $\underline{000}$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		
a b c d a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property under section 1.267(e) 2(h)(2)		
a b c d a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{000}$ % (b) After $\underline{000}$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attachment Sequence No. **128**

Internal Revenue Service Attach to your income tax return for the year of the transfer or of	distribution.	Sequence	No. 128
Part I U.S. Transferor Information (see instructions)		-	
Name of transferor		Identifying numbe	(see instructions)
THE CHRYSLER MUSEUM INCORPORATED		,	,·····)
		51-02431	.96
 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation 	ation?	Yes	XNo
2 If the transferor was a corporation, complete questions 2a through 2d.			
 a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368) 	(c) by		
		Yes	XNo
b Did the transferor remain in existence after the transfer?			
If not, list the controlling shareholder(s) and their identifying number(s).			
Controlling shareholder	Iden	tifying number	
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent	corporation?	X Yes	No No
If not, list the name and employer identification number (EIN) of the parent corporation.			
Name of parent corporation	EIN of p	arent corporation	on
d Have basis adjustments under section 367(a)(4) been made?		Yes	X No
, , , , , , , , , , , , , , , , , , , ,			
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as	such under section	367).	
complete questions 3a through 3d.		,	
a List the name and EIN of the transferor's partnership.			
Name of partnership	EIN	of partnership	
ROR PARTNERSHIP	26-176140	13	
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
			X No
 c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that is regularly traded on an establishing of a standard disposing of an interest in a limited partnership that is regularly traded on an establishing of a standard disposing of an interest in a limited partnership that is regularly traded on an establishing of a standard disposing disposing disposing disposing displayed disposing displayed displayed			
	sneu		XNo
securities market? Part II Transferee Foreign Corporation Information (see instructions)		Yes	A NO
4 Name of transferee (foreign corporation)	5a Id	entifying numbe	er, if any
		1 5 4 7 2 2 2	
HEDOSOPHIA FUND IV		-1547322	
6 Address (including country)	5 b Re	eference ID numl	ber
152 GREAT PORTLAND STREET			
LONDON, ENGLAND W1W 6AJ UNITED KINGDOM			
7 Country code of country of incorporation or organization			
00			
8 Foreign law characterization (see instructions)			
CORPORATION			
9 Is the transferee foreign corporation a controlled foreign corporation?		. Yes	X No
			X No Rev. 11-2018)

tion A - Cash					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
	12/31/2021		135,464.		
If "Yes," skip the ren	nainder of Part III and go	to Part IV.			X Yes No
		(b)	(c)		(e)
	Date of		Fair market value on	Cost or other	Gain recognized on transfer
and	transier	property		50010	
tory					
sted under					
arty with					
5					
111033					
S					
recognition agreeme Were any assets of a foreign corporation? If "Yes," go to line 12 Was the transferor a (including a branch t	ent was filed? a foreign branch (includir 2b. domestic corporation th hat is a foreign disregard	ng a branch that is a foreign nat transferred substantially ded entity) to a specified 10	n disregarded entity) transfe v all of the assets of a foreig 1%-owned foreign corporation	erred to a	Yes No Yes No Yes No
Immediately after the transferee foreign co If "Yes," continue to Enter the transferred	e transfer, was the dome prporation? line 12d. If "No," skip lir	estic corporation a U.S. sha e 12d, and go to line 13. n gross income as required	reholder with respect to the		Yes No Yes No
	Type of property Was cash the only p If "Yes," skip the ren Type of property and rities tory r property isted under her category) erty with in loss s Did the transferor tra recognition agreeme Were any assets of a foreign corporation? If "Yes," go to line 12 Was the transferor a (including a branch t If "Yes," continue to Immediately after the transferee foreign co If "Yes," continue to Enter the transferor	Type of property (a) Date of transfer 12/31/2021 Was cash the only property transferred? If "Yes," skip the remainder of Part III and go tion B - Other Property (other than Type of property Tate of transfer (a) Date of transfer yrate of property (a) Cate of transfer (a) Date of transfer (a) Date of transfer (a) Cate of transfer (a) Date of transfer (b) Date of transfer (c) Date of transfer (c) Date of transfer <	Type of property (a) Date of transfer (b) Description of property 12/31/2021 Description of transfer Description of property Was cash the only property transferred? If "Yes," skip the remainder of Part III and go to Part IV. tion B - Other Property (other than intangible property (b) Type of property (a) Date of transfer (b) Type of property (a) Date of transfer (b) r property Date of transfer Description of property ities	Type of property C(a) Description of property Fair market value on date of transfer 12/31/2021 135,464. Was cash the only property transferred? 135,464. Was cash the only property transferred? If "Yes," skip the remainder of Part III and go to Part IV. tion B - Other Property (other than intangible property subject to section 36 Type of property Date of Date of Date of Date of Date of Property Type of remainder of Part III and go to Part IV. cand (b) (c) Fair market value on date of transfer opporty Date of Date of Date of Property Description of C(a) rype of remarket value on date of transfer Description of date of transfer (c) Fair market value on date of transfer (c) Fair market value on date of transfer (c) (c) Fair market value on date of transfer (c) Date of Date of Date of Date of Description of Transfer Fair market value on date of transfer (c) C(a) Description of Transfer Fair market value on date of transfer (c) Date of Date of Date of Date of Description of Transfer Fair market value on date of transfer (c) Did the transfer of a consticon	Type of property (a) Date of transfer Description of property Fair market value on date of transfer Cost or other basis 12/31/2021 135,464. Was cash the only property transferred?

Form 926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED

Part III Information Regarding Transfer of Property (see instructions)

yı ιy (f) Income inclusion for Type of (a) (b) (c) (d) (e) Cost or other Date of Description of Useful Arm's length price property transfer property life on date of transfer basis year of transfer Property described in sec. 367(d)(4) Totals

Form 926 (Rev. 11-2018)

51-0243196

Page 2

124532 04-01-21

orm	926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED	51-0243196	Page 3
14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	No No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	No
с	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No No
Sup	plemental Part III Information Required To Be Reported (see instructions)		
Pai	t IV Additional Information Regarding Transfer of Property (see instructions)		
Pai	t IV Additional Information Regarding Transfer of Property (see instructions)		
	t IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000%		
6	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\underline{.000}$ % (b) After $\underline{.000}$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351		
6 7 8	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following.	 Yes	X
6 7 8 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		
6 7 8 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X No X No
16 17 18 b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before		X No X No X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes	X No X No X No
16 17 18 b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.		X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the		X No X No X No X No X No X No
16 17 18 20 19 20 20 20 20 20 20 20 20 20 20 20 20 20	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)·2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)·2(b)(2)?		X No X No X No X No X No
16 17 18 b c d 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the		X No X No X No X No X No X No

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part	t I U.S. Transferor Information (see instructions)					
	of transferor E CHRYSLER MUSEUM INCORPORATED					?r (see instructions)
			51	L-02	431	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	on?		Y	es	X No
2	If the transferor was a corporation, complete questions 2a through 2d.					
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c))) by				
	five or fewer domestic corporations?				es	X No
b	Did the transferor remain in existence after the transfer?			ΧY	es	No
	If not, list the controlling shareholder(s) and their identifying number(s).					
	Controlling shareholder		Identifyir	ng nun	nber	
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent co If not, list the name and employer identification number (EIN) of the parent corporation.	prporation?		ΧY	es	No
	Name of parent corporation	EI	N of parer	nt corp	oorati	on
d	Have basis adjustments under section 367(a)(4) been made?			Y	es	X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as su	ich under s	ection 367	7),		
	complete questions 3a through 3d.					
а	List the name and EIN of the transferor's partnership.					
	Name of partnership		EIN of p	artner	shin	
			Lift of p		omp	
٦O	R PARTNERSHIP	26-176	1103			
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?				es	X No
	Is the partner disposing of its entire interest in the partnership?		I	Y	es	X No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an establish	ed				X No
Part	securities market? t II Transferee Foreign Corporation Information (see instructions)			Y	es	
	Name of transferee (foreign corporation)		5a Identi	fvina r	numb	er. if anv
-	······································					,,
HO	LOCENE ADVISORS OFFSHORE FUND		26-17	7614	03	
6	Address (including country)		5b Refere	ence ID) num	ber
UGL.	AND HOUSE PO BOX 309					
GEO.	RGE TOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS					
7 CJ	Country code of country of incorporation or organization					
	Foreign law characterization (see instructions)					
	RPORATION					
9	Is the transferee foreign corporation a controlled foreign corporation?			Y	es	XNo
124531	04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions. 80			Form	926 (F	Rev. 11-2018

Was cash the only	property transferred?				[X Yes No
If "Yes," skip the re	emainder of Part III and	go to Part IV.				
ection B - Other I	Property (other tha	an intangible property s	ubiect	to section 367	(d))	
Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
ock and curities						
entory						
ner property ot listed under other category)						
operty with ilt-in loss						
tals						
 recognition agreen Were any assets of foreign corporation If "Yes," go to line Was the transferor (including a branch If "Yes," continue for the transferee foreign of the transferee foreign of the transferee foreign of the transference for the transferenc	nent was filed? f a foreign branch (inclu n? 12b. a domestic corporation n that is a foreign disreg to line 12c. If "No," skip the transfer, was the dom corporation? to line 12d. If "No," skip ed loss amount included transfer property descril on C and questions 14a	through 15.	disregard all of the %-owned ine 13. eholder v	ded entity) transferm assets of a foreign foreign corporation vith respect to the	ed to a [branch ?	Yes No Yes No
ection C - Intangi	ble Property Subj	ect to Section 367(d)	1		1	
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer

(c) Fair market value on date of transfer

733,542.

Form 926 (Rev. 11-2018)	THE	CHRYSLER	MUSEUM	INCORPORATED	
Part III	Informatio	on Reg	arding Transf	er of Prope	erty (see instructions)	

(b) Description of

property

(a) Date of

transfer

12/31/2021

51-0243196 Page 2

(e) Gain recognized on transfer

(d) Cost or other basis

Form 926 (Rev. 11-2018)

124532 04-01-21

Totals

Property described in sec. 367(d)(4)

Section A - Cash

Cash

Type of property

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? □ Yes N c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section □ Yes N d If the answer to line 14c is 'Yes,' enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(6)/2(0)/1(0)/3(0) Yes N Fegulations section 1.367(6)/2(0)/1(0)/3(0) P S	Form S	26 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED	51-0243196	Page
to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(e)3(0) ▶ \$	r b / c [easonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section I.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No No No
Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes N upplemental Part III Information Required To Be Reported (see instructions) Yes N Part IV Additional Information Regarding Transfer of Property (see instructions) Image: Construction of the transfere of the transfer of Property (see instructions) Set Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before .000, % Type of nonrecognition transaction (see instructions) > IRC SEC. 351				
time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	F	<pre>legulations section 1.367(d)-1(c)(3)(ii)</pre>		
upplemental Part III Information Required To Be Reported (see instructions) Part IV Additional Information Regarding Transfer of Property (see instructions) S Enter the transferor's interest in the transfere foreign corporation before and after the transfer. (a) Before	5 \	Vas any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
Part IV Additional Information Regarding Transfer of Property (see instructions) 6 Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	t	ime thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
 Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	upp	lemental Part III Information Required To Be Reported (see instructions)		
 Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before				
Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. a Gain recognition under section 904(f)(3) b Gain recognition under section 904(f)(5)(F) c Recapture under section 1503(d) d Exchange gain under section 987 p Did this transfer result from a change in entity classification? a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) y Yes x N if "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)·2(b) c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)·2(b)(2)? y Yes N Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation				
B Indicate whether any transfer reported in Part III is subject to any of the following. a Gain recognition under section 904(f)(3) Yes X b Gain recognition under section 904(f)(5)(F) Yes X c Recapture under section 1503(d) Yes X d Exchange gain under section 987 Yes X Did this transfer result from a change in entity classification? Yes X a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$	i	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
a Gain recognition under section 904(f)(3) Yes X b Gain recognition under section 904(f)(5)(F) Yes X c Recapture under section 1503(d) Yes X d Exchange gain under section 987 Yes X Did this transfer result from a change in entity classification? Yes X a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$	6 E (Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before -000 % (b) After -000 %		
b Gain recognition under section 904(f)(5)(F) Yes X c Recapture under section 1503(d) Yes X d Exchange gain under section 987 Yes X Did this transfer result from a change in entity classification? Yes X Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$	6 E (Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before -000 % (b) After -000 %		
c Recapture under section 1503(d) Yes X d Exchange gain under section 987 Yes X Did this transfer result from a change in entity classification? Yes X a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$	5 E (Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before -000 % (b) After -000 % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351		
d Exchange gain under section 987 Yes X N Did this transfer result from a change in entity classification? Yes X N Pa Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes X N If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$; E (;] ;] ;]	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright <u>IRC SEC. 351</u> indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		
 Did this transfer result from a change in entity classification? Yes Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes Yes If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes) [(, ⊤ ; ; ; ; ; ; ;	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before000_% (b) After000_% Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	XN
 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes If "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) C Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation) [(, ⊤ ; ; ; ; ; ; ;	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before000_% (b) After000_% Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X N X N
If "Yes," complete lines 20b and 20c. b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation Very Value Very Value Very Value Very Value Very Value Very Very Very Very Very Very Very Very	a (b (c f	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Fype of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 ndicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes	X N X N X N
 b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation 	6 E (3 3 4 (5 6 6 6 6 6	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 ndicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X n X n X n X n X n
c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	6 E 7 (8 8 6 6 7	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 ndicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes Yes Yes	X n X n X n X n X n
property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation) []	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) f "Yes," complete lines 20b and 20c.	Yes Yes	X n X n X n X n X n
Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation) E () 1 () 2 () 1 () 1 () 1 (Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Fype of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 ndicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) f "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes	X N X N X N X N
) [(,]]]]]]]]]]]]]]]]]]]	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) f "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X N X N X N X N X N
	6 (7 7 3 1 4 (6 (7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 ndicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) f "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes Yes	X N X N X N X N X N X N

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Pa	rt I U.S. Transferor Information (see instructions)				
	e of transferor HE CHRYSLER MUSEUM INCORPORATED			-	er (see instructions)
			<u> 51-(</u>	02431	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		L	Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.				
а					XNo
	five or fewer domestic corporations?			Yes Yes	
D	Did the transferor remain in existence after the transfer?		🕰] Yes	No
	If not, list the controlling shareholder(s) and their identifying number(s).				
	Controlling shareholder	Ide	ntifying r	number	
с	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpor	ation?	X	Yes	No
	If not, list the name and employer identification number (EIN) of the parent corporation.				
	Name of parent corporation	EIN of	parent c	orporati	on
d	Have basis adjustments under section 367(a)(4) been made?		🗆	Yes	X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such u	nder sectio	n 367)		
•	complete questions 3a through 3d.				
а	List the name and EIN of the transferor's partnership.				
	Name of partnership	EIN	l of partr	nership	
R	DR PARTNERSHIP 27-	-17614	04	_	
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		🖳	Yes	X No
			L	Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			-	
De	securities market?			Yes	XNo
	rt II Transferee Foreign Corporation Information (see instructions)				
4	Name of transferee (foreign corporation)	5a I	dentifyin	ig numb	er, if any
R	ICHMOND FUND LIMITED	75	-3260	6913	
6 1 0 (Address (including country)	5b F	Reference	e ID num	lber
) ELGIN AVENUE				
	DRGE TOWN, GRAND CAYMAN KY1-9005 CAYMAN ISLANDS Country code of country of incorporation or organization				
<u></u> C	J				
8 C(Foreign law characterization (see instructions) DRPORATION				
9	Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No
	1 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.		<u> </u>	_	Rev. 11-2018)
	83		1.01		

Type of	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on
property	transfer	property	date of transfer	basis	transfer
Cash	12/31/2021		753,099.		
	nainder of Part III and g	o to Part IV.			X Yes No
		(b)		(d)	(e)
Type of	Date of	Description of	Fair market value on	Cost or other	Gain recognized on
property	transfer	property	date of transfer	basis	transfer
Stock and					_
securities					
nventory					
Other property					
not listed under					
nother category)					
literiter eurogery)					
Property with					
ouilt-in loss					
T - 4 - 1 -					
Totals					
recognition agreeme	nt was filed?	s subject to section 367(a) v			Yes No
foreign corporation?					Yes No
If "Yes," go to line 12					
		hat transferred substantially	all of the assets of a foreig	in branch	
	•	rded entity) to a specified 10			Yes No
. 0	8 8	nes 12c and 12d, and go to	0 1		
	· ·	estic corporation a U.S. sha		2	
,		•	•		Yes No
transferee foreign co					
		ne 12d, and go to line 13.			
		in gross income as required	under section 91 🕨 \$		
13 Did the transferor tra	Insfer property describe	ed in section 367(d)(4)?			Yes No

If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

Form 926 (Rev. 11-2018)

124532 04-01-21

Form 926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED

 Part III
 Information Regarding Transfer of Property (see instructions)

Section A - Cash

51-0243196 Page 2

Form 926 (Rev. 1	1-2018) THE CHRYSLER MUSEUM INCORPORATED	51-0243196	Page
reasonably b At the time c Did the tra	nsferor transfer any intangible property that, at the time of the transfer, had a useful life anticipated to exceed 20 years? of the transfer, did any of the transferred intangible property have an indefinite useful life? Insferor choose to apply the 20-year inclusion period provided under Regulations section c)(3)(ii) for any intangible property?	Yes	 □ No □ No □ No
d If the answ to the intar Regulation	rer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable ngible property's, or properties', as applicable, use(s) beyond the 20-year period described in s section 1.367(d)-1(c)(3)(ii) > \$		
-	tangible property transferred considered or anticipated to be, at the time of the transfer or at any after, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	🗌 No
Supplementa	al Part III Information Required To Be Reported (see instructions)		
Part IV Ado	litional Information Regarding Transfer of Property (see instructions)		
6 Enter the t	ditional Information Regarding Transfer of Property (see instructions) ransferor's interest in the transferee foreign corporation before and after the transfer. .916 % (b) After .916 %		
6 Enter the t (a) Before			
6 Enter the t(a) Before7 Type of no	ransferor's interest in the transferee foreign corporation before and after the transfer. 916% (b) After $916%$		
 Enter the t (a) Before Type of no Indicate with the second sec	ransferor's interest in the transferee foreign corporation before and after the transfer. 916_% (b) After916_% nrecognition transaction (see instructions) ► IRC SEC. 351	 Yes	XNo
 Enter the t (a) Before Type of no Indicate will a Gain recog 	ransferor's interest in the transferee foreign corporation before and after the transfer. 916 % (b) After916 % nrecognition transaction (see instructions) ► <u>IRC SEC. 351</u> nether any transfer reported in Part III is subject to any of the following. inition under section 904(f)(3)		
 Enter the t (a) Before Type of no Indicate will a Gain recog b Gain recog 	ransferor's interest in the transferee foreign corporation before and after the transfer. 916_% (b) After916_% nrecognition transaction (see instructions) ▶ IRC SEC. 351 nether any transfer reported in Part III is subject to any of the following. inition under section 904(f)(3) inition under section 904(f)(5)(F)	Yes	X No
 6 Enter the t (a) Before 7 Type of no 8 Indicate wi a Gain recog b Gain recog c Recapture 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>.916</u> % (b) After <u>.916</u> % nrecognition transaction (see instructions) ▶ <u>IRC SEC. 351</u> nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d)	Yes	X No X No
 6 Enter the t (a) Before 7 Type of no 8 Indicate will a Gain recog b Gain recog c Recapture d Exchange 	ransferor's interest in the transferee foreign corporation before and after the transfer. 	Yes Yes Yes Yes	X No X No X No
 6 Enter the t (a) Before 7 Type of no 8 Indicate will a Gain recog b Gain recog c Recapture d Exchange 9 Did this trais 0 a Did a dominiation 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>.916</u> % (b) After <u>.916</u> % nrecognition transaction (see instructions) ▶ IRC SEC. 351 nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 Insfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
 6 Enter the t (a) Before 7 Type of no 8 Indicate will a Gain recog b Gain recog c Recapture d Exchange 9 Did this trained 0 a Did a doministration 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>.916</u> % (b) After <u>.916</u> % nrecognition transaction (see instructions) ▶ IRC SEC. 351 nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 Insfer result from a change in entity classification? estic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) momplete lines 20b and 20c.		X No X No X No X No
 16 Enter the t (a) Before 17 Type of no 18 Indicate will a Gain recoge b Gain recoge c Recapture d Exchange 19 Did this trace 20 a Did a dommentation lf "Yes," co b Enter the text 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>916</u> % (b) After <u>916</u> % nrecognition transaction (see instructions) \blacktriangleright <u>IRC SEC. 351</u> nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 Insfer result from a change in entity classification? estic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) omplete lines 20b and 20c. otal amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		X No X No X No
 16 Enter the t (a) Before 17 Type of no 18 Indicate will a Gain recoge b Gain recoge c Recapture d Exchange 19 Did this trace 20 a Did a dommentation of "Yes," con b Enter the t c Did the domentation 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>.916</u> % (b) After <u>.916</u> % nrecognition transaction (see instructions) ▶ IRC SEC. 351 nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 Insfer result from a change in entity classification? estic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) momentum of the following of the follow		X No X No X No X No X No
 16 Enter the t (a) Before 17 Type of no 18 Indicate wile a Gain recoge b Gain recoge c Recapture d Exchange 19 Did this trace 20 a Did a domain f "Yes," co b Enter the t c Did the do c property wite 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>916</u> % (b) After <u>916</u> % nrecognition transaction (see instructions) \blacktriangleright <u>IRC SEC. 351</u> nether any transfer reported in Part III is subject to any of the following. Inition under section 904(f)(3) Inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 Insfer result from a change in entity classification? estic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) omplete lines 20b and 20c. otal amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) mestic corporation not recognize gain or loss on the distribution of property because the as used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No X No
 16 Enter the t (a) Before 17 Type of no 18 Indicate will a Gain recog b Gain recog c Recapture d Exchange 19 Did this trace 20 a Did a dominif "Yes," co b Enter the t c Did the do property with 21 Did a doministration 	ransferor's interest in the transferee foreign corporation before and after the transfer. <u>.916</u> % (b) After <u>.916</u> % nrecognition transaction (see instructions) ▶ <u>IRC SEC. 351</u> nether any transfer reported in Part III is subject to any of the following. inition under section 904(f)(3) inition under section 904(f)(5)(F) under section 1503(d) gain under section 987 insfer result from a change in entity classification? estic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) omplete lines 20b and 20c. otal amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) mestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	X No X No X No X No X No

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

OMB No. 1545-0026

Attach to your income tax return for the year of the transfer or distribution.

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
THE CHRYSLER MUSEUM INCORPORATED	
	51-0243196
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	? Yes X No
2 If the transferor was a corporation, complete questions 2a through 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) b	
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	X Yes No
If not, list the controlling shareholder(s) and their identifying number(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corpo	oration? X Yes No
If not, list the name and employer identification number (EIN) of the parent corporation.	
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes X No
3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such	under section 367),
complete questions 3a through 3d.	
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
	1961402
	5-1761403
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
c Is the partner disposing of its entire interest in the partnership?	Yes X No
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
securities market? Part II Transferee Foreign Corporation Information (see instructions)	Yes X No
4 Name of transferee (foreign corporation)	5a Identifying number, if any
SCEP OFFSHORE FUND	26-1761403
6 Address (including country)	5b Reference ID number
TWO PACIFIC PLACE, 88 QUEENSWAY	
HONG KONG, HONG KONG	
7 Country code of country of incorporation or organization HK	
8 Foreign law characterization (see instructions)	
CORPORATION	
 9 Is the transferee foreign corporation a controlled foreign corporation? 	Yes X No
124531 04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)
86	· · · · · · · · · · · · · · · · · · ·

Secti	on B - Other Pro	perty (other tha	n intangible property	subject to section 36	7(d))	
	Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock a	and					
securiti	es					
nvento	ry					
<u></u>						
	property					
	ed under					
anothe	r category)					
Proper	y with					
ouilt-in	loss					
Fotals						
r 12.a V	ecognition agreemen	t was filed? foreign branch (incluc	es subject to section 367(a) ling a branch that is a foreig	n disregarded entity) transfe	rred to a	Yes No
n 12 a V fr 11 b V (i 11 c li t t	ecognition agreemen Vere any assets of a preign corporation? "Yes," go to line 12t Vas the transferor a c ncluding a branch th "Yes," continue to li mmediately after the ransferee foreign corp " "Yes," continue to li	t was filed? foreign branch (includ o. domestic corporation at is a foreign disrega ne 12c. If "No," skip l transfer, was the don poration? ne 12d. If "No," skip l		n disregarded entity) transfe y all of the assets of a foreig D%-owned foreign corporation line 13. areholder with respect to the	rred to a n branch on? [
r fr li b V (i c li t t li d E	ecognition agreemen Vere any assets of a preign corporation? " "Yes," go to line 12t Vas the transferor a c ncluding a branch th " "Yes," continue to li nmediately after the ransferee foreign corp " "Yes," continue to li inter the transferred l	t was filed? foreign branch (includ o. domestic corporation at is a foreign disrega ne 12c. If "No," skip l transfer, was the don poration? ne 12d. If "No," skip oss amount included	that transferred substantial arded entity) to a specified 1 lines 12c and 12d, and go to nestic corporation a U.S. sha line 12d, and go to line 13. in gross income as required	n disregarded entity) transfe y all of the assets of a foreig D%-owned foreign corporation line 13. areholder with respect to the	rred to a [n branch on? [] ;	Yes No
r 12 a V fi b V (i (i t t t 13 C	ecognition agreemen Vere any assets of a preign corporation? "Yes," go to line 12t Vas the transferor a concluding a branch th "Yes," continue to linnmediately after the ransferee foreign corp "Yes," continue to linter the transferred l inter the transferred l	t was filed? foreign branch (includ o. domestic corporation at is a foreign disrega ne 12c. If "No," skip l transfer, was the don poration? ne 12d. If "No," skip oss amount included	that transferred substantial arded entity) to a specified 1 lines 12c and 12d, and go to nestic corporation a U.S. sha line 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarded entity) transfe y all of the assets of a foreig 0%-owned foreign corporatio line 13. areholder with respect to the	rred to a [n branch on? [] ;	Yes No
12 a V f b V (i c li t t 13 E	ecognition agreemen Vere any assets of a preign corporation? "Yes," go to line 12t Vas the transferor a concluding a branch the "Yes," continue to linnmediately after the ransferee foreign corp "Yes," continue to linter the transferred l inter the transferred l Did the transferror transfer the "No," skip Section C	t was filed? foreign branch (includ o. domestic corporation at is a foreign disrega ne 12c. If "No," skip l transfer, was the don poration? ne 12d. If "No," skip oss amount included asfer property describ C and questions 14a f	that transferred substantial arded entity) to a specified 1 ines 12c and 12d, and go to nestic corporation a U.S. sha line 12d, and go to line 13. in gross income as required ed in section 367(d)(4)? through 15.	n disregarded entity) transfe y all of the assets of a foreig 0%-owned foreign corporatio line 13. areholder with respect to the	rred to a [n branch on? [] ;	Yes No
12 a V f b V (i c li t t 13 I 3 I 3	ecognition agreemen Vere any assets of a preign corporation? "Yes," go to line 12t Vas the transferor a concluding a branch the "Yes," continue to linnmediately after the ransferee foreign corp "Yes," continue to linter the transferred l inter the transferred l Did the transferror transfer the "No," skip Section C	t was filed? foreign branch (includ o. domestic corporation at is a foreign disrega ne 12c. If "No," skip l transfer, was the don poration? ne 12d. If "No," skip oss amount included asfer property describ C and questions 14a f	that transferred substantial arded entity) to a specified 1 lines 12c and 12d, and go to nestic corporation a U.S. sha line 12d, and go to line 13. in gross income as required ed in section 367(d)(4)?	n disregarded entity) transfe y all of the assets of a foreig 0%-owned foreign corporatio line 13. areholder with respect to the	rred to a [n branch on? [] ;	Yes No

(c) Fair market value on date of transfer

183,386.

S

(b) Description of

property

Form 926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED Part III Information Regarding Transfer of Property (see instructions)

(a) Date of

transfer

04/01/2021

Section A - Cash

Cash

Type of property 51-0243196 Page 2

(e) Gain recognized on transfer

(d) Cost or other basis

Form 926 (Rev. 11-2018)

124532 04-01-21

Totals

in sec. 367(d)(4)

orm	926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED	51-0243196	Pag
а	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes	N
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	
p	plemental Part III Information Required To Be Reported (see instructions)		
ar	t IV Additional Information Regarding Transfer of Property (see instructions)		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000%		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000% Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351		
ar	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000%		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before -000% (b) After -000% Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351	 Yes	
a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following.		X
a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	X X
a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X I X I X I
a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes Yes	X N X N X N
a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes	
a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before	Yes Yes Yes Yes Yes	
a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes	
a b c d b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes	
a b c d b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>.000</u> % (b) After <u>.000</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		
a b c d b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before $\000$ % (b) After $\000$ % Type of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property because the property and property because the property and property because the property and property because the property and property because the property	Yes Yes Yes Yes Yes Yes Yes	

Form 926
(Rev. November 2018)
Department of the Treasury Internal Revenue Service

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Par	t I U.S. Transferor Information (see instructions)			
Name	e of transferor		Identifying numbe	r (see instructions)
тн	E CHRYSLER MUSEUM INCORPORATED			,
			51-02431	96
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		Yes	X No
	If the transferor was a corporation, complete questions 2a through 2d.			
	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			
	five or fewer domestic corporations?		Yes	X No
b	Did the transferor remain in existence after the transfer?		X Yes	No No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Iden	tifying number	
	If the transferer was a member of an affiliated aroun filing a consolidated return, was it the parent corporat	ion?	X Yes	No
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporat If not, list the name and employer identification number (EIN) of the parent corporation.	IOT ?		
	Name of parent corporation	EIN of p	arent corporation	on
d	Have basis adjustments under section 367(a)(4) been made?		Yes	X No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such une	der sectior	n 367),	
	complete questions 3a through 3d.			
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN	of partnership	
		176140		
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			X No
	Is the partner disposing of its entire interest in the partnership?		. Yes	X No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established			v .
Par	securities market? t II Transferee Foreign Corporation Information (see instructions)		Yes	X No
		50.10		if only
4	Name of transferee (foreign corporation)	Jan	lentifying numbe	r, II ally
ΡA	RI WASHINGTON INDIA FUND	26	-1761403	
	Address (including country)		eference ID numl	her
	EDITH CAVELL STREET			
-	T-LOUIS, 11324 MAURITIUS			
	Country code of country of incorporation or organization			
MP				
	Foreign law characterization (see instructions)			
	RPORATION			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No
	04-01-21 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (F	lev. 11-2018)
			,	,

Section A - Cash		· · · · ·			
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
Cash	12/31/2021		275,078.		
· ·	nainder of Part III and go	to Part IV.			X Yes No
Section B - Other Pr		<u> </u>	subject to section 36		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized or transfer
Stock and securities					
nventory					
Other property (not listed under another category)					
Property with puilt-in loss					
Totals					
recognition agreeme 12 a Were any assets of a foreign corporation? If "Yes," go to line 12	nt was filed? 1 foreign branch (includin 2b.	g a branch that is a foreig	with respect to which a gain n disregarded entity) transfe y all of the assets of a foreig	rred to a	Yes No
(including a branch t If "Yes," continue to	hat is a foreign disregard line 12c. If "No," skip line	ed entity) to a specified 1 es 12c and 12d, and go to	0%-owned foreign corporation	on?	Yes No
transferee foreign co If "Yes," continue to	rporation? line 12d. If "No," skip lin	e 12d, and go to line 13.	under section 91 \triangleright \$		Yes No
13 Did the transferor tra	Insfer property described C and questions 14a thr	in section 367(d)(4)?			Yes No

Section C - Intangible Property Subject to Section 367(d)

Form 926 (Rev. 11-2018) THE CHRYSLER MUSEUM INCORPORATED

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer		
Property described								
in sec. 367(d)(4)								
Totals								

Form 926 (Rev. 11-2018)

51-0243196

Page **2**

124532 04-01-21

rea b At c c Dic 1.3 d If th to t	d the transferor transfer any intangible property that, at the time of the transfer, had a useful life asonably anticipated to exceed 20 years? the time of the transfer, did any of the transferred intangible property have an indefinite useful life? d the transferor choose to apply the 20-year inclusion period provided under Regulations section 367(d)-1(c)(3)(ii) for any intangible property? the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	Yes	No No
to			No
	the intaligible property s, or properties, as applicable, use(s) beyond the 20-year period described in		
110	egulations section 1.367(d)-1(c)(3)(ii) > \$		
5 Wa	as any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
tim	ne thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	N
upple	emental Part III Information Required To Be Reported (see instructions)		
Part IV			
	V Additional Information Regarding Transfer of Property (see instructions)		
	 Additional Information Regarding Transfer of Property (see instructions) atter the transferor's interest in the transferee foreign corporation before and after the transfer. Before <u>.257</u>% (b) After <u>.372</u>% 		
(a)	iter the transferor's interest in the transferee foreign corporation before and after the transfer.		
(а) Тур	iter the transferor's interest in the transferee foreign corporation before and after the transfer. Before -257% (b) After -372%		
(a) Typ Ind	ter the transferor's interest in the transferee foreign corporation before and after the transfer. Before $\underline{} \cdot 257$ % (b) After $\underline{} \cdot 372$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC · 351	 Yes	XN
(a) Tyr Ind a Ga	ter the transferor's interest in the transferee foreign corporation before and after the transfer. Before <u>.257</u> % (b) After <u>.372</u> % pe of nonrecognition transaction (see instructions) ▶ <u>IRC SEC. 351</u> dicate whether any transfer reported in Part III is subject to any of the following.		
(a) Tyr Ind a Ga b Ga	ter the transferor's interest in the transferee foreign corporation before and after the transfer. Before <u>.257</u> % (b) After <u>.372</u> % pe of nonrecognition transaction (see instructions) ▶ <u>IRC SEC. 351</u> dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3)	Yes	XN
(a) Tyr Ind a Ga b Ga c Re	ter the transferor's interest in the transferee foreign corporation before and after the transfer. Before $\257$ % (b) After $\372$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F)	Yes	X X N
(a) Tyr Ind a Ga b Ga c Re d Exc	the transferor's interest in the transferee foreign corporation before and after the transfer. Before $\257$ % (b) After $\372$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) ecapture under section 1503(d)	Yes Yes Yes	X N X N X N
 (a) Typ Ind a Ga b Ga c Rei d Exit Dict a Dict 	ther the transferor's interest in the transferee foreign corporation before and after the transfer. Before $\257$ % (b) After $\372$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) ecapture under section 1503(d) acchange gain under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes	X N X N X N X N
(a) Tyr Ind a Ga b Ga c Re d Exc Dic a Dic If "	the transferor's interest in the transferee foreign corporation before and after the transfer. Before $\257$ % (b) After $\372$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) ecapture under section 1503(d) tchange gain under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) 'Yes," complete lines 20b and 20c.	Yes Yes	X N X N X N X N
 (a) Typ Ind a Ga b Ga c Rei d Exo Dic a Dic b Ent 	ther the transferor's interest in the transferee foreign corporation before and after the transfer. a Before $\underline{.257}$ % (b) After $\underline{.372}$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) excapture under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) 'Yes," complete lines 20b and 20c. ther the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes	X N X N X N X N
 (a) Typ Ind a Ga b Ga c Read d Exconstruction d Exconstruction d Dictor a Dictor<td>ther the transferor's interest in the transferee foreign corporation before and after the transfer. a Before $\underline{.257}$ % (b) After $\underline{.372}$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) ecapture under section 1503(d) icchange gain under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) 'Yes," complete lines 20b and 20c. ther the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) d the domestic corporation not recognize gain or loss on the distribution of property because the</td><td> Yes Yes Yes Yes Yes Yes Yes</td><td></td>	ther the transferor's interest in the transferee foreign corporation before and after the transfer. a Before $\underline{.257}$ % (b) After $\underline{.372}$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) ecapture under section 1503(d) icchange gain under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) 'Yes," complete lines 20b and 20c. ther the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) d the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes Yes	
(a) Typ B Ind a Ga b Ga c Re d Exc D Dic D Dic D Dic D C Dic pro	ther the transferor's interest in the transferee foreign corporation before and after the transfer. a Before $\underline{.257}$ % (b) After $\underline{.372}$ % pe of nonrecognition transaction (see instructions) \blacktriangleright IRC SEC. 351 dicate whether any transfer reported in Part III is subject to any of the following. ain recognition under section 904(f)(3) ain recognition under section 904(f)(5)(F) excapture under section 987 d this transfer result from a change in entity classification? d a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) 'Yes," complete lines 20b and 20c. ther the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes	X N X N X N X N X N X N

Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

2021 Virginia Corporation Income Tax Return



Atte	ntion: Return must be filed e		, , , , , , , , , , , , , , , , , , ,		l waiver.		Official Us	se Only
FISC	Do not file this form to a AL or		operating loss. Use Forn					
	RT Year Filer: Beginning Date	<u>JULY</u> 1	,2021; Endir	ng Date <u>JUN</u>	E 30,	2022		
	Short Year Return	Change in A	ccounting Period					
FEI							Check all that apply:	
	1-0243196	THE C	CHRYSLER MUSE	EUM INCO	RPORAT	ED	Initial Filer	
	0						Name Change	
	NE MEMORIAL PL	ACE		State	ZIP Code		Mailing Addre	-
· ·	or Town						Physical Addr	ess Change
	ORFOLK sical Address (if different from Mailing	• • • • • • • • • • • • • • • • • • •		VA	2351	L 0	Entity Type Code	
Pny	sical Address (il different from Mailing	J Address)						
Phy	sical City or Town			State	ZIP Code		NAICS Code	
,				Giale				
Dat	e Incorporated	State or Country of I	ncorporation	Description of Bu	siness Activity		813000	
		-				DIADI		
	6/30/1939	VIRGINI		SCHEDU	LE K-1		RIBUTIVE SHARE	
Cn	eck Applicable Boxes		Final Return				Telecommunications Co	
	Consolidated - Sch. 500	AC Enclosed	Final Return - Cl boxes below.	heck here and a	applicable	Enter amou	unt from Form 500T, Line	7:
	7		boxes below.					
	Combined - Sch. 500AC	Enclosed				-		.00
	7		Withdrawn			Noncorpo	rate Telecommunication	s Company
	Change in Filing Status					-		
	7		Dissolved - No	o longer liable	for tax.	Check box a	and enter amount from Form 5	00T, Line 10:
	Sch. 500A Enclosed							
	Sch. 500AB Enclosed		Dissolved Dat	e:				.00
					Electric Supplier Company			
	Nonprofit Corporation		Merged			Enter amou	unt from Sch. 500EL, Line	7 or 14:
			Manager Dates					00
	Certified Company Appo Sch. 500AP Enclosed	ortionment -	Merger Date:					.00
						Home Ser	vice Contract Provider	
	Enter number of affiliate		Merged FEIN:			Enter amou	unt from Form 500HS, Line	e 10:
	Amended Return (See in	otructions)	S Corp Effecti				Check box if a noncorpora	
	Enter reason code:	isu ucuorisj		ve			Sheck box if a horicorpora	.00
						-		.00
Qu	estions and Related Inform	mation						
Α.	Have you made any payme		•			-	· •	
	expenses related to intang	ible property (pa	tents, trademarks, copy	rights, and simi	lar intangibl	le property)?	? If yes, complete and	
	enclose Schedule 500AB.	Enter exc	eption amount from So	hedule 500AB	l ine 8.	А.		.00
					, 2000 00	· · · _		
в.	Coalfield Employment Enh	ancement Tax C	redit earned from 2021	Form 306. Line	e 11.	В.		.00
	If a net operating loss dedu				ear of Loss			
-	taxable income on the U.S			• •		_		
	the requested information.		0,	he (2) F	ederal NOL		76	2146
	FEIN of the company gene	erating the NOL p	prior to the merger date.		ercent of fe			
	FEIN			N	OL used thi	is year		%
	(If there are NOLs for more	e than one year,	enclose a schedule for e			-	d in Section C.) SEE	STATEMENT 1
D.	If pass-through entity with	•		•		•	,	
	complete and enclose Sch					D.		
E.	Has your federal income ta		•		١			
	IRS and finalized for any p	rior year(s) that h	nas not previously been			_		
	reported to the Departmen				١	rear		
					١	rear _		
F.	Location of corporation's b	books ONE M	MEMORIAL PLAC	E, NORF	OLK,			
						-		
	Contact for corporation's b	books DANA	FUQUA	Cont	act Phone	Number '	757-664-6200	

2021	Virginia
Form	500
Page 2	

FEIN 51-0243196



INCOME

1. Federal taxable income (from enclosed federal return)	1.	0.00
2. Total additions from Schedule 500ADJ, Section A, Line 7	2.	.00
3. Total (add Lines 1 and 2)	3.	.00
4. Total subtractions from Schedule 500ADJ, Section B, Line 10	4.	.00
5. Balance (subtract Line 4 from Line 3)	5.	.00
6. Savings and Loan Association's Bad Debt Deduction (see instructions)	6.	.00
7. Virginia taxable income (subtract Line 6 from Line 5)	7.	.00

TAX COMPUTATION

8. Apportionable Income (Schedule 500A Filers) - Complete Lines 8(a) through 8(d). See instructions.		
(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a).	.00
(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(f)	8(b).	%
(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c).	.00
(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e)	8(d).	.00
9. Income tax (6% of Line 7 or 6% of Line 8(a)) PAYMENTS AND CREDITS	9.	0.00
10. Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B	10.	.00
11 Adjusted corporate tax (subtract Line 10 from Line 9)	11	00

11.	Adjusted corporate tax (subtract Line 10 from Line 9)	11.	.00
12.	2021 estimated Virginia income tax payments including overpayment credit from 2020	12.	.00
13.	Extension payment	13.	.00
14.	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A	14.	.00
15.	Pass-through entity total withholding from Schedule 500ADJ, Section D	15.	.00
16.	Total payments and credits (add Lines 12 through 15)	16.	.00

REFUND OR TAX DUE

17. Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17.	.00
18. Penalty (see instructions)	18.	.00
19. Interest (see instructions)	19.	.00
20. Additional charge from Form 500C, Line 17 (enclose Form 500C)	20.	.00
21. Total due (add Lines 17 through 20)	21.	.00
22. Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22.	.00
23. Amount to be credited to 2022 estimated tax	23.	.00
24. Amount to be refunded (subtract Line 23 from Line 22)	24.	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

By checking the box	r checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. 🔶 🔀						
			Title EXECUTIVE DIRECTOR				
Printed Name of Officer ERIK H. NEI	L	Phone Number					
Print Preparer's Name and PBMARES, LI	Firm Name MELISSA H. TUCKER, CPA		Preparer Phone Number $757 - 229 - 7180$				
			801 COURTHOUSE ST., SUITE BURG, VA 23188				
Preparer's FEIN, PTIN, or S 54-0737372	SN	Approved Vendor Coc	e 1019				

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN

VA 500		NOL CARRYFORWARD) ADJUSTMENT	STATE	MENT 1
YEAR END DATE	FEDERAL NOL	ADDITION	SUBTRACTION	E	RCENT OF FEDERAL NOL JTILIZED THIS YEAR
06/30/16	76,103.	0.	0.	0.	.0000
06/30/17	91,429.	0.	0.	0.	.0000
06/30/18	305,660.	0.	0.	0.	.0000
06/30/19	69,638.	0.	0.	0.	.0000
06/30/20	219,316.	0.	0.	0.	.0000
NET VIRGINIA	MODIFICATION			0.	

2021 Virginia Schedule 500FED

Corporation Schedule of Federal Line Items



Enclose Schedule 500FED with your Virginia Corporation Income Tax Return, Form 500. Schedule 500FED does not replace the requirement to enclose a complete federal Form 1120 with your Virginia return.

Name as shown on Virginia return THE CHRYSLER MUSEUM INCORPORATED	FEIN 51-0243	196
Form 1120 - Deductions and Taxable Income		
1. Federal Taxable Income before NOL and Special Deductions	1	263798 . oo
2. Net Operating Loss Deduction		
		1000
 Special Deductions Federal Taxable Income after NOL and Special Deductions 		
	4	.00
Form 1120, Schedule C - Dividends and Special Deductions		
5. Subpart F Income and/or Global Intangible Low-Taxed Income	5.	.00
6. Gross-Up for Foreign Taxes Deemed Paid		.00
Form 1120, Schedule K or M-1		
7. Tax Exempt Interest		.00
Form 5884 - Work Opportunity Credit		
8. Salaries and Wages not deducted due to the WOTC	8.	.00
Form 4562 - Special Depreciation Allowance and Other Depreciation		
9. Special depreciation allowance for qualified property placed in service during the		
taxable year		.00
10. Property subject to 168(f)(1) election	10	.00
11. Other depreciation	11	.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Gross Incom	e or Loss	
12. Total: Dividends (Exclude Gross-up)	12.	.00
13. Total: Dividends (Gross-up)		.00
14. Total: Inclusions (Exclude Gross-up)		.00
15. Total: Inclusions (Gross-up)		.00
16. Total: Interest		.00
17. Total: Gross Rents, Royalties, and License Fees	17.	.00
18. Total: Gross Income from Performance of Services		.00
19. Total: Other		.00
20. Total: Total Gross Income or Loss from Outside the US		
Form 1118, Schedule A - Income or Loss Before Adjustments - Deductions		
Torm Trio, Schedule A - Income of Loss Before Adjustments - Deductions		
21. Total: Allocable - Rental, Royalty, and Licensing Expenses -		
Depreciation, Depletion, and Amortization	21	.00
22. Total: Allocable - Rental, Royalty, and Licensing Expenses - Other Expenses		.00
23. Total: Allocable - Expenses Related to Gross Income from Performance of Services	23	.00
24. Total: Allocable - Other Allocable Deductions	24	.00
25. Total: Total Allocable Deductions		.00
26. Total: Apportioned Share of Deductions		.00
27. Total: Net Operating Loss Deduction		.00
28. Total: Total Deductions		.00
Form 1118, Schedule A - Income or Loss Before Adjustments - Total Income		
29. Total: Total Income or (Loss) Before Adjustments		.00



Virginia Corporation Income Tax e-file Signature Authorization

DO NOT SEND THIS VA-8879C TO THE VIRGINIA DEPARTMENT OF TAXATION OR THE IRS. IT MUST BE MAINTAINED IN YOUR FILES!

Corporation Name	Federal ID Number		
THE CHRYSLER MUSEUM INCORPORATED	51-0243196		
Part I Tax Return Information			
1. Federal Taxable Income (Form 500, Page 2, Line 1)	1.		
2. Virginia Taxable Income (Form 500, Page 2, Line 7)	2.		
3. Income tax (Form 500, Page 2, Line 9)	3.		
4. Total payments and credits (Form 500, Page 2, Line 16)	4.		
5. Total due (Form 500, Page 2, Line 21)	5.		
6. Amount to be refunded (Form 500, Page 2, Line 24)	6.		
Part II Declaration and Signature Authorization of Officer			
that the information provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider including the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of the corporate electronic income tax return. If filing a balance due return, I authorize the Virginia Department of Taxation (Virginia Tax) and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated on the 2021 Virginia income tax return for payment of state taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I certify that the transaction does not directly involve a financial institution outside of the territorial jurisdiction of the United States at any point in the process. I understand that if Virginia Tax does not receive full and timely payment of the tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize my ERO, Transmitter or Intermediate Service Provider to transmit the complete return to Virginia Tax. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return.			
Officer's e-File PIN: check one box only I authorize the ERO named below to enter my e-File PIN corporation income tax return. Do not enter all zeros BMARES LLP			
ERO Firm Name			
I will enter my e-File PIN as my signature on the corporation's 2021 electronic Virginia corporation income tax return. Check this box only if you are entering your own e-File PIN and the return is filed using the Practitioner PIN method. The ERO must complete Part III below.			
Your Signature	Date		
Part III Certification and Authentication			
ERO'S EFIN/PIN: Enter your six digit EFIN followed by your five digit self-selected PIN. <u>54448145678</u> Do not enter all zeros			
I certify that the above numeric entry is my ERO EFIN/PIN, which is my signature for the 2021 Virginia corporation income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and have followed all other requirements as specified by Virginia Tax. EROs may sign the form using a rubber stamp, mechanical device, such as a signature pen, or computer software program.			
ERO's Signature PBMARES_LLP	Date	02/03/23	
Form VA-8879C (REV 10/21)			