Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2023 calendar year, or tax year beginning and	ending	_			
В	Check if applicat	le: C Name of organization	D Employer identification number				
Γ	Addr chan	CLEBURNE FRIENDS OF THE CULTURAL ARTS					
			45-24187	65			
	Initia returi		E Telephone number	r			
	Final returi	125 CRANBIDY ST	817-641-	4908			
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	84,069.		
	Amer		H(a) Is this a group re				
	Appli tion pend			for subordinates	? Yes X No		
		425 GRANBURY ST., CLEBURNE, TX 76033		H(b) Are all subordinates in	ncluded? Yes No		
Ι	Tax-e>	rempt status: 🗴 501(c)(3) 🛄 501(c) () (insert no.) 🗌 4947(a)(1) (or 🛄 527	If "No," attach a	list. See instructions		
	Webs			H(c) Group exemption			
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2010 N	I State of legal domicile: \mathbf{TX}		
Ρ	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: PROV	IDE LO	W COST ART	CLASSES TO		
Governance		COMMUNITY, FREE GALLERY SHOWS, MEETING S					
'ern	2	Check this box if the organization discontinued its operations or dispos		1 1			
205	3				9		
જ	4		er of independent voting members of the governing body (Part VI, line 1b)				
ties	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			1 20		
Activities &	6	Total number of volunteers (estimate if necessary)		6	0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		20,324.	23,075.		
anı	9			18,425.	21,657.		
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		33.	155.		
ň	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,371.	22,858.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		59,153.	67,745.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ø		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,767.	22,153.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be	b	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		39,414.	45,742.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		59,181.	67,895.		
	19	Revenue less expenses. Subtract line 18 from line 12		-28.	-150.		
or So			Be	ginning of Current Year	End of Year		
t Assets (20	Total assets (Part X, line 16)		55,697.	53,777.		
tAs	21	Total liabilities (Part X, line 26)		26,318.	24,548.		
N ^E	22	Net assets or fund balances. Subtract line 21 from line 20		29,379.	29,229.		
P	art II	Signature Block					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

					<u> </u>				
Sign	Signature of officer				Date				
	KEN BECKHUSEN, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	D	ate	Check	PTIN			
Paid	JENNIFER BIRD, CPA				oon omprojou	P00959094			
Preparer	-	& CO., P.C.			Firm's EIN 75–	2147649			
Use Only	Firm's address 107 WESTMEADOW, P	.O. BOX 118							
	CLEBURNE, TX 76033 Phone no.817-641-2274								
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Form	990 (2023) CLEBURNE FRIENDS OF THE CULTURAL ARTS 45-2418765 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENHANCE THE QUALITY OF LIFE IN CLEBURNE AND JOHNSON COUNTY BY
	BUILDING A STRONG CULTURAL ARTS COMMUNITY AND INCREASING PUBLIC
	AWARENESS OF THE ARTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 15,468. including grants of \$) (Revenue \$ 2,168.)
4a	(Code:) (Expenses \$15,468. including grants of \$) (Revenue \$2,168.) ARTS COMPLEX AND MUSEUM OPERATIONS - OPERATES AND MAINTAINS THE JN LONG
	CULTURAL ARTS COMPLEX, A FORMER ELEMENTARY SCHOOL BUILDING. THE
	HISTORIC 3-STORY BUILDING WAS CONSTRUCTED IN 1915 ON 2.04 ACRES. THE
	31,000 SQ FT COMPLEX INCLUDES 2 ANNEX BUILDINGS WITH 8 CLASSROOMS, A
	GYM FOR PERFORMANCES AND EXHIBITS AND AN OLD CAFETERIA FOR LARGE GROUP
	MEETINGS. THE ABANDONED PROPERTY WAS ACQUIRED IN 2015 FROM THE LOCAL
	SCHOOL DISTRICT. THE MAIN BUILDING INCLUDES HISTORIC MURAL PAINTED BY
	LOCAL RENOWNED ARTIST, CLASSROOMS HOUSING 2 ART GALLERIES, A PERMANENT
	ART COLLECTION, A TRANSPORTATION MUSEUM CELEBRATING LOCAL HISTORIC TIES
	TO THE SANTA FE RAILROAD, AND THE TEXAS WOODCARVERS GUILD MUSEUM.
	MUSEUMS AND EXHIBITS ARE OPEN TO THE COMMUNITY, FREE OF CHARGE. CFCA
	HAS OVER 4,000 VISITORS ANNUALLY.
4b	(Code:) (Expenses \$ 6,672. including grants of \$) (Revenue \$ 18,049.)
	MEMBERSHIP PROGRAMS - PROVIDES ART GALLERIES, CLASSROOMS, MEETING ROOMS
	AND STAGE FOR MEMBER ARTISTS AND ORGANIZATIONS TO BRING ARTS TO THE
	COMMUNITY. MEMBER GROUPS HOST MONTHLY MEETINGS, LECTURES AND CLASSES
	FOR THE COMMUNITY. SEVERAL ORGANIZATIONS HOLD BOARD MEETINGS AT CFCA
	FACILITIES. MEMBER ARTISTS HOLD AFFORABLE CLASSES FOR WATER COLORING,
	DANCE AND CRAFTING, WHICH ARE PROMOTED BY CFCA STAFF. OVER 20 MEMBER
	GROUPS AND 120 INDIVIDUAL ARTIST MEMBERS USE THE CFCA COMPLEX AND SERVE
	OVER 900 PARTICIPANTS, PROVIDING OVER 12,000 HOURS OF SERVICE EACH
	YEAR. CFCA RECEIVES A SMALL COMMISSION FROM FEES COLLECTED FOR CLASSES
	AND LECTURES TO HELP COVER UTILITY COSTS. FREE ART CLASSES ARE PROVIDED
	TO SPECIAL NEEDS CHILDREN. A BROAD SCOPE OF THE COMMUNITY IS SERVED BY
	THESE ART TEACHERS AND ORGANIZATIONS.
4c	(Code:) (Expenses \$8,189. including grants of \$) (Revenue \$1,736.)
	EXHIBITS - HOSTS SIX TO SEVEN GALLERY SHOWS FEATURING LOCAL
	PROFESSIONAL, AMATEUR AND STUDENT ARTISTS IN GENRES INCLUDING
	PHOTOGRAPHY, 2-D ART, 3-D ART AND POETRY. EXHIBITS ARE OPEN TO THE
	PUBLIC FOR VIEWING. MANY OF THE EXHIBITS ENCOURAGE THE PUBLIC TO VOTE
	FOR THEIR FAVORITES AS A PART OF THE EXPERIENCE. OVER 50 ARTISTS WORK
	ON THE EXHIBITS DURING THE YEAR. ARTWORK EXHIBITED INCLUDES WORK OF
	OVER 120 AREA SCHOOL CHILDREN AND 30 SENIOR CITIZENS FROM ASSISTED
	LIVING FACILITIES AS SPECIAL EXHIBITS. TRAVELING EXHIBITS ARE BROUGHT
	IN FROM ORGANIZATIONS SUCH AS HUMANITIES TEXAS AND PALY FOUNDATION FOR
	MEMBERS OF THE COMMUNITY WHO MIGHT NOT OTHERWISE EXPERIENCE THESE TYPES
	OF EXHIBITS. EXHIBIT SUBJECTS COVER HISTORIC AND HUMANITARIAN ISSUES
	AND OFFER A WINDOW ON THE WORLD FROM AN ARTISTIC PERSPECTIVE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 30, 329.

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⊢orm	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	- 11	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
U	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	0		
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
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
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		х
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	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i>			v
00-	complete Schedule G, Part III	19 20a		X X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

	Form 990 (2	2023)	CLEBURNE	FRIENDS	С
ĺ	Part IV	Checklist	of Required Sched	dules (continue	d)

			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		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<u> </u>
	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		
	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			v
	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? <i>If</i> "Yes," complete Schedule L, Part IV	28a		x
h	"Yes," complete Schedule L, Part IV 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?/f	200		<u> </u>
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990	(2023)	CLEBURNE	FRIENDS	OF	\mathbf{THE}	CULTURAL	ARTS
Part V	Statement	ts Regarding Othe	er IRS Filing	s and	d Tax (Compliance (co	ntinued)

						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	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accol	int)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne org	anization 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 contribut	ions o	or gifts			
	were not tax deductible?					
7	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 ser			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		•			v
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_	7e		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X X
f						
g						
h						
8						
•	sponsoring organization have excess business holdings at any time during the year?					
	 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 49662 					
a b	a Did the sponsoring organization make any taxable distributions under section 4966?b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:			9b		
а	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		•		
11	Section 501(c)(12) organizations. Enter:	10.5				
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ratior	1 or	15		x
	excess parachute payment(s) during the year?					
	If "Yes," see the instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

CLEBURNE FRIENDS OF THE CULTURAL ARTS

Check if Schedule O contains a response or note to any line in this Part VI

Х

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	L	X
6	Did the organization have members or stockholders?	6	X	
7a	5 <i>i i i i</i>			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	No
100	Did the examination have lead chapters, branches, or effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 23
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
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.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\{TX}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	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 books and records
	BRITTANY LEWIS - 817-641-4908
	425 GRANBURY ST., CLEBURNE, TX 76033

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

X 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 hours per	box offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KEN BECKHUSEN	30.00			v				0.	0	0
PRESIDENT	2.00	X		X				0.	0.	0.
(2) JIM MCHALE	2.00	x		x				0.	0.	0
VICE PRESIDENT	1.00	<u> </u>						0.	0.	0.
(3) CARIN MOORE VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) ERICA LOPEZ	1.00									
SECRETARY		x		x				0.	0.	0.
(5) CHARLOTTE LAWSON	12.00									
TREASURER		x		x				0.	0.	0.
(6) BARBARA LANE	6.00									
DIRECTOR		X						0.	0.	0.
(7) CHRISTY MORTON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) KAITLYN JEWETT	1.00									
DIRECTOR		X						0.	0.	0.
(9) NERRISSA MCKEE	2.00									
DIRECTOR		x						0.	0.	0.

Form 990		FRIENDS	3 ()F	TI	IE	Ct	JL'	TURAL ARTS	45-241	.8765	Page 8	
Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hig	ghe	st C	compensated Employe	es (continued)			
	(A)	(B) (C) (D)							(D)	(E)		(F)	
	Name and title	Average	Average				thon		Reportable	Reportable	Esf	timated	
		hours per (do not check more than one box, unless person is both an						h an	compensation	compensation	ation amount of		
		week	offi	cer an	nd a d	irecto	or/trus	tee)	from	from related	(other	
		(list any	ctor						the	organizations	com	oensation	
		hours for	r dire				ted		organization	(W-2/1099-MISC/	' fro	om the	
		related	stee o	ustee			ensa		(W-2/1099-MISC/	1099-NEC)	orga	anization	
		organizations	al trus	nal tr		oyee	e omp		1099-NEC)			related	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizations	
		line)	pul	lns	Offi	Key	Hig em	Бог			_		
			1										
											1		
											+		
											<u> </u>		
									0.	0).	0.	
1b Sub	btotal								0.		/•)•		
	al from continuation sheets to Part V								0.	-	/•)•	0.	
-	al (add lines 1b and 1c)										•	0.	
	al number of individuals (including but r	iot limited to th	lose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportable		0	
con	npensation from the organization										r	0	
												Yes No	
	the organization list any former officer,				•			-					
	a 1a? If "Yes," complete Schedule J for s										. 3	X	
4 For	any individual listed on line 1a, is the su	um of reportabl	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization			
and	d related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		. 4	X	
5 Did	any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indiv	idual for services			
ren	dered to the organization? If "Yes," corr	plete Schedule	e J f	or su	uch	pers	son .				5	X	
Section	B. Independent Contractors												
1 Cor	mplete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation f	rom	
the	organization. Report compensation for	the calendar y	ear	endi	ng v	vith o	or w	ithir	n the organization's tax	year.			
	(A)				-				(B)		(C	;)	
	Name and business	address	NC	ONE	Ξ				Description of s	services	Comper		
								\neg					
								+					
								+					
								+					
0 T ·		a shaalla dha dha	- 4 11			41.							
	al number of independent contractors (ot li	nite	a to	thos (•	sted	above) who received r	nore than			
\$10	0,000 of compensation from the organi	791100				١.							

				FRIE	NDS OF T	HE CULTURA	L ARTS	45-2418	765 Page 9
Ра	rt VI								
		Check if Schedule O	contains a	response	or note to any lin	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ts	1 a	Federated campaigns		1a					
iran oun				1b	2,280.				
s, G	с	Fundraising events		1c					
Gift lar		Related organizations		1d					
ns, imi	е	Government grants (contr	ributions)	1e					
itio er S	f	All other contributions, gifts,							
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		1f	20,795.				
ont nd (g		lines 1a-1f	1g \$		22 075			
<u>a</u> C	h	Total. Add lines 1a-1f				23,075.			
•	-	PROGRAM SERVI		ידטעד	Business Code 611610	18,049.	18,049.		
vice	_	<u></u>		EKIE	459420	2,168.			
Ser	b			VENTI	611610	1,440.	1,440.		
ver (c d			VENO	011010	1,110.	1,440.		
Program Service Revenue	u e								
Pro	f		revenue						
	q	Total. Add lines 2a-2f				21,657.			
	3	Investment income (includ							
		other similar amounts)	-			155.	155.		
	4	Income from investment of	of tax-exem	npt bond p	proceeds				
	5	Royalties				141.	141.		
) Real	(ii) Personal				
		Gross rents		,862.					
	b	Less: rental expenses		,324.					
	c	()		,538.		22,538.			22,538.
		Net rental income or (loss Gross amount from sales of		ecurities	(ii) Other	22,330.			22,330.
	<i>i</i> a	assets other than inventory	7a	counties					
	h	Less: cost or other basis	14						
ne	~	and sales expenses	7b						
venue	с	Gain or (loss)	7c						
Re		Net gain or (loss)							
Other		Gross income from fundraisi	ng events (r	not					
đ		including \$		of					
		contributions reported on			1 1 1 0				
		Part IV, line 18			179.				
		Less: direct expenses				179.			179.
		Net income or (loss) from			I	179.			179.
	9 a	Gross income from gamin Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from							
		Gross sales of inventory, I							
		and allowances							
	b	Less: cost of goods sold							
	с	Net income or (loss) from	sales of in	ventory					
sr					Business Code				
Miscellaneous Revenue	11 a								
illar ven	b								
Re	с с							<u> </u>	
Σ		All other revenue							
	12	Total revenue. See instruction				67,745.	21,953.	0.	22,717.

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,375.		20,375.	
8	Pension plan accruals and contributions (include	-			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,778.		1,778.	
11	Fees for services (nonemployees):	,			
	Management				
	Legal				
	Accounting	4,275.		4,275.	
	Lobbying	, -		, -	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,977.		2,977.	
13	Office expenses	1,506.		1,506.	
14	Information technology			,	
15	Royalties				
16	Occupancy	22,870.	19,603.	3,267.	
17	Travel	,	- ,		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	662.		662.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,526.		1,526.	
23	Insurance	2,715.	2,327.	388.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.)	4,964.	4,255.	709.	
a b	PROGRAM COSTS	3,874.	3,874.	• • • •	
b	SUPPLIES	315.	270.	45.	
ب د	COMPUTER SOFTWARE	45.	4/0.	45.	
d		43. 13.			
	All other expenses	67,895.	30,329.	37,566.	0
25	Total functional expenses. Add lines 1 through 24e		50,549.	57,500.	0
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)				

CLEBURNE FRIENDS OF THE CULTURAL ARTS

Form 990 (2023) CLEBURNE FRIED
Part IX Statement of Functional Expenses

45-2418765 Page 10

45-2418765 Page 11

Form	<u>990 (</u>	(2023) CLEBURNE FRIEN	IDS (OF THE CULTURA	L ARTS	<u>45-</u>	2418765 Page 11			
Pa	t X	Balance Sheet								
		Check if Schedule O contains a response or not	e to an	y line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			41,011.	1	34,043.			
	2		avings and temporary cash investments							
	3	Pledges and grants receivable, net			з					
	4	Accounts receivable, net				4				
	5	Loans and other receivables from any current or								
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%						
		controlled entity or family member of any of thes	se pers	ons		5				
	6	Loans and other receivables from other disquali								
		under section 4958(f)(1)), and persons described				6				
Assets	7	Notes and loans receivable, net				7				
VSS6	8	Inventories for sale or use				8				
٩	9					9				
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D		48,575.	12 022		10.007			
		• • • • • • • • • • • • • • • • • • • •		29,508.	13,033.		19,067.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line 1			12					
	13	Investments - program-related. See Part IV, line			13					
	14	Intangible assets	1,653.	14	667.					
	15	Other assets. See Part IV, line 11			55,697.	15	53,777.			
	16	Total assets. Add lines 1 through 15 (must equa			55,097.	16				
	17	Accounts payable and accrued expenses			17					
	18	Grants payable				18 19				
	19	Deferred revenue				20				
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I				20				
	21					21				
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst								
ilidi		controlled entity or family member of any of these				22				
Lia	23	Secured mortgages and notes payable to unrela				23				
	24	Unsecured notes and loans payable to unrelated			24,345.	24	23,723.			
	25	Other liabilities (including federal income tax, pa								
		parties, and other liabilities not included on lines	-							
		of Schedule D			1,973.	25	825.			
	26				26,318.	26	24,548.			
		Organizations that follow FASB ASC 958, che								
ces		and complete lines 27, 28, 32, and 33.								
lan	27	Net assets without donor restrictions				27				
Ba	28	Net assets with donor restrictions				28				
pun		Organizations that do not follow FASB ASC 9								
Ē		and complete lines 29 through 33.								
s o	29	Capital stock or trust principal, or current funds			0.	29	0.			
sse	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.			
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			29,379.	31	29,229.			
Ne	32	Total net assets or fund balances			29,379.	32	29,229.			
	33	Total liabilities and net assets/fund balances			55,697.	33	53,777.			
							Form 990 (2023)			

	1 990 (2023) CLEBURNE FRIENDS OF THE CULTURAL ARTS	45-241	.8765	Paç	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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61		95.
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29	9,3	79.
5	Net unrealized gains (losses) on investments	5			
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	29) <u>, 2</u>	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

(Form 990)

<u>Tot</u>al

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.

OMB No. 1545-0047
2023
Open to Public Inspection

r

	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection											
Name of the organization Employer identification not and and international and international Employer identification not									identification number			
				URNE F	FRTENI	DS OF TH	HE CU	TITURA		S		5-2418765
Pa	irt I	Beason	for Public C									
			a private found									
1			nvention of chu		•		•		,			
2	\square		cribed in secti						JII 170(D)(•,~,'}•		
3	H		a cooperative						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	::)		
	\square										VIII) Entor	the heapital's name
4			-	ation opera		junction with	anospila	l describe			(III). Enter	the hospital's name,
-		city, and stat	ion operated fo	w the hered	fit of a cal		ity owno	d ar anara	tod by o a	overnmentel	unit dooorik	and in
5		-	-			lege or univers	sity owne	d or opera	ited by a g	overnmental	unit descrit	bed in
-			(b)(1)(A)(iv). (C	•	,							
6			te, or local gov		-							
7	X	-		•		ntial part of its	support	from a gov	/ernmental	l unit or from	the general	public described in
_		-	b)(1)(A)(vi). (Co	-								
8	\square		rtrust describe									
9			al research org									
		or university	or a non-land-g	rant college	e of agricu	ulture (see inst	ructions)	. Enter the	e name, cit	y, and state o	of the colleg	je or
		university:										
10		An organizati	ion that normal	lly receives	(1) more 1	than 33 1/3%	of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
		activities rela	ted to its exem	npt function	ns, subjec	t to certain exc	ceptions;	and (2) no	o more tha	n 33 1/3% of	its support	from gross investment
		income and u	unrelated busin	ness taxable	e income	(less section 5	11 tax) fr	om busine	esses acqu	uired by the c	rganization	after June 30, 1975.
		See section	509(a)(2). (Con	nplete Part	t III.)							
11	Ц	An organizati	ion organized a	and operate	ed exclusi	vely to test for	public sa	afety. See	section 50	09(a)(4).		
12		-	-	-		•		-			•	e purposes of one or
		more publicly	/ supported org	ganizations	describe	d in section 5	09(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	_	_lines 12a thro	ough 12d that o	describes tl	he type of	f supporting or	ganizatio	n and con	nplete line	s 12e, 12f, ar	nd 12g.	
а		☐ Type I. A s	upporting orga	nization op	perated, su	upervised, or c	ontrolled	by its sup	ported or	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the po	ower to reg	gularly appoint	or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	organizatio	n. You must c	omplete Pa	art IV, Se	ctions A and	В.					
b		J Type II. A s	supporting orga	anization su	upervised	or controlled i	n connec	tion with i	ts support	ed organizati	on(s), by ha	aving
		control or r	management of	f the suppo	orting orga	anization veste	d in the s	ame perso	ons that co	ontrol or man	age the sup	oported
		organizatio	n(s). You mus t	t complete	Part IV, S	Sections A an	d C.					
С		Type III fui	nctionally inte	grated. A s	supporting	organization	operated	in connec	tion with,	and functiona	ally integrat	ed with,
		its support	ed organizatior	n(s) (see ins	structions). You must co	omplete	Part IV, Se	ections A,	D, and E.		
d		Type III no	n-functionally	integrated	d. A supp	orting organiza	ation oper	rated in co	nnection v	with its suppo	orted organ	ization(s)
		that is not	functionally inte	egrated. Th	ne organiz	ation generally	must sa	tisfy a dist	ribution re	quirement ar	nd an attent	iveness
		requiremer	nt (see instructi	ons). You r	must com	plete Part IV,	Section	s A and D	, and Part	۷.		
е		Check this	box if the orga	nization red	ceived a v	vritten determi	nation fro	om the IRS	S that it is a	a Type I, Type	e II, Type III	
		functionally	/ integrated, or	Type III no	on-functior	hally integrated	d support	ing organi	zation.			
f	Ent	er the number	of supported of	organization	าร							
g	Pro	vide the follow	ing information	about the	supporte	d organization	(s).					
		(i) Name of supp		(ii) El	IN	(iii) Type of org			anization listed ing document?	(v) Amount o	of monetary	(vi) Amount of other
		organizatior	n			(described on li above (see instr		Yes	No	support (see i	nstructions)	support (see instructions)
									1			
									1			

Schedule A (Form 990) 2023 CLEBURNE FRIENDS OF THE CULTURAL ARTS 45-2418765 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,964.	15,739.	26,269.	20,324.	23,075.	101,371.
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	15,964.	15,739.	26,269.	20,324.	23,075.	101,371.
	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)						
6	Public support. Subtract line 5 from line 4.						101,371.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	15,964.	15,739.	26,269.	20,324.	(e) 2023 23,075.	101,371.
	Gross income from interest,	-	-		•		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	38,473.	20,969.	34,719.	36,151.	39,157.	169,469.
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.)	9,399.	3,796.	8,913.	13,856.	19,489.	55,453.
11	Total support. Add lines 7 through 10		,		•		326,293.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	_
	First 5 years. If the Form 990 is for th	·	,			501(c)(3)	
	organization, check this box and stop	0	,,,, -		,		
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2023 (column (f))		14	31.07 %
	Public support percentage from 2022					15	31.06 %
	33 1/3% support test - 2023. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-		•		v
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
_	<u> </u>		,				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 CLEBURNE FRIENDS OF THE CULTURAL ARTS 45-2418765 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) 45-2418765 Page 3

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
c 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 t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 202	2 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage	1			
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
more than 33 1/3% , check this box a						
b 33 1/3% support tests - 2022. If the						and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3c		
30		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

45-2418765 Page 5 CLEBURNE FRIENDS OF THE CULTURAL ARTS Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued)

			<u> </u>	0		Ununuc	<u></u>												
							-											Yes	No
11	Has the or	ganization	acce	epted a g	ift or con	tribution [.]	irom a	any of th	f the fo	followir	ng perso	ons?							
а	A person v	/ho direct	ly or i	indirectly	controls,	either ald	one or	togeth	ther w	with pe	ersons c	lescribe	ed on	lines 1	1b and				
	11c below, the governing body of a supported organization? 11a																		
b	A family m	ember of a	a pers	son desc	ribed on l	ine 11a a	bove?	?									11b		
с	A 35% cor	trolled en	tity o	of a perso	n describ	ed on line	e 11a (or 11b	b abo	ove?If	"Yes" to	b line 1	1a, 11	b, or 11	lc, prov	ride			
	detail in Pa	rt VI.															11c		
Sec	tion B. T	/pe I Su	ppc	orting C	Drganiz	ations													

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.

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.

Section C.	Type II	Supporting	Organizations	

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

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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 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.

Yes

1

2

1.4 .

No

	(Form 990) 2				-		CULTURAL	
Party		Non-Functio	onally integrat	ed 509(a)(3)	Sup	ροιτικό	g Organizatior	15

1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu	ist complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
2	· · · · · · · · · · · · · · · · · · ·	2		
3	Recoveries of prior-year distributions	3		
-	Other gross income (see instructions)	4		
4	Add lines 1 through 3.	5		
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		-
	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		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
-	Discount claimed for blockage or other factors			
-	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
-		4		
5	see instructions).	5		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6	Multiply line 5 by 0.035.	7		
7	Recoveries of prior-year distributions			
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		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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Sche	edule A (Form 990) 2023 CLEBURNE FRIENDS OF THE CULT						
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orgar						
Sect	tion D - Distributions						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organization						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
_							

	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	S	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

CLEBURNE FRIENDS OF THE CULTURAL ARTS 45-2418765 Page 7 ionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2023

Current Year

1

2 3

Schedule A (Form 990) 2023 CLEBURNE FRIENDS OF THE CULTURAL ARTS 45-2418765 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, Section C, line 17a, Facts and Circumstances Test:
THE CFCA HAS RECEIVED A DETERMINATION LETTER, DATED 9/9/20, STATING THAT
THEY MEET THE REQUIREMENTS FOR CLASSIFICATION AS A PUBLIC CHARITY BASED
UPON IRC SECTION 509(A)(2). CFCA'S CALCULATED PUBLIC SUPPORT PERCENTAGE
FOR 2023 WAS 31.07%, FOR 2022 WAS 31.06%, FOR 2021 WAS 32.90%, FOR 2020
WAS 30.89%, AND FOR 2019 WAS 19.23%. CFCA QUALIFIES AS A PUBLICLY
SUPPORTED ORGANIZATION BY MEETING THE CRITERIA OF THE 10% FACTS AND
CIRCUMSTANCES TEST:
(1) CFCA MAINTAINS A CONTINUOUS PROGRAM FOR SOLICITING FUNDS FROM THE
GENERAL PUBLIC, COMMUNITY, AND MEMBERS; CFCA ALSO APPLIES FOR GRANTS.
(2) CFCA'S SUPPORT COMES FROM MEMBERSHIP DUES, FUNDRAISING EVENTS,
DONATIONS AND GRANTS, RENTALS OF CLASSROOM SPACE AND MEETING SPACES.
FACILITIES AND SERVICES ARE PROVIDED FOR THE BENEFIT OF THE GENERAL PUBLIC
ON A CONTINUING BASIS.
(3) THE BOARD REPRESENTS THE BROAD INTERESTS OF THE PUBLIC IN FURTHERING
THE ARTS.
(4) SOLICITATION OF DUES FROM MEMBERS IS DESIGNED TO BRING IN MEMBERS OF
THE COMMUNITY, AT RATES DESIGNED TO MAKE MEMBERSHIP AVAILABLE TO A BROAD
CROSS-SECTION OF THE INTERESTED PUBLIC. CFCA'S ACTIVITIES APPEAL TO
PERSONS WITH AN INTEREST IN THE CULTURAL ARTS.

SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization CLEBURNE FRIENDS O	F THE CULTURAL	ARTS	Employer identification number 45-2418765
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Sim	ilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised fur	nds (I	a) Funds and other accounts
1	Total number at end of year		```	,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of contributions to (during year)			
4	Aggregate value of grants norm (during year)			
5	Did the organization inform all donors and donor advisors in		donor advised fun	46
5	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ū	for charitable purposes and not for the benefit of the donor			•
Pa				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea		eservation of a histo	rically important land area
	Protection of natural habitat	Pre	eservation of a certi	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution	n in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic sta	ructure included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and	not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or term	inated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ea		<u> </u>	
5	Does the organization have a written policy regarding the pe			
~	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nanuling of violations, and e	morcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforc	ing conservation ea	sements during the year
-	······································			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of s	section 170(h)(4)(B)	i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's fina	ancial statements th	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		ures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Forn			
1 a	If the organization elected, as permitted under FASB ASC 99	•		
	of art, historical treasures, or other similar assets held for pu			nce of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 98			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or res	earch in furtherance	of public service,
	provide the following amounts relating to these items.			¢
	(i) Revenue included on Form 990, Part VIII, line 1			
n	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar asset		
2				provide
9	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1			\$
<u> </u>	Assets included in Form 990, Part X		<u></u>	······Ψ

		E FRIENDS							1876		age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures, o	or Othe	r Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, checl	k any of the	following that	at make si	gnificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizati	on's exer	npt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er similar	assets	_	-		-
	to be sold to raise funds rather than to be m		U						Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatio	n answered "	Yes" on F	⁻ orm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		•						-		7
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
t	Ending balance										1
	Did the organization include an amount on F						•	L	Yes		J No ∣
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if						<u></u>	<u></u>]
1 0		(a) Current year		rior year	(c) Two year			ars hack	(e) Four	vears	hack
4		(a) Ourient year		nor year					(e) i oui	yours	buok
la L	Beginning of year balance										
D	Contributions										
C A	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
£	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur	ront year and balance	l (lino 1	a column (a)) hold as:						
2	Board designated or quasi-endowment		ж м	g, column (a)) neiu as.						
a h	Permanent endowment	%									
0		%									
C	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		ation the	at are held a	and administe	ared for th					
ou	organization by:								Ι	Yes	No
	(i) Unrelated organizations?								3a(i)		
									a (11)		
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the									•	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IN	/, line 11a. \$	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated		(d) Boo	k value	э
		basis (investr	ment)	basis	(other)	dep	reciation				
1a	Land				4,305.					4,3	05.
	Buildings										
	Leasehold improvements										
	Equipment				3,612.		28,97			4,6	
	Other			1	0,658.		53	3.		0,1	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, columr	n (B))				1	9,0	67.

Schedule D (Form 990) 2023

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	(D))		
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, co	<u>'. (В))</u>		
(5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities		11e or 11f See Form 990 Part X line 9	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Prescription of "ability"		11e or 11f. See Form 990, Part X, line 25	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	5. (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 28	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES		11e or 11f. See Form 990, Part X, line 25	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1		(b) Book value

CLEBURNE FRIENDS OF THE CULTURAL ARTS

45-2418765 Page 3

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 CLEBURNE FRIENDS OF TH			ge 4
Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
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		
с	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		
-				
Ра	rt XII Reconciliation of Expenses per Audited Financial S		nses per Return	
Ра	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	Statements With Exper	nses per Return	
Pa 1		Statements With Exper	·	
	Complete if the organization answered "Yes" on Form 990, Part IV,	Statements With Exper	·	
1	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements	Statements With Exper	·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Statements With Exper	·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, 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	Statements With Exper line 12a. 2a 2b	·	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, 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	Statements With Exper line 12a. 2a 2b 2c	·	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, 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	Statements With Exper line 12a. 2a 2b 2c 2d		
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, 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	Statements With Exper line 12a. 2a 2b 2c 2c 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, 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.)	Statements With Exper line 12a. 2a 2b 2c 2c 2d	1	
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, 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	Statements With Exper line 12a.	1	
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, 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 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:	Statements With Exper line 12a. 2a 2b 2c 2d 2d 4a	1	
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, 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 VIII, line 7b	2a 2a 2b 2c 2d 2d		
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, 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 VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	1 2e 3 3 4c	

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.

SCHEDULE O (Form 990)	20 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.	OMB No. 1545-0047		
Department of the Treasur Internal Revenue Service				
Name of the organiz		n number		
Form 990,	Part VI, Section A, line 6:			
MEMBERS BE	ENEFIT FROM ACCESS TO VARIOUS CLASSES, WORKSHOPS, ART DEMOS,	AND		
CONTESTS,	GREATER EXPOSURE BEYOND THE LOCAL COMMUNITY, ETC. MEMBERSHI	IP IS		
OPEN TO AR	RTISTS AND NON-ARTISTS AS WELL AS ART-RELATED GROUPS.			
Form 990,	Part VI, Section A, line 7a:			
MEMBERS NC	IOMINATE AND ELECT INDIVIDUALS TO THE BOARD.			
Form 990,	Part VI, Section B, line 11b:			
THE CFCA E	BOARD MEETS QUARTERLY AND REVIEWS THE FINANCIAL REPORTS FOR T	'AX		
FILING AT	THE FIRST MEETING OF EACH FISCAL YEAR. ONCE PREPARED, THE IF	₹S		
FORM 990 I	IS REVIEWED BY THE BOARD FOR APPROVAL PRIOR TO SIGNING AND FI	LING		

THE RETURN. AN EXECUTIVE SESSION IS CALLED IF A REGULAR MEETING IS NOT

SCHEDULED.

Form 990, Part VI, Section B, Line 12c:

THE CFCA BOARD PRESIDENT AND VICE PRESIDENT REVIEW CONTRACTS PRIOR TO

APPROVAL TO ASSURE THERE IS NO CONFLICT OF INTEREST. ANY BOARD MEMBER

EXHIBITING A CONFLICT IS RESTRICTED FROM VOTING ON THE PROPOSED CONTRACT.

Form 990, Part VI, Section C, Line 19:

CFCA WILL PROVIDE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 4562						
Department of the Treasury Internal Revenue Service						
Name(s) shown on return						

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

ZU

OMB No. 1545-0172

	LEBURNE FRIENDS OF T					age 10		45-2418765
P	art I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have	e any listed p	property, o	complete Part	V before	
1	Maximum amount (see instructions)							1,160,000.
	Total cost of section 179 property place							
	Threshold cost of section 179 propert							2,890,000.
	Reduction in limitation. Subtract line 3							
5	Dollar limitation for tax year. Subtract line 4 from lin							
6	(a) Description of p	property	(b) Co	ost (business us	e only)	(c) Elected	cost	
_								-
	Listed property. Enter the amount from				7			
	Total elected cost of section 179 prop							
	Tentative deduction. Enter the smalle							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the							
	Section 179 expense deduction. Add					<u></u>	12	
	Carryover of disallowed deduction to 2 te: Don't use Part II or Part III below for				13			
	art II Special Depreciation Allow			includo liste	d proport	n/)		
-	Special depreciation allowance for qua		· ·			,,		
14		1 1 2 (,,,,		5	14	
46	the tax year							
	Property subject to section 168(f)(1) e						15	
	Other depreciation (including ACRS) art III MACRS Depreciation (Don'						16	
•	art m MACAS Depreciation (Don		Section					
17	MACRS deductions for assats placed	in convice in tax v					17	1,526.
	MACRS deductions for assets placed If you are electing to group any assets placed in se		0 0				η μ	1,520.
10	Section B - Asset					· · · · · · · · · · · · · · · · · · ·		
	Occurrent Autors	s Placed in Servic	<u>e During 2023 Tax</u>	Year Using	i the Gen	eral Denrecia	ation Syst	em
		(b) Month and	(c) Basis for depreci	ation (
	(a) Classification of property			ation it use (c) Recovery period	(e) Convention		(g) Depreciation deduction
10:		(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
19a	a 3-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
k	a 3-year property b 5-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
k c	 a 3-year property b 5-year property c 7-year property 	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
k 0	 a 3-year property 5-year property c 7-year property d 10-year property 	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
	 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property 	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation it use (c) Recovery			
t c c	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation t use (c ons)) Recovery period		(f) Method	
	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation t use (c ons)	25 yrs.	(e) Convention	(f) Method	
t c c f	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation t use ons) (c c c c c c c c c c c c c c	25 yrs.	(e) Convention	(f) Method	
t c c f	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25-year property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation t use ons) (c	25 yrs. 7.5 yrs.	(e) Convention	(f) Method	
t c c f	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 22-year property 25-year property h Residential rental property	(b) Month and year placed	(c) Basis for depreci (business/investmer	ation t use ons) (c	25 yrs.	(e) Convention	(f) Method	
t c c f f	 a 3-year property b 5-year property c 7-year property d 10-year property d 10-year property e 15-year property 20-year property 20-year property 25-year property h Residential rental property Nonresidential real property 	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c 2 2 2	25 yrs. 7.5 yrs. 39 yrs.	(e) Convention	(f) Method	(g) Depreciation deduction
t c c f f i	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 22-year property 325-year property h Residential rental property Nonresidential real property Section C - Assets	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c 2 2 2	25 yrs. 7.5 yrs. 39 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
k c c f f i 20;	a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 22-year property 25-year property h Residential rental property Nonresidential real property Section C - Assets a Class life	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c (c (c (c (c (c (c (c (c (c	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
k c c f f f l l 20;	a 3-year property 5-year property 7-year property 10-year property 10-year property 20-year property 20-year property 25-year property h Residential rental property Nonresidential real property Section C - Assets a Class life b 12-year	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c c c c c c c c c c c c c c	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
k 	a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Assets a Class life b 12-year c 30-year	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c c c c c c c c c c c c c c	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs. 30 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
k cc e f f 20; 20; 1	a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 225-year property Monresidential rental property Nonresidential real property Section C - Assets a Class life b 12-year c 30-year	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ation t use ons) (c c c c c c c c c c c c c c	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
	a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year property 20-year property 20-year property 20-year property 20-year property 20-year property Section C - Assets a Class life b 12-year c 30-year d 40-year art IV Summary (See instructions.)	(b) Month and year placed in service ////////////////////////////////////	(c) Basis for depreci (business/investmer only - see instructi	ation It use ons) (c 2 2 2 (c 2 2 2 2 2 2 2 2 2 2 2 2 2	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
	a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year 20-y	(b) Month and year placed in service ////////////////////////////////////	(c) Basis for depreci (business/investmer only - see instructi	ation It use ons) (c 2 2 2 2 2 2 2 2 2 2 2 2 2	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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	a 3-year property 5-year property 7-year property 10-year property 20-year property 20-year 20-y	(b) Month and year placed in service ////////////////////////////////////	(c) Basis for depreci (business/investmer only - see instructi	ation It use ons) (c (c (c (c (c (c (c (c (c (c	25 yrs. 7.5 yrs. 7.5 yrs. 39 yrs. 12 yrs. 30 yrs. 40 yrs.	(e) Convention	(f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction

Form 4562 (2023)	CLE	BURNE F	RIEN	ids o	F '	THE	CULT	URAL .	ARTS		45-	-2418	765	Page 2
	erty (Include a			ner vehic	cles,	certain a	aircraft, a	and prope	ty used f	or				
	nt, recreation, only vehicle for w		,	standar	'd mi	leane ra	te or der	ductina le:	ise exner	ise com	nlete or	1 v 24a		
	s (a) through (13C, CON		πy ∠+α,		
Section A	A - Depreciati	on and Other	Informa	ition (Ca	utio	n: See t	ne instru	ictions for	limits for	passen	ger auto	mobiles.)	
24a Do you have evidence t	o support the bu	siness/investme	nt use cl	aimed?		Yes		24b If "	Yes," is t	ne evide	nce writ	tten?	Yes	No
(a)	(b) Date	(c) Business/		(d)			(e)	(f)		(g)		(h)		(i)
Type of property (list vehicles first)	placed in	investment		Cost or her basis		(business	depreciatio /investmen			thod/ /ention		eciation luction		cted on 179
	service	use percentag	je ^{Ul}	1101 Dasis		use	only)	period	0011		ucu		C	ost
25 Special depreciation a														
used more than 50%										. 25				
26 Property used more t	han 50% in a c	ualified busine	ess use:								·			
			6					_					 	
			6					_						
		,	6											
27 Property used 50% o	r less in a qual		_											
			6						S/L -				-	
			6					_	S/L ·				-	
	<u> </u>	,	6			01			S/L -				-	
28 Add amounts in colur														
29 Add amounts in colur	nn (I), line 26. E			7, page B - Infor								29	<u> </u>	
Complete this section for	vohiolog upod								or rolato	d parao	a If you	provider	dyahiala	•
Complete this section for											-	•		5
to your employees, first a	nswer the que	stions in Sectio		see ii you	u me	eranex	ception	to comple	ung mis :	Section	or those		5.	
				a)		(b)		(c)		d)		(e)	(1	F)
30 Total business/investme	nt miles driven d	uring the		icle 1	Ι,	Vehicle 2		Vehicle 3		icle 4		icle 5	Vehi	
year (don't include comr		•	Von						000		001		Voin	
31 Total commuting mile														
32 Total other personal (
driven														
33 Total miles driven dur														
Add lines 30 through	• •													
34 Was the vehicle availa			Yes	No	Ye	s N	o Ye	es No	Yes	No	Yes	No	Yes	No
during off-duty hours'	?													
35 Was the vehicle used														
than 5% owner or rela	ated person?													
36 Is another vehicle ava														
use?														
	Section C	- Questions f	or Emp	loyers W	/ho F	Provide	Vehicle	s for Use	by Their	Employ	ees			
Answer these questions t	o determine if	you meet an e	xceptior	n to com	pletiı	ng Secti	on B for	vehicles u	ised by e	mployee	es who a	ren't		
more than 5% owners or	related person	S.												
37 Do you maintain a wri	tten policy sta	tement that pr	ohibits a	all persor	nal u	se of ve	hicles, in	cluding co	ommuting	i, by you	ır		Yes	No
employees?														
38 Do you maintain a wri	tten policy sta	tement that pr	ohibits p	personal	use	of vehic	les, exce	ept comm	uting, by	your				
employees? See the i														
39 Do you treat all use of														
40 Do you provide more														
the use of the vehicle														
41 Do you meet the requ													· 🖵	
Note: If your answer t		0, or 41 is "Ye	s," don'	t comple	ete S	ection E	for the	covered v	ehicles.					
Part VI Amortization			(1-)			-		1-0		(.)			(6)	
(a Description) n of costs	Date	(b) amortization		(Amor	c) tizable		(d) Code		(e) Amortiza	ation	A	(f) mortization	
			begins	L	am	ount		sectio		period or pe		fo	or this year	
42 Amortization of costs	that begins du	iring your 2023	s tax yea	ar: I										
			: :											
	4 h a t l '		<u> </u>	<u> </u>							40			
43 Amortization of costs	unat began be	iore your 2023	i tax yea	۹ľ							43			

0100			Form 4562 (
44	Total. Add amounts in column (f). See the instructions for where to report	44	
43	Amortization of costs that began before your 2023 tax year	43	

Form 4562
Department of the Treasury Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

RENT

OMB No. 1545-0172

Attachment Sequence No. 179

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attach to your tax return.

Identifying number

1

	EBURNE FRIENDS OF 1						45-2418765
Pa	rt I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have an	y listed property, o	complete Parl	V before	you complete Part I.
1	Maximum amount (see instructions)					1	1,160,000.
2	Total cost of section 179 property pla	ced in service (see	instructions)			2	
	Threshold cost of section 179 proper		2,890,000.				
4	Reduction in limitation. Subtract line 3	3 from line 2. If zero	o or less, enter -0-			4	
5 [Dollar limitation for tax year. Subtract line 4 from li	ne 1. If zero or less, enter	-0 If married filing separately	see instructions		5	
6	(a) Description of	property	(b) Cost (b	usiness use only)	(c) Elected	cost	
]
	Listed property. Enter the amount from						
	Total elected cost of section 179 prop						
	Tentative deduction. Enter the smalle						
10 (Carryover of disallowed deduction fro	m line 13 of your 2	022 Form 4562			10	
11 [Business income limitation. Enter the	smaller of busines	s income (not less than	zero) or line 5		11	
12 3	Section 179 expense deduction. Add	lines 9 and 10, but	t don't enter more than	line 11 <u></u>		12	
13 (Carryover of disallowed deduction to	2024. Add lines 9 a	and 10, less line 12	13			
-	: Don't use Part II or Part III below fo	r listed property. Ir	nstead, use Part V.				
Pa	rt II Special Depreciation Allow	ance and Other D	epreciation (Don't inc	ude listed propert	y.)		
14 \$	Special depreciation allowance for qu	alified property (otl	her than listed property) placed in service	during		
t	the tax year					14	
15 I	Property subject to section 168(f)(1) e	lection				15	
	Other depreciation (including ACRS)					16	
Pa	rt III MACRS Depreciation (Don	't include listed pro	perty. See instructions	.)			
			Section A				
17	MACRS deductions for assets placed	in convice in tax w					2 000
40.		In service in tax ye	ears beginning before 2	023		17	3,098.
18	f you are electing to group any assets placed in se		v v			17	3,098.
18	f you are electing to group any assets placed in se	ervice during the tax year	v v	accounts, check here			
<u>18</u>	f you are electing to group any assets placed in se	ervice during the tax year	into one or more general asset	accounts, check here		ation Syst	
18 19a	f you are electing to group any assets placed in se Section B - Asset	ervice during the tax year s Placed in Servic (b) Month and year placed	into one or more general asset ce During 2023 Tax Ye (c) Basis for depreciation (business/investment use	accounts, check here ar Using the Gen (d) Recovery	eral Deprecia	ation Syst	em
	f you are electing to group any assets placed in section B - Asset (a) Classification of property	ervice during the tax year s Placed in Servic (b) Month and year placed	into one or more general asset ce During 2023 Tax Ye (c) Basis for depreciation (business/investment use	accounts, check here ar Using the Gen (d) Recovery	eral Deprecia	ation Syst	em
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Form 4562 (2023)	CLE	BURNE F	RIEN	ids o	F '	THE	CULT	URAL .	ARTS		45-	-2418	765	Page 2
	Property (Include a			ner vehic	cles, o	certain a	aircraft, a	and prope	ty used f	or				
	inment, recreation, of For any vehicle for w		,	standar	d mi	leage ra	te or der	ductina les	ise exner	ise com	nolete or	ulv 24a		
	blumns (a) through (a									130, 0011		ny 24a,		
Sec	tion A - Depreciation	on and Other I	nforma	ition (Ca	utio	n: See t	ne instru	ictions for	limits for	passen	ger auto	mobiles.)	
24a Do you have evid	ence to support the bu	siness/investme	nt use cl	aimed?		Yes		24b If "	Yes," is t	ne evide	nce writ	ten?	Yes	No
(a)	, (b) Date	(c) Business/		(d)			(e)	(f)		(g)		(h)		(i)
Type of property (list vehicles first	y placed in	investment		Cost or her basis		(business	depreciatio /investmen			thod/ /ention		eciation uction		cted on 179
	service	use percentag	le Ut	1101 Dasis		use	only)	period	0011			uotion	C	ost
25 Special deprecia														
	50% in a qualified b									. 25				
26 Property used m	nore than 50% in a c	ualified busine	ess use:											
		%	_					_			ļ			
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		9	_		_			_	S/L ·				-	
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28 Add amounts in														
29 Add amounts in	column (I), line 26. E											. 29		
				B - Infor									ما م ا ما م	_
Complete this section														s
to your employees, f	first answer the que	stions in Sectio	on C to s	see it yoi	u me	et an ex	ception	to comple	ting this s	section 1	for those	e venicie:	5.	
				a)		(b)		(0)		d)	1	(a)		F)
30 Total business/inv	estment miles driven d	uring the	-	a) icle 1	Ι,	(b) Vehicle 2		(c) Vehicle 3		d) icle 4		(e) icle 5	(† Vehi	cle 6
	commuting miles)	•	VUII		<u> </u>				VCII		VCI		Voin	
31 Total commuting														
32 Total other perso		-												
-														
33 Total miles drive														
	ough 32													
34 Was the vehicle			Yes	No	Ye	es N	o Ye	es No	Yes	No	Yes	No	Yes	No
	nours?										1.00		1.00	
35 Was the vehicle														
	or related person?													
36 Is another vehicl														
		- Questions f	or Emp	lovers W	/ho F	Provide	Vehicle	s for Use	by Their		ees	•		
Answer these questi												ren't		
more than 5% owne	rs or related person	S.				-			-					
37 Do you maintain	a written policy sta	tement that pro	ohibits a	all persor	nal us	se of ve	hicles, in	cluding co	mmuting	i, by you	ır		Yes	No
employees?														
38 Do you maintain														
employees? See	e the instructions for	vehicles used	by corp	oorate of	ficer	s, direct	ors, or 1	% or more	owners					
39 Do you treat all u	use of vehicles by er	mployees as pe	ersonal	use?										
40 Do you provide r	more than five vehic	les to your em	ployees	, obtain	inforr	mation f	rom you	r employe	es about					
the use of the ve	ehicles, and retain th	ne information i	received	d?										
41 Do you meet the	e requirements conc	erning qualified	d autom	obile de	mons	stration	use?							
Note: If your and	swer to 37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	ete S	ection E	for the	covered v	ehicles.					
Part VI Amortiz		i												
Des	(a) scription of costs		(b) mortization		(Amor	c) tizable		(d) Code		(e) Amortiza		A	(f) mortization	
			begins		am	ount		section		period or pe		fc	or this year	
42 Amortization of a	costs that begins du	iring your 2023	s tax yea	ar:							i			
			: :											
			: :								- +			
43 Amortization of a	costs that began be	fore your 2023	tax yea	ar							43			

0100			Form 4562 (
44	Total. Add amounts in column (f). See the instructions for where to report	44	
43	Amortization of costs that began before your 2023 tax year	43	