EXTENDED TO NOVEMBER 15, 2022 Return of Private Foundation

Form **990-PF**

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

For	aler	idar year 2021 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	n number
D	R.	SEUSS FOUNDATION			95-6029752	}
		nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
Ρ	.0	. BOX 33305			619-733-80	50
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		DIEGO, CA 92163				
G C	heck	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me check here and attach co	eeting the 85% test.
		Address change	Name change		check here and attach co	omputation
H	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
		ction 4947(a)(1) nonexempt charitable trust urket value of all assets at end of year J Accounti	ng method: Cash	X Accrual	under section 507(b)(1)	
			ther (specify)	ACCIUAI	F If the foundation is in a under section 507(b)(1)	
(II		57, 293, 616. (Part I, colum		is.)	· under Section 507(b)(1))(D), CHECK HELE
	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received				
	2	Check X if the foundation is not required to attach Sch. B	10 101	4 122		
	3	Interest on savings and temporary cash investments	19,191.	14,403		STATEMENT 1
	4	Dividends and interest from securities	858,758.	858,758	•	STATEMENT 2
		Gross rents				
		Net rental income or (loss)	181,416.			
ne	0a h	Net gain or (loss) from sale of assets not on line 10	101,410.			
Revenue	7	Capital gain net income (from Part IV, line 2)		181,416		
Be	8	Net short-term capital gain		202,220	N/A	
	9				·	
	10a	Income modifications Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss)	0.005.005		0.005.005	
	11	Other income	2,225,335.	2,225,335		STATEMENT 3
	12	Total. Add lines 1 through 11	3,284,700. 183,750.	3,279,912 28,500		47,500.
	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	6,250.	20,300		47,300.
		Pension plans, employee benefits	19,930.	0	-	0.
es		Legal fees STMT 4	80,792.	8,079	-	0.
ens		Accounting fees STMT 5	70,208.	7,021		0.
Exp	C	Other professional fees STMT 6	304,175.	166,505		0.
Хe						
trat	18	Interest Taxes STMT 7	180,409.	2,323	. 0.	1,549.
inis	19	Depreciation and depletion				
<u>a</u>	20	Occupancy				
ΨÞ	21	Travel, conferences, and meetings				
yan	22 23	Printing and publications Other expenses STMT 8	59,261.	0	. 0.	0.
ţi		Total operating and administrative	33,201.		• •	
Operating and Administrative Expens		expenses. Add lines 13 through 23	904,775.	212,428	. 0.	49,049.
ō	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	904,775.	212,428	. 0.	49,049.
		Subtract line 26 from line 12:	0 070 007			
		Excess of revenue over expenses and disbursements	2,379,925.	2 067 404		
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)		3,067,484	2.225.335.	
	:	BUTUSTED THE THEORIE (IT DECISIVE ENTER -(1-)				

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Cash - non-interest-bearing	D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	<u>• </u>
2 Syrings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Preclayer receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable ▶ 1 Service de la fee for mitiries, directors, trustees, and other disqualified persons 7 outre crass de las from difficers, directors, trustees, and other disqualified persons 8 Investments for sale or use 1 Investments couponals stock 1 Investments couponals stock 2 Investments couponals stock 3 Investments couponals stock 3 Investments couponals stock 4 Investments couponals stock 5 Investments couponals stock 1 Investments couponal stock 1 Investments couponals stock 2 Investments couponals stock 1 Investments couponal stock 2 Investments couponals stock 2 Investments couponal stock 3 Investments couponal stock 2 Investments couponal stock 3 Investments couponal stock 1 Investments couponal stock 2 Investments couponal stock 2 Investments couponal stock 3 Investments couponals stock 4 Investments couponals stock 5 Investments couponals stock 6 Investments couponals stock 6 Investments couponals stock 8 Invest		ai t	column should be for end-of-year amounts only.	(a) Book Value	` '	(c) Fair Market Value
A Accounts receivable Less circumstance for doubtful accounts Less circumstance for circumstance for doubtful accounts Less circumstance for doubtful accounts Less circumstance for circumstance f		1	Cash - non-interest-bearing	503,965.		558,448.
A Accounts receivable Less circumstance for doubtful accounts Less circumstance for circumstance for doubtful accounts Less circumstance for doubtful accounts Less circumstance for circumstance f		2		2,996,388.	2,957,994.	2,957,994.
## Pelogen recipiolatio						
Periodic receivable Less: allowance for doubtful accounts						
S Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 The receive for sale or use 8 Inventories for sale or use 9 Prepaid operations to sale or use 10 Investments - Us. and state operations 11 Investments - Corporate stock 11 Investments - Corporate stock 12 Investments - Corporate stock 13 Investments - Corporate stock 14 Land, buildings, and equipment basis ► 15 Other assets (do be completed by all filers - see the Instructions. Also, see page 1, flem 1) 15 Other assets (do be completed by all filers - see the Instructions. Also, see page 1, flem 1) 16 Courte is payable and accrued expenses 17 Land buildings, and equipment basis ► 18 Grants payable and accrued expenses 19 Deformed reventue 20 Loves two network, elections, business, and desher disqualified persons 21 Mortgapes and other notes payable 22 Loves two network, elections, business, and desher disqualified persons 23 Total it liabilities (add films 17 through 22) 24 Total liabilities (add films 17 through 22) 25 Total liabilities (add films 17 through 22) 26 Foundations that follow FASS ASO 988, check here ► IX and complete lines 24 (25, 29, and 30) 27 Praid in orgalisary in the complete of the property of the complete of the page 1 through 20 (20) Productions that do not follow FASS ASO 988, check here ► IX and complete lines 28 through 30 (20) Praid surplines (10) Praid surplin		4	· · · · · · · · · · · · · · · · · · ·			
Source Contract receivable Contract r		-				
Receive black Sub run on filters, directors, trustees, and other disqualited persons		5	· · · · · · · · · · · · · · · · · · ·			
Section Sec						
Prepare to test sensemble		Ü				
Page		7				
Total inabilities (describe) ACCRUED EXPENSES No. 457,212,814.		'				
Propaid expenses and deferred charges						
Investments - corporate stock	ets					
Investments - corporate stock	Ass		Investments IIC and state revenuent obligations			
1 Investments - cohor or complete lone	•					
11 Investments - land, buildings, and equipment basis						
Less zeumuland deprecision						
13 Investments - mortgage loans 13 Investments - other STMT 11 46,948,906. 53,776,512. 53,776,512. 14 Land, buildings, and equipment: basis 15 Least scumulated equipment: basis 16 Least scumulated sequences 16 Total assets (describe OTHER ASSETS 8,404. 662. 662. 15 Other assets (describe OTHER ASSETS 8,404. 662. 662. 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, liem 1) 50,457,663. 57,293,616. 57,293,616. 17 Accounts payable and accrued expenses 71,859. 35,760. 18 Grants payable and other officers, directors, trustees, and other disqualified persons 20 Under the officers, directors, trustees, and other disqualified persons 20 Under the officers, directors, trustees, and other disqualified persons 20 Under the officers, directors, trustees, and other disqualified persons 20 Under the officers, directors, trustees, and other disqualified persons 20 Under the officers, directors, trustees, and other disqualified persons 20 Under the other land to		11				
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14 Land, buildings, and equipment basis 15 Other assets (describe OTHER ASSETS 16 Other assets of the described of the		12	Investments - mortgage loans	46.040.006	50 556 540	50 556 540
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15 Other assets (describe ► OTHER ASSETS 8,404. 662. 662. 16 Total assets (to be completed by all filters - see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 71,859. 35,760. 18 Grants payable 9 Deferred revenue 20 Leans from officers, directors, frustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe ► ACCRUED EXPENSES 0. 45,042. 28 Total flabilities (add lines 17 through 22) 71,859. 80,802. 29 Touris payable 71,859. 80,802. 20 Total net assets with donor restrictions 50,385,804. 57,212,814. 21 Mortgages and other notes payable 22 Other liabilities (add lines 24, 25, 29, and 30. 25 Net assets without donor restrictions 50,385,804. 57,212,814. 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, blidg, and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 50,385,804. 57,212,814. 29 Total net assets or fund balances 50,385,804. 57,212,814. 29 Total net assets or fund balances 50,385,804. 57,212,814. 20 Total net assets or fund balances 50,385,804. 57,212,814. 20 Total net assets or fund balances 50,385,804. 57,212,814. 20 Total net assets or fund balances 50,385,804. 57,212,814. 20 Total net assets or fund balances 50,385,804. 57,212,814. 21 Solvent 50,385,804. 57,212,814. 22 (2,379,925. 30 Other increases not included in line 2 (itemize) 50,385,804. 23 (10 Solvent 10 Solv		14	Land, buildings, and equipment: basis			
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18 Grants payable			instructions. Also, see page 1, item I)			57,293,616.
19 Deferred revenue 20 Losns from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (add lines 17 through 22) 23 Total liabilities (add lines 17 through 22) 24 Net assets without donor restrictions 25 Net assets without donor restrictions 26 Capital stock, trust principal, or current funds 27 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 29 Total liabilities and net assets/fund balances 30 Total liabilities and net assets/fund balances 4 Net assets or fund balances at end of year Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) SEE STATEMENT 9 4 Add lines 1, 2, and 3 5 Lost assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 7 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 8 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 8 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 8 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 8 Fotal net assets or fund balances at end of year (line 4 minus line 5) - Part III, column (b), line 29 8 Fotal net assets or fund bala		17	Accounts payable and accrued expenses	71,859.	35,760.	
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7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 7 50,880. 8 422. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 10 7,820.			 			
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 7,820.						50.880.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 7,820.					·· •	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 7,820.					• +	
						7,820.

	n 990-PF (2021) DR. SEUSS FOUNDATION 95-6029	752		Page 4
Pa	art VI-A Statements Regarding Activities			
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	1a		Х
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	c Did the foundation file Form 1120-POL for this year?	1c		X
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0 •			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
	CA			
b	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	X	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTPS://DRSEUSSFOUNDATION.ORG/			
14	The books are in care of ► ALEXANDRIA PAPASAVAS Telephone no. ► 858-8			
	Located at ▶P.O. BOX 33305, SAN DIEGO, CA ZIP+4 ▶92	1160		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the

foreign country

Part VI-B Statements Regarding Activities for which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?			
(6) Agree to pay money or property to a government official? (Exception. Check "No"	1a(5)		Х
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	1a(6)		Х
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2021?	1d		Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2021?	2a		X
If "Yes," list the years ►,,,,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
•			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a	Х	
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.)			X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b		X

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Part VI-B Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)) ?			5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,				
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes	?			5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section					
4945(d)(4)(A)? See instructions				5a(4)		_X_
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for				
the prevention of cruelty to children or animals?				5a(5)		<u> </u>
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und			_			
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check l			▶∟			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi						
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
a personal benefit contract?				6a		X
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7a		X
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	61,000,000 in remuneration o	r				37
excess parachute payment(s) during the year?	F 1 4' 14			8		X
Part VII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Highly	y			
List all officers, directors, trustees, and foundation managers and t	heir compensation.					
1 Elot all officiolo, all cotolo, a dotoco, and foundation managers and a		(c) Compensation	(d) Contributions t		(e) Exp	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions t employee benefit plan and deferred	is a	(e) Exp ccount, allowar	other
CLAUDIA PRESCOTT	PRESIDENT	enter-o-j	compensation	+	anowai	1003
P.O. BOX 33305	11.1010111					
SAN DIEGO, CA 92163	10.00	18,750.	0			0.
	VICE PRESIDEN			+		
P.O. BOX 33305						
SAN DIEGO, CA 92163	20.00	0.	0			0.
	EXECUTIVE DIR					
P.O. BOX 33305						
SAN DIEGO, CA 92163	40.00	165,000.	39,113			0.
TED OWENS	SECRETARY					
P.O. BOX 33305						
SAN DIEGO, CA 92163	10.00	0.	0			0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions t employee benefit plan and deferred	o la	(e) Exp ccount,	ense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	, a	allowar	nces
NONE						
				\perp		
				_		

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
AN-ME CHUNG	(-7 31	1,,,,
321 E. CULLTERTON ST., CHICAGO, IL 60616	CONSULTING	120,700.
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	luced, etc.	Expenses
1 N/A		
2		
3		
4		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
I Utali. Aud illies T tillough s		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	2,863,350.
	Average of monthly cash balances	1b	39,117,985.
C	Fair market value of all other assets (see instructions)	1c	3,395,405.
	Total (add lines 1a, b, and c)	1d	45,376,740.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	45,376,740.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	680,651.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	44,696,089.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,234,804.
Pá	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part IX, line 6	1	2,234,804.
2a	Tax on investment income for 2021 from Part V, line 5 2a 42,638.		
b	Income tax for 2021. (This does not include the tax from Part V.) 2b 49,396.		
C	Add lines 2a and 2b	2c	92,034.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	92,034. 2,142,770.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,142,770.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	2,142,770.
Pa	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	49,049.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	49,049.

Part XII Undistributed Income (see instructions)

	_			
	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X,	23,63			
line 7				2,142,770.
2 Undistributed income, if any, as of the end of 2021: a Enter amount for 2020 only			0.	
b Total for prior years:			0.	
		0.		
Excess distributions carryover, if any, to 2021:				
aFrom 2016 1,007,215.				
b From 2017 1,168,618.				
c From 2018 54,930. d From 2019 178,812.				
d From 2019 178,812.				
eFrom 2020 2,409,575.				
f Total of lines 3a through e	4,819,150.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: \triangleright \$ 49,049.			•	
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			49,049.
d Applied to 2021 distributable amount	0.			49,049.
e Remaining amount distributed out of corpus	•			
Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	2,093,721.			2,093,721.
6 Enter the net total of each column as indicated below:	2 725 420			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,725,429.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016	0.			
not applied on line 5 or line 7	•			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	2,725,429.			
10 Analysis of line 9:	_,,,,			
a Excess from 2017 82,112.				
b Excess from 2018 54,930.				
c Excess from 2019 178,812.				
d Excess from 2020 2,409,575.				
e Excess from 2021				
100501 10 10 01				Form 990-PF (2021)

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Part XIII Private Operating F	oundations (see in	structions and Part VI-	A, question 9)	N/A	
1 a If the foundation has received a ruling of	determination letter that	t it is a private operating			
foundation, and the ruling is effective for	2021, enter the date of	the ruling			
b Check box to indicate whether the found			· · ·	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	Ĭ	Prior 3 years	77. 7	,,,,,
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part IX, line 6, for each year listed		4			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		· ·			
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)		4			
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XIV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see inst	ructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	o have contributed more	than 2% of the total cont	ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation who	o own 10% or more of th	ne stock of a corporation (or an equally large portion	on of the ownership of a pa	rtnership or
other entity) of which the foundation has			() 9		,
NONE					
2 Information Regarding Contributi	on Grant Gift Loan	Scholarshin etc. Dr	ograms:		
Check here if the foundation o		·	=	ot accent uncolicited requi	acte for funde If
the foundation makes gifts, grants, etc.,					5313 101 141143. 11
				· ·	
a The name, address, and telephone number	Jei oi eiliali audiess oi ti	ie person to whom applic	audits silvulu be address	seu.	
SEE STATEMENT 12					
b The form in which applications should b	e submitted and informa	tion and materials they sh	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kinds of institutions, or o	other factors:	

Supplementary information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment	1	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	recipient		
a Paid during the year				
NONE				
		4		
	 	<u> </u>		
Total		1	> 3a	0.
b Approved for future payment				
NONE				
NONE				
Total			▶ 3b	0.
				orm 990-PF (2021)

Part XV-A **Analysis of Income-Producing Activities**

ter gross amounts unless otherwise indicated.		business income		d by section 512, 513, or 514	(e)	
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
Program service revenue:	code	Amount	sion code	Amount	function income	
a						
b						
c c						
d						
e						
f						
g Fees and contracts from government agencies						
Membership dues and assessments						
Interest on savings and temporary cash						
investments			14	19,191.		
Dividends and interest from securities			14	19,191. 858,758.		
Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
Net rental income or (loss) from personal						
property						
Other investment income			14	2,225,335.		
Gain or (loss) from sales of assets other						
than inventory			14	181,416.		
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue:						
a						
b						
C						
d						
е						
Subtotal. Add columns (b), (d), and (e)		().	3,284,700.		
Total. Add line 12, columns (b), (d), and (e)				13	3,284,70	

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

TINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
-	
-	

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

	Exempt Organiz	.สแบทธ						
1 Did the	organization directly or indirec	ctly engage in any c	f the followin	g with any other organization	on described in sect	ion 501(c)		Yes No
(other	than section 501(c)(3) organiza	ations) or in section	n 527, relating	g to political organizations?				
a Transfe	ers from the reporting foundation	on to a noncharitab	le exempt or	ganization of:				
(1) Ca	ısh						1a(1)	Х
	her assets							Х
	ransactions:							
(1) Sa	lles of assets to a noncharitable	e exempt organizati	on				1b(1)	Х
	irchases of assets from a nonc							X
	ental of facilities, equipment, or							X
								<u> </u>
	eimbursement arrangements							X
	ans or loan guarantees erformance of services or meml						ادمينا	X
		•	-					X
	g of facilities, equipment, mailir							
	nswer to any of the above is "Y ices given by the reporting fou							:15,
	rces given by the reporting loads of the goods, oth			su 1655 tilali iali illaiket valt	it ili aliy ilalisaciidi	i or snaring arrange	illelli, Silow III	
(a)Line no.	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transaction	no and obaring arra	ngomonto
(a)Line no.	(b) Amount involved	(c) Name of	N/A	- CACITIPE OF GATHEAUTON	(u) Description	Tor transfers, transaction	ris, and sharing arra	ingements
			IV/A					
				<u>'</u>				
	oundation directly or indirectly			or more tax-exempt organi	izations described			
	ion 501(c) (other than section 5		tion 527?				Yes	X No
b If "Yes,	" complete the following sched							
	(a) Name of organ	ization		(b) Type of organization		(c) Description of re	lationship	
	N/A							
					1			
					<u> </u>			
Un	der penalties of perjury, I declare that d belief, it is true, correct, and compl	at I have examined this lete. Declaration of pre	return, includin parer (other that	g accompanying schedules and n taxpaver) is based on all inform	I statements, and to the nation of which prepare	best of my knowledge	May the IRS di	scuss this
	d belief, it is true, correct, and compl	oto: Doolaration of pro	parer (enrer ma				return with the shown below?	preparer See instr.
Here					DIRECT	ror	_ X Yes	└── No
S	Signature of officer or trustee			Date	Title			
	Print/Type preparer's nam	e	Preparer's si	gnature	Date	Check X if	PTIN	
			1	1 9/1		self- employed		
Paid	BRANDON KUH		Bun	in Will	11/15/2022		P023782	
Prepare		SAN DIEG	O, LLP			Firm's EIN ► 8	1-3 <u>39</u> 168	34
Use On	-							
	Firm's address ► 202							
	SAN	DIEGO,	CA 921	08		Phone no. (6	19) 238-	<u>-104</u> 0
							Form 990	-PF (2021)

11131115 792797 3696

95-6029752

Part IV Capital Gains and Losses for Tax on Investment Income (**b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse, or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a JPM ACC 2009 12/22/21 12/21/21 b JPM ACC # 2009 P 07/20/2012/21/21 c JPM ACC # P 01/01/2112/31/21 4005 d JPM ACC # 4005 P 07/20/20|11/16/21 $\overline{\mathtt{P}}$ e JPM ACC # 5002 01/22/2111/22/21 f JPM ACC # 5002 P 11/20/2012/23/21 h m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 1,351,910. -28,545.1,323,365 a 147,124.147,511. 387. b 1,218,432. 1,113,878. 104,554. 121,064 36,381. 84,683. d 78,838. 4,830,616. 4,751,778. 262,320. 272,519. -10,199. h m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any * * -28,545. a 387. b * * 104,554. С 36,381. d 78,838. е -10,199m n 0 $2 \quad \text{Capital gain net income or (net capital loss)} \quad \dots \quad \left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter "-0-" in Part I, line 7} \end{array} \right\}$ 181,416. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 154,847. 3

123591 04-01-21

(SHORT-TERM)

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

DR.	SEUSS	FOUNDATION

Employer identification number 95-6029752

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

1 Total tax (see instructions) 1 1 42,638. 2 a Personal holding company tax (Schedule PH (Form 1120), line 25) included on line 1 2 b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2 c Credit for federal tax paid on fuels (see instructions) 2 c Credit for federal tax paid on fuels (see instructions) 2 c Credit for federal tax paid on fuels (see instructions) 2 c Credit for federal tax paid on fuels (see instructions) 3 42,638. 4 Total Add lines 2s through 2c 3 42,638. 4 Linet re the ax shown on the corporation's 2920 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3. 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3. 6 In the corporation is using the annualized income installment method. 7 In the corporation is using the annualized income installment method. 8 In the corporation is using the annualized income installment method. 9 Installment due dates. Enter in columns (a) through (d) life of 15th day of the 4th (Form 980-PF filters) tas 5th months (d) the box on line 8 function of the corporation figuring is first required installment based on the prior year's tax. 10 Required installments. If the box on line 8 function of 10 includes a contract	estimated tax penalty line of the corporation's income tax Part I Required Annual Payment	retur	n, but do not attach F	orm 2220.		
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Solution						
15th day of the 4th (Form 990-PF filers: Use 5th month). 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 10,660 10,659 10,660 10,659 10,660 10,659 1 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10 19 05/15/21 06/15/21 09/15/21 12/15/21 10 06/15/21 09/15/21 12/15/21 10 06/15/21 09/15/21 12/15/21 10 06/15/21 09/15/21 12/15/21 10 06/15/21 09/15/21 12/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 09/15/21 10 06/15/21 10 06/05/9 10 06/05 10 06			(a)	(b)	(c)	(d)
6th, 9th, and 12th months of the corporation's tax year above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 15 See instructions Complete lines 12 through 18 of one column before going to the next column. 16 Enter amount, if any, from line 18 of the preceding column 17 Add lines 11 and 12 18 Add amounts on lines 16 and 17 of the preceding column 18 Subtract line 14 from line 13. If zero or less, enter -0- 19 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, got to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 10 10,660 10,659 10,660 10,660 10,659 10,660 10,6	9 Installment due dates. Enter in columns (a) through (d) the			, ,	, ,	
Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660 10,659 10,660	15th day of the 4th (Form 990-PF filers: Use 5th month),					
above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10.	6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/21	12/15/21
the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 13 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 10 10,660. 10,659. 10,660. 10,659. 10,660. 10,659.	10 Required installments. If the box on line 6 and/or line 7					
for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 10	above is checked, enter the amounts from Sch A, line 38. If					
enter 25% (0.25) of line 5 above in each column Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- If Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10	the box on line 8 (but not 6 or 7) is checked, see instructions	3				
Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	for the amounts to enter. If none of these boxes are checked	,				
11	, ,	10	10,660.	10,659	. 10,660	10,659.
11						
Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13		1		6 000	2 500	26 200
before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 15 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 Underpayment. If line 10 is less than line 15, subtract line 10 18 Overpayment. If line 10 is less than line 15, subtract line 10		11		6,000	<u>.</u> 2,500	26,380.
12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12						
13 Add lines 11 and 12 13 6,000. 2,500. 26,380. 14 Add amounts on lines 16 and 17 of the preceding column 14 10,660. 15,319. 23,479. 15 Subtract line 14 from line 13. If zero or less, enter -0- 15 0. 0. 0. 2,901. 16 Hotherwise, enter -0- 16 4,660. 12,819. 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 10,660. 10,659. 10,660. 7,758. 18 Overpayment. If line 10 is less than line 15, subtract line 10 10 10,660. 7,758.		1,,				
14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 10,660. 15,319. 23,479. 18 Overpayment. If line 10 is less than line 15, subtract line 10 19 10,660. 12,819. 10 10,660. 10,659. 10,660. 7,758.	40 Add the add 40	-		6 000	2 500	26 380
15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10		-				
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 16 4,660 12,819 . 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 10,660 10,659 10,660 7,758 . 18 Overpayment. If line 10 is less than line 15, subtract line 10		\vdash	0.			
14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10	* ******		<u> </u>		-	2,501.
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 10,660. 10,659. 10,660. 7,758. 18 Overpayment. If line 10 is less than line 15, subtract line 10	44.00	16		4,660	. 12.819	
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column. Otherwise, go to line 18						
18 Overpayment. If line 10 is less than line 15, subtract line 10		17	10,660.	10,659	. 10,660	7,758.
	18 Overpayment. If line 10 is less than line 15, subtract line 10	-				
	from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed. For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Part IV Figuring the Penalty

Section Color Co	
20 Number of days from due date of installment on line 9 to the date shown on line 19	
20	
22 Underpayment on line 17 x Number of days on line 21 x 396 (0.03) 305 23 Number of days on line 20 after 6/30/2021 and before 10/1/2021 23 24 Underpayment on line 17 x Number of days on line 23 x 396 (0.03) 365 25 Number of days on line 20 after 9/30/2021 and before 1/1/2022 25 26 Underpayment on line 17 x Number of days on line 25 x 396 (0.03) 365 27 Number of days on line 20 after 1/2/31/2021 and before 4/1/2022 27 28 Underpayment on line 17 x Number of days on line 27 x 396 (0.03) 385 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 29 30 Underpayment on line 17 x Number of days on line 29 x '96 365 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 32 32 Underpayment on line 17 x Number of days on line 29 x '96 365 385 39 Underpayment on line 17 x Number of days on line 29 x '96 365 30 Underpayment on line 17 x Number of days on line 29 x '96 365 30 Underpayment on line 17 x Number of days on line 29 x '96 365 30 Underpayment on line 17 x Number of days on line 29 x '96 365	
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	
24 Underpayment on line 17 x Number of days on line 23 x 3% (0.03) 25 Number of days on line 20 after 9/30/2021 and before 1/1/2022 26 Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365 27 Number of days on line 20 after 12/31/2021 and before 4/1/2022 28 Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 29 Underpayment on line 17 x Number of days on line 29 x % 30 S \$ \$ \$ 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 32 Underpayment on line 17 x Number of days on line 21 x % 365 37 Underpayment on line 17 x Number of days on line 29 x % 38 S \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	
26 \$ \$ \$ \$ \$ \$ 27 Number of days on line 20 after 12/31/2021 and before 4/1/2022 28 Underpayment on line 17 x Number of days on line 27 x 3% (0.03) 365 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 29 30 Underpayment on line 17 x Number of days on line 29 x *% 30 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
27	
28 \$ \$ \$ \$ 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 29	
365 29 Number of days on line 20 after 3/31/2022 and before 7/1/2022 30 Underpayment on line 17 x Number of days on line 29 x *% 365 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 32 Underpayment on line 17 x Number of days on line 31 x *% 385 32 S S S \$ \$ \$	
30 \$ \$ \$ \$ 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 32 Underpayment on line 17 x Number of days on line 31 x *% 33 \$ \$ \$ \$ \$ \$	
365 31 Number of days on line 20 after 6/30/2022 and before 10/1/2022 32 Underpayment on line 17 x Number of days on line 31 x *% 32 \$ \$ \$	
32 Underpayment on line 17 x Number of days on line 31 x *%	
365	
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023 33	
34 Underpayment on line 17 x Number of days on line 33 x *%	
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023 35	
36 Underpayment on line 17 x Number of days on line 35 x *%	
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	422.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying N	umber
DR. SEUSS E	FOUNDATION			95-60	29752
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
05/15/21	10,660.	10,660.	25	.000082192	22.
06/09/21	-6,000.	4,660.	6	.000082192	2.
06/15/21	10,659.	15,319.	92	.000082192	116.
09/15/21	10,660.	25,979.			
09/15/21	-2,500.	23,479.	91	.000082192	176.
12/15/21	10,659.	34,138.			
12/15/21	-26,380.	7,758.	106	.000082192	68.
03/31/22	0.	7,758.	45	.000109589	38.
Penalty Due (Sum of Colur	mn F).		<u> </u>		422.
Smarty Duo (Guill Ol Oolul	···· ' /*				

^{*} Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

FORM 990-PF INTERE	ST ON SAVING	S AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		REV	A) ENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
INVESTMENT INTERES	T INCOME		19,191.		14,403.		0.
TOTAL TO PART I, LI	NE 3		19,191.		14,403.		0.
FORM 990-PF	DIVIDENDS	AND INTE	REST FR	OM SEC	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	R	(A) EVENUE R BOOK			
JP MORGAN	858,758.		0.	858,75	8. 858,75	58.	0.
TO PART I, LINE 4	858,758.		0.	858,75	8. 858,75	58.	0.
FORM 990-PF		OTHER :	INCOME			STATEMENT	3
DESCRIPTION	(~((A) REVEN PER BO	UE	(B) NET INVEST- MENT INCOME		
DR. SEUSS ENTERPRIS INVESTMENT INCOME GEISEL-SEUSS ENTERP		K-1	-	3,654.			
INVESTMENT INCOME		_	30	1,681.	301,681 	301,6	81.
TOTAL TO FORM 990-P	F, PART I, L	INE 11	2,22	5,335.	2,225,335	5. 2,225,3	35.

FORM 990-PF	LEGAL	FEES	ST	ATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL	80,792.	8,079.	0.	0.
TO FM 990-PF, PG 1, LN 16A =	80,792.	8,079.	0.	0.
FORM 990-PF	ACCOUNTI	NG FEES	rs	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING	70,208.	7,021.	0.	0.
TO FORM 990-PF, PG 1, LN 16B	70,208.	7,021.	0.	0.
FORM 990-PF C	THER PROFES	SIONAL FEES	ST	ATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES CONSULTING FEES	166,505. 137,670.	166,505.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	304,175.	166,505.	0.	0.
FORM 990-PF	TAX	ES	Sī	'ATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAXES PAYROLL TAXES STATE TAXES/FILING FEES	126,216. 15,489. 38,704.	2,323. 0.	0. 0. 0.	0. 1,549. 0.
-				

FORM 990-PF	OTHER E	XPENSES			STA	rement	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOM		(D) CHARITA PURPOS	
INSURANCE OFFICE SUPPLIES MARKETING	11,462. 37,308. 10,491.		0. 0. 0.		0. 0. 0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	59,261.		0.		0.		0.
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FU	JND BA	LANCES	STA'	PEMENT	9
DESCRIPTION					i	AMOUNT	
UNREALIZED GAIN ON ASSETS		4				4,751,5	07.
INVESTMENT IN DR. SEUSS ENTER					:	1,573,5	51.
INVESTMENT IN GEISEL-SEUSS EN VALUE	ITERPRISES,	INC. K-1	CHANG	E IN		347,3	62.
TOTAL TO FORM 990-PF, PART II	I, LINE 3					6,672,4	20.
FORM 990-PF OTHER DECREASE	S IN NET AS	SETS OR F	UND E	BALANCES	STA	PEMENT	10
DESCRIPTION	U				· · · · · · · · · · · · · · · · · · ·	AMOUNT	
DR. SEUSS ENTERPRISES, L.P. K GEISEL-SEUSS ENTERPRISES, INC				'AX		1,923,6 301,6	
TOTAL TO FORM 990-PF, PART II	I, LINE 5				:	2,225,3	35.
FORM 990-PF	OTHER INV	ESTMENTS			STA	PEMENT	11
DESCRIPTION		LUATION ETHOD	вос	K VALUE		R MARKE VALUE	т
JPMORGAN FIXED INCOME JPMORGAN MUTUTAL FUNDS		COST COST	39	,863,932. ,517,175.	3.	0,863,9 9,517,1	75.
INVESTMENT IN SUBSIDIARIES		COST		,395,405.		3,395,4	
TOTAL TO FORM 990-PF, PART II	., LINE 13			776,512.	<u> </u>	3,776,5 ———	14.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XIV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JAY HILL P.O. BOX 33305 SAN DIEGO, CA 92163

TELEPHONE NUMBER

619-733-8050

FORM AND CONTENT OF APPLICATIONS

IN ORDER TO BE CONSIDERED FOR FUNDING, THE FIRST STEP IS TO SUBMIT A LETTER OF INTENT (LOI) AND CREATE AN ORGANIZATIONAL PROFILE AT HTTPS://DSF.FLUXX.IO.USER_SESSIONS/NEW

ANY SUBMISSION DEADLINES

PROVIDES GRANTS IN THE UNITED STATES THROUGH THREE FUNDING CYCLES PER YEAR OR BY INVITATION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

WE DO NOT FUND: GRANTS TO INDIVIDUALS. GRANTS TO PRIVATE FOUNDATIONS OR REGRANTING ORGANIZATIONS. GRANTS FOR DEBT RETIREMENT OR TO COVER OPERATING DEFICITS. UNSOLICITED REQUESTS FOR SPECIAL EVENT OR GALA SPONSORSHIP. ACTIVITIES INTENDED TO INFLUENCE LEGISLATION OR SUPPORT CANDIDATES FOR POLITICAL OFFICE. ACTIVITIES FOR RELIGIOUS OR DOCTORAL PURPOSES, ALTHOUGH FAITH-BASED ORGANIZATIONS MAY APPLY FOR PROGRAM SUPPORT. ORGANIZATIONS THAT DO NOT COMPLY WITH THE APPLICABLE LAWS AND REGULATIONS. GRANTS FOR ENDOWMENT OR CAPITAL DEVELOPMENT WILL BE CONSIDERED ONLY RARELY.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

CARRYOVER DATA TO 2022	
Name DR. SEUSS FOUNDATION	Employer Identification Number 95-6029752
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL CONTRIBUTION - 50% CASH	59,656.
CA CONTRIBUTION - 50% CASH	52,697.
	
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440044	

	DR. SEUSS FOUR	NDATION TRIBUTION - 50	e cach EED		DETAIL C	ARRYOVER SCH	JEDI II E			FEIN:	95-60297
ype ar ection 3	nd Entity: CON'. 82 Annual Limitation		Section 382 Carryover		DETAIL C	ARRIOVER SUF	IEDULE				
'ear Origi- ated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amour Used fo
2020	85,541.	25,885.	25,885.								
etail	E Amount S Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used
уре	B —										
											1

	DR. SEUSS FOUN	NDATION TRIBUTION - 50	* CASH CA		DETAIL C	ARRYOVER SCH	HEDUILE			FEIN:	95-60297
Year	82 Annual Limitation Original	Total	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoun Used fo
Origi- ated 2020	Carryover Amount 82,581.	Amount Used 29,884.	12/31/21 29,884.								
2020	02,501.	25,001.	23,001.								
						0					
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
etail	S Used for B C —	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used f

95-6029752

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations (and on Investment Income for Private Foundations) FORM 990-T

► Go to www.irs.gov/Form990W for instructions and the latest information. ► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income expected in the tax year	ear				1	
2	Tax on the amount on line 1. See instructions for tax co	2					
3	Alternative minimum tax for trusts. See instructions		3				
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits. See instructions					5	
						6	
U	Subtract line 5 from line 4					0	
7	Other taxes. See instructions					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels. See instructions			4		9	
b	Subtract line 9 from line 8. Note: If less than \$500, the or estimated tax payments. Private foundations, see instructions the tax shown on the 2021 return. See instructions zero or the tax year was for less than 12 months, skip thi and enter the amount from line 10a on line 10c						
C	2022 Estimated Tax. Enter the smaller of line 10a or line	10b.	If the organization is req			100	49,400.
	from line 10a on line 10c		(a)	(b)	(c)	10c	(d)
11	Installment due dates. See instructions	11					12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income						
	installment method, the adjusted seasonal installment method, or is a "large organization."	12					37,160.
13	2021 Overpayment. See instructions	13					14,055.
14	Payment due (Subtract line 13 from line 12)	14					23,105.

ESTIMATED TAX 49,400. 12,240. AMOUNT PAID OVERPAYMENT APPLIED 14,055.

For Paperwork Reduction Act Notice, see instructions.

AMOUNT DUE

23,105.

Form **990-W** (2022)

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	, 2021, and ending

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

DR. SEUSS FOUNDATION

EIN or SSN 95-6029752

Name and title of officer or person subject to tax

JAY HILL EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here >	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here >	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here >	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here > X	b	Total tax (Form 990-T, Part III, line 4)	6b	49,396
7a	Form 4720 check here >	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and Signat	ture	e Authorization of Officer or Person Subject to Tax		
Jnder p	penalties of perjury, I declare that $oxed{X}$	Ιa	m an officer of the above entity or I am a person subject to tax with re	spect to (name
of entity	y)		, (EIN) and that I ha	ve examin	ned a copy of the
2004		1	and a second attack and a second and the state of the second and a second back at the second		

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. Talso authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only I authorize		to enter my PIN
	ERO firm name	Enter five numbers, b

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date ► 11/15/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

30573129137

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

Date -

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 95-6029752 DR. SEUSS FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your P.O. BOX 33305 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 92163 SAN DIEGO, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 80 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 ₄ Form 8870 12 Form 990-T (corporation) ALEXANDRIA PAPASAVAS The books are in the care of ► P.O. BOX 33305 - SAN DIEGO, CA 92160 Telephone No. ► 858-877-0737 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization s four digit Group Exemption Number (GEN)
 If this is for the whole group, check this ____. If it is for part of the group, check this box 🔈 _____ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 63,640. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 39,640. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15. 2022

Form	990-T	E	n	OMB No. 1545-0047					
		For cal	lendar year 2021 or other tax year beginning , and ending		2021				
Depari Interna	ment of the Treasury Il Revenue Service	Boury Bo not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Bo not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).							
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number				
B E>	empt under section	Print	DR. SEUSS FOUNDATION	9	95-6029752				
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 33305	EGroup (see in	exemption number estructions)				
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA 92163	 	Check box if				
]023(a)329A	C Po	ok value of all assets at end of year	╬					
G	hock organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust		an amended return.				
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439						
			eation filing a consolidated return with a 501(c)(2) titleholding corporation						
			ed Schedules A (Form 990-T)						
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No				
			d identifying number of the parent corporation.		103 == 110				
			ALEXANDRIA PAPASAVAS Telephone number	358-	877-0737				
			d Business Taxable Income						
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see						
			·	1	262,352.				
2	Reserved			2					
3	Add lines 1 and 2			3	262,352.				
4	Charitable contrib		(see instructions for limitation rules) STMT 13 STMT 14	4	26,135.				
5			taxable income before net operating losses. Subtract line 4 from line 3	5	236,217.				
6			ing loss. See instructions	6					
7		•	ss taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 from			7	236,217.				
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.				
9			duction. See instructions	9					
10	Total deductions	. Add lii		10	1,000.				
11		ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		235,217.				
Pa	enter zerort II Tax Com	nutat	ion	11	233,211				
1		•	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	49,396.				
2	=		ates. See instructions for tax computation. Income tax on the amount on	-	23,0301				
2	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	. 2					
3	Proxy tax. See ins			3					
4	Other tax amounts			4					
5	Alternative minimu			5					
6			cility income. See instructions	6					
7	-		h 6 to line 1 or 2, whichever applies	7	49,396.				
LHA			ion Act Notice, see instructions.		Form 990-T (2021)				

Form 990-T (2021) Page 2

Part	III Tax and Payments			r age Z
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions) 1b			
C	General business credit. Attach Form 3800 (see instructions) 1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	/	- ₁,		
e	Total credits. Add lines 1a through 1d	1e		49,396.
2	Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			40,0000
3		١,		
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			10 306
_	section 1294. Enter tax amount here	- 4	_	49,396.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	+	
6a	Payments: A 2020 overpayment credited to 2021 6a 9,57 2021 estimated tax payments. Check if section 643(g) election applies 6b 30,06	4.		
b	24.00			
С	Tax deposited with Form 8868 6c 24,00	<u>'</u>		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d	_		
е	Backup withholding (see instructions) 6e	_		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f	_		
g	Other credits, adjustments, and payments: Form 2439			
	□ Form 4136 □ Other □ Total ► 6g	_		C2 C40
7	Total payments. Add lines 6a through 6g	<u> 7</u>		63,640.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_8		189.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		14 055
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		14,055.
11 Dort	Enter the amount of line 10 you want: Credited to 2022 estimated tax	1 1	<u> </u>	0.
Part				T., T.,
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other auth	-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign counts.	ntry		V
_	here			_ <u>X</u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			x
	foreign trust?			· A
•	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ \			
3				
4		•		
_	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported or		ine 4.	
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruc			-
	Business Activity Code Available post-2017 N	OL Carry	over	-
	\$ \$			-
	Bill a series and a			$ \times$
6a b	Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			. 2
Б				
Part				
	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.			
FIOVICE	e the explanation required by Part IV, line ob. Also, provide any other additional information. See instructions.			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m	y knowledg	e and belief, i	it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Here	► EXECUTIVE DIRECTOR		e IRS discuss parer shown b	this return with
	Signature of officer Date Title		ions)? X	
	Print/Type preparer's name Preparer's signature Date Check 🔀		PTIN	
D-:-J	self- emplo			
Paid	DRANDON VILLER Buch / 11/15/0000		P0237	8268
Prepa	Similaria > DVE CAN DIECO IID			91684
Use C	2020 CAMINO DEL RIO N # 500			
	Firm's address ► SAN DIEGO, CA 92108 Phone no	. (61	9) 23	8-1040
123711 (990-T (2021)

FORM 990-T	CONTRIBUTIONS	STATEMENT 13
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - PASS-THROUGH S CORPORATION	N/A	250.
TOTAL TO FORM 990-T, PART I, L	INE 4	250.



FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT	14
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020 85,541		
TOTAL CARE		41 50	
	TRIBUTIONS AVAILABLE 85,7 NCOME LIMITATION AS ADJUSTED 26,1		
EXCESS 100	NTRIBUTIONS 59,6 OR CONTRIBUTIONS 59,6	0	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	<u> </u>	135
TOTAL CONT	TRIBUTION DEDUCTION	26,	135

1

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

ZUZ I

	tment of the Treasury al Revenue Service Go to www.irs.gov/Form9901 Do not enter SSN numbers on this form as					(3).		Inspection for nizations Only
A	Name of the organization DR • SEUSS FOUNDATION				B Employer 95-60			er
C	Unrelated business activity code (see instructions) > 9000	003			D Sequence	e:	1 of	1
F	Describe the unrelated trade or business PASS-THROUG	H S	CORPORATI	ON				
					(B) Eynanas		(0)	Not
Ра	rt I Unrelated Trade or Business Income		(A) Income		(B) Expense	:5	()	Net
1 a	Gross receipts or sales							
b	Less returns and allowances c Balance J	▶ 1c						
2	Cost of goods sold (Part III, line 8)	. 2						
3	Gross profit. Subtract line 2 from line 1c	. 3						
4 a	Capital gain net income (attach Sch D (Form 1041 or Form							
	1120)). See instructions	. 4a	2	64.				264.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions							
С	1	. 4c						
5	Income (loss) from a partnership or an S corporation (attach	.	201 6	c 7			2.0	1 ((7
	statement) STATEMENT 15		301,6	6/•			30	1,667.
6	Rent income (Part IV)							
7	Unrelated debt-financed income (Part V)	. 7						
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	. 8						
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9						
10	Exploited exempt activity income (Part VIII)							
11	Advertising income (Part IX)		1					
12	Other income (see instructions; attach statement)	12						
13	Total. Combine lines 3 through 12		301,9	31.			30	1,931.
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business	incon	ne				ns must b	e
1	Compensation of officers, directors, and trustees (Part X)					1	1	9,000.
2	Salaries and wages					3		٠,٥٥٥٠
3 4	Repairs and maintenance					4		
4 5	Bad debts Interest (attach statement). See instructions					5		
6	Taxes and licenses					6	2	0,579.
7	Depreciation (attach Form 4562). See instructions						_	
8	Less depreciation claimed in Part III and elsewhere on return					8b		
9	Depletion					9		
10	Contributions to deferred compensation plans					10		
11	Employee benefit programs					11		
12	Excess exempt expenses (Part VIII)					12		
13	Excess readership costs (Part IX)					13		
14	Other deductions (attach statement)					14		
15	Total deductions. Add lines 1 through 14					15	3	9,579.
16	Unrelated business income before net operating loss deduction.							
	column (C)					16	26	2,352.
17	Deduction for net operating loss. See instructions					17		0.
						1	2 (<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

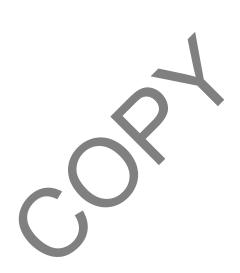
Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation 1 Inventory at beginning of year	Yes No
2 Purchases 2 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A B C C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	
3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 Other costs (attach statement) 5 6 Total. Add lines 1 through 5 6 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 8 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
4 Additional section 263A costs (attach statement) 5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
5 Other costs (attach statement) 6 Total. Add lines 1 through 5 7 Inventory at end of year 7 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
6 Total. Add lines 1 through 5 7 Inventory at end of year 8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
7 Inventory at end of year	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased with Real Property) 1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. A	D
A B C 2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	
B	D
C D A B C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	D
A B C Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	D
A B C 2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	D
2 Rent received or accrued a From personal property (if the percentage of rent for personal property is more than 10%	D
From personal property (if the percentage of rent for personal property is more than 10%	
rent for personal property is more than 10%	
but not more than 50%)	
Dut not more than 5070)	
b From real and personal property (if the	
percentage of rent for personal property exceeds	
50% or if the rent is based on profit or income)	
c Total rents received or accrued by property.	
Add lines 2a and 2b, columns A through D	
	_
Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.
Deductions directly connected with the income	
4 in lines 2(a) and 2(b) (attach statement)	
	•
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.
Part V Unrelated Debt-Financed Income (see instructions)	
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.	
A	
B	
D	
A B C	D
2 Gross income from or allocable to debt-financed	
property	-
,	
to debt-financed property	
a Straight line depreciation (attach statement)	-
b Other deductions (attach statement)	
c Total deductions (add lines 3a and 3b,	
columns A through D)	-
4 Amount of average acquisition debt on or allocable	
to debt-financed property (attach statement)	+
5 Average adjusted basis of or allocable to debt-	
financed property (attach statement)	0/
7	<u>%</u>
7 Gross income reportable. Multiply line 2 by line 6	0.
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	
9 Allocable deductions. Multiply line 3c by line 6	
9 Allocable deductions. Multiply line 3c by line 6 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.
11 Total dividends-received deductions included in line 10	0.

Part	VI Interest, Annu	iities, R	oyalties, and R	ents fro	m Contro	lled O	rganizatio	1S (see instru	ctions)	
	Exempt Controlled Organization								ns	
1. Name of controlled			2. Employer	3. Net unrelated 4. Total of		al of specified 5. Part of col			6. Deductions directly	
	organization		identification		ne (loss)	paym	nents made	that is included controlling ord		connected with
			number	(see ins	tructions)			tion's gross in		income in column 5
<u>(1)</u>										
(2)										
(3)										
(4)										
					Controlled O				1	
7	'. Taxable Income		Net unrelated	1	tal of specif			of column 9 cluded in the	11.	Deductions directly
			come (loss)	pay	ments mad	е		organization's	in	connected with
		(566	e instructions)				gross	income	- ""	come in column 10
(1)				-					+	
(2)				-					+	
(3)										
(4)							A el el			d a alivirana C anal 11
								nns 5 and 10. and on Part I,		d columns 6 and 11. er here and on Part I,
							1	column (A)		line 8, column (B)
Totals						_		0		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7)	(9) or (17	Orga	l nization (∈			<u></u>
		ription of		, , (0)(,),	2. Amou		3. Deduction		t-asides	5. Total deductions
		•			incon		directly conn	ected (attach :		nt) and set-asides
					4		(attach state	ment)		(add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
					Add amou	ints in				
			_		here and or	n Part I,				here and on Part I,
					line 9, colu					line 9, column (B)
Totals	VIII									0.
				, Other	ınan Adv	ertisin	ig income	see instruction	s) 	
	<u> </u>	٠.		F .		· · ·	" 10 1	(4)		
									2	
3	line 10 and war (C)									
4										
4	` '									
5	Gross income from act	tivity that	is not unrelated bus	iness inco	 ma				5	
			ract line 5 from line 6							
7	Excess exempt expend					- ununtu	ino annount on			
Totals Part 1 2 3 4 5 6	Description of exploite Gross unrelated busing Expenses directly conditional line 10, column (B) Net income (loss) from lines 5 through 7 Gross income from acceptable of the second sec	d activity: ess incom nected wit unrelated tivity that	the from trade or busing the production of unrandative distributions. It trade or business. It is not unrelated business and unrelated business and unrelated on line 5	ness. Ente elated bus Subtract lii	Than Adverthere and coiness incomme 3 from lineme	Enter n Part I, imn (A) 0 • ertisin on Part I, e. Enter e 2. If a	line 10, colum here and on F gain, complete	nn (A) Part I,	2 3 4 5	

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repo	orting two or mo	re periodicals on a	consolidated basi	S.	
	A 🖳					
	в 🔲					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in	the correspondi	ng column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and	on Part I, line 1	1, column (A)		>	0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and	on Part I, line 1	1, column (B)		>	0.
		<u> </u>				
4	Advertising gain (loss). Subtract line 3 from	n line				
	2. For any column in line 4 showing a gain	,				
	complete lines 5 through 8. For any colum	ın in				
	line 4 showing a loss or zero, do not comp	olete				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less th			4		
	line 5, subtract line 6 from line 5. If line 5 is					
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a ga					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	-	line 8a, columns tot	tal or zero here an	d on	0.
Part	X Compensation of Officers,		ad Tructaes			0.
Fait	Compensation of Officers,	Directors, a	iiu iiustees (se	ee instructions)	2 Developes	4 Componentian
	1. Name		2. Title		3. Percentage of time devoted	Compensation attributable to
	i. Name		Z. Title		to business	unrelated business
(1)					to business %	uniterated business
(2)					%	
(3)					%	
(4)					%	
<u>\ ''</u>					70	
Total	Enter here and on Part II, line 1				•	0.
Part		(see instruction	ıs)			
		(00001101.0101	,			

FORM 990-T (A) INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 15
DESCRIPTION	NET INCOME OR (LOSS)
PASS-THROUGH S CORPORATION - ORDINARY BUSINESS INCOME (LOSS) PASS-THROUGH S CORPORATION - INTEREST INCOME PASS-THROUGH S CORPORATION - DIVIDEND INCOME PASS-THROUGH S CORPORATION - ROYALTIES PASS-THROUGH S CORPORATION - OTHER PORTFOLIO INCOME (LOSS)	-68,556. 173. 1,433. 368,536. 81.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	301,667.



SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

9	5 –	60	29	75	2	
_	_			, ,		

DR. SEUSS FOUNDATI	6029752				
Did the corporation dispose of any investme If "Yes," attach Form 8949 and see its instru					Yes X No
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	949,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked		A			
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37		•	4	
5 Short-term capital gain or (loss) from like-kind				5	
6 Unused capital loss carryover (attach computa	ation)			6	()
7 Net short-term capital gain or (loss). Combine				7	,
Part II Long-Term Capital Gai			n One Year		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	ain	(h) Gain or (loss)
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					264.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind				13	
14 Capital gain distributions	14				
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in columr	ıh		15	264.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capital	loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	7)	17	264.
18 Add lines 16 and 17. Enter here and on Form				18	264.
Note: If losses exceed gains, see Capital Los					

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

Schedule D (Form 1120) 2021

LHA

C

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DR. SEUSS FOUNDATION

95-6029752 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which			,	, ,,,	,	,	
Part II Long-Term. Transacti	ons involving capita	al assets you held r	nore than 1 year are	e generally long-term (see instruct	ions). For short-term	transactions,
see page 1. Note: You may aggregate a							
codes are required. Enter th	e totals directly on	Schedule D. line 8a	a: vou aren't require	d to report these tran-	sactions on	Form 8949 (see inst.	ructions).
You must check Box D, E, or F below. If you have more long-term transactions than wi	Check only one be	ox. If more than one be ne or more of the boxe	ox applies for your long s. complete as many fo	g-term transactions, comp orms with the same box c	lete a separat hecked as vou	te Form 8949, page 2, fo u need.	r each applicable box.
(D) Long-term transactions re					•		
(E) Long-term transactions re		•	•	•		,,,,	
(F) Long-term transactions no	•	·=	-	ported to the mo			
				(-)	Adjustmer	nt, if any, to gain or	(ls)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	oú enter án amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		(g), enter a code in . See instructions.	Subtract column (e)
(Example: 100 3H: X12 00.)	(IVIO., day, yr.)	(Mo., day, yr.)		Note below and	,		from column (d) &
		(ivio., day, yr.)		see Column (e) in	(f) Code(s)	(g) Amount of	combine the result
				the instructions	Code(s)	adjustment	with column (g)
GEISEL-SEUSS							
ENTERPRISES, INC.							264.
				4			
			<u> </u>				
				-			
2 Totals. Add the amounts in colu							
negative amounts). Enter each to	otal here and incl	ude on your					
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or line 10 (if E	Box F above is cl	necked)					264.
Note: If you checked Box D above I	out the basis rep	orted to the IRS	was incorrect, en	ter in column (e) th	e basis as	reported to the IF	S, and enter an
adjustment in column (g) to correct	the basis. See C	olumn (g) in the s	separate instruction	ons for how to figur	e the amo	unt of the adjustm	nent.

11131115 792797 3696

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

DR. SEUSS FOUNDATI	ON			95-	6029752	
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax ye	ear?		► Yes X	No
If "Yes," attach Form 8949 and see its instru	ctions for additional requir	ements for reporting your	gain or loss.			
Part I Short-Term Capital Ga	ins and Losses - As	sets Held One Year	or Less			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga	ain	(h) Gain or (loss) Subtract column (e) f	
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		column (d) and combir	ne the
round off cents to whole dollars.	(sales price)	(Of Other Dasis)	Fart i, iiile 2, Column	(9)	result with column	(g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on						
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on						
Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked		4				
4 Short-term capital gain from installment sales				4		
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin				7		
Part II Long-Term Capital Gai See instructions for how to figure the amounts	ins and Losses - Ass	ets Heid More Thai	n One Year			
to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e)	
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part II, line 2, column		column (d) and combir result with column	ne the
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	C					
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked						
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked						
10 Totals for all transactions reported on						٠,
Form(s) 8949 with Box F checked					2	64.
				11		
12 Long-term capital gain from installment sales		7		12		
13 Long-term capital gain or (loss) from like-king	d exchanges from Form 8824			13		
				14		- 1
15 Net long-term capital gain or (loss). Combine		n h		15	2	64.
Part III Summary of Parts I and						
16 Enter excess of net short-term capital gain (lin				16		<u> </u>
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	7)	17	2	64.

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

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

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

Schedule D (Form 1120) 2021

LHA

264.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

DR. SEUSS FOUNDATION

95-6029752 Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Part III Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, one seems of the property (but and the pr	broker and may even					. , , , ,	<u> </u>	,	
Note: You may aggregate all long-term transactions reported on Formily 1098-8 showing basis was reported to the RIS and report the transactions and protections of the report the reported on Formily 1099-8 showing basis was reported to the RIS and Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions reported on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions reported on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions on Formily 1099-8 showing basis was reported to the RIS (EL) congreterm transactions	Part II Long-T	erm. Transaction	ons involving capita	al assets you held r	more than 1 year are	e generally long-term (see instruct	ions). For short-term	transactions,
You must check Box D, E, or Follow. Check only one box. Irrore that one box applies to your long term transcritors, complete a separate from 1949, page 2, for each applicable box, you have here long in the transcritors and if in on the page in tree on more different branches. Complete a responsible to a complete a separate from 1949, page 2, for each applicable box, you have reported in the first of the first complete an experiment from 1949 page 2, for each applicable box, you have reported to the IRS (see Note above) [Di Long-term transactions reported on Formigh 1998 8 showing basis wasn't reported to the IRS [C] Cost or other loss. See the Note below and see Ecolumn (6). Be an executive of (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Date acquired (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Date acquired (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Date acquired (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Date acquired (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Date acquired (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [C] Cost or other loss. See the Note below and see Ecolumn (6) (Mo., day, yr.) [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to you on Form 1998 9. [Di Long-term transactions not reported to yo	Note: You	may aggregate al	l long-term transac	tions reported on F	Form(s) 1099-B show	ving basis was reporte	ed to the IR	S and for which no a	djustments or
Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, Inter 80 (f) (Eox D, and the amounts). Enter each total here and include on your Schedule D, Inter 80 (f) (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, Inter 80 (f) (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, Inter 80 (f) (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, Inter 80 (f)									
E(E) Long-term transactions reported on Form(s) 1098-8 (c) (F) Long-term transactions reported to you on Form 1098-8 (c) Description of property (Example: 100 sh. XYZ Co) E(Example: 100 sh. XYZ Co) Date acquired (Mo., day, yr.) Mo., day, yr.) GEISEL-SEUSS ENTERPRISES, INC. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 80 (file Nox 1 box 1	If you have more long-term	transactions than wil	I fit on this page for or	ne or more of the boxe	s, complete as many fo	rms with the same box c	hecked as you	u need.	. oach apphoasie sex
(F) Long-term transactions not reported to you on Form 1099-B (P) Long-term transactions not reported to you on Form 1099-B (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date acquired (Mo., day, yr.) (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date	(D) Long-term	transactions re _l	oorted on Form(s	s) 1099-B showin	g basis was repo	rted to the IRS (see	e Note abo	ove)	
1 (a) (b) Date sortion of property (Example: 100 sh. XYZ Co.) Date sortion of property (Example: 100 sh. XYZ Co.) Date sort of disposed of (Mo., day, yr.) Date sort of the instructions Date of		-	<u>.</u>	-	-	ported to the IRS			
Description of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date acqui	LX (F) Long-term t	ransactions no	t reported to you	on Form 1099-E	3			. ,,	1
Description of property (Example 100 sh. XYZ Co.) (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC. Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC. Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC. Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC. Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) (Set ISBL-SBUSS ENTERPRISES, INC.) Data so do ri (Mo., day, yr.) Set Isbut in structions (Mo., day, yr.) Set Isbut in structions (Mo., day, yr.) (Gales price) (Mo., day, yr.) (Gales price) (Mo., day, yr.) (Godes) Amount of adjustment (Mo., day, yr.) (Godes) Amount of adjustment (Mo., day, yr.) (Mo., day, yr.) (Godes) Amount of adjustment (Mo., day, yr.) (Godes) Amount of adjustment (Mo., day, yr.) (Mo., day, yr.) (Godes) (Godes) (Mo., day, yr.) (Godes) (Mo., day, yr.) (Godes) (Mo., day, yr.) (Godes) (Godes) (Godes) (Mo., day, yr.) (Godes) (` '		, , ,			
Mo., day, yr.) Mose below and see Column (e) in the instructions GEISEL-SEUSS ENTERPRISES, INC. 264. 264. 270 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (ff Box P above is checked). Inne 9 (ff Box E above is checked).							in column	(g), enter a code in	Subtract column (e)
SEISEL-SEUSS ENTERPRISES, INC. 264. See Column (e) in the instructions of adjustment adjustment adjustment adjustment adjustment adjustment with column (e) in the instructions. 264. 27 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box P above is checked). ▶ 264.	(Example: 100 si	11. X12 00.)	(IVIO., day, yr.)	· ·			` ,		
GEISEL-SEUSS ENTERPRISES, INC. 264. 264. 264. 264. 264. 264. 264. 264. 264. 264. 264. 264.				(,, , , ,		1 ' '		Amount of	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schecked), or line 10 (if Box F above is checked). Impact to the solution of the solution o	OPTOPI CPII					trie iristructions		adjustment	with column (g)
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negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 264.									
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Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)									
above is checked), or line 10 (if Box F above is checked)	•	•		· · · · · · · · · · · · · · · · · · ·					
									261
					was incorrect an	tor in column (a) th	o basis sa	roported to the IF	

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form **8949** (2021) 123012 12-14-21

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123 2021

DR. SEUSS FOUNDATION

Employer identification number 95-6029752

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment						
1 Total tax (see instructions)					1	49,396.
2 a Personal holding company tax (Schedule PH (Form 1120),	line 26	included on line 1	2a			
b Look-back interest included on line 1 under section 460(b)						
contracts or section 167(g) for depreciation under the inco			2b			
(3)						
c Credit for federal tax paid on fuels (see instructions)			2c			
d Total. Add lines 2a through 2c					2d	
3 Subtract line 2d from line 1. If the result is less than \$500,	do not o	complete or file this form.	The corporation	·		
does not owe the penalty					3	49,396.
4 Enter the tax shown on the corporation's 2020 income tax						
or the tax year was for less than 12 months, skip this line a	nd ente	r the amount from line 3 o	on line 5		4	
			. 4			
5 Required annual payment. Enter the smaller of line 3 or li					_	40 206
enter the amount from line 3 Part II Reasons for Filing - Check the boxes b	low th	at apply. If any boyes are	abadiad the corporation	n must file Form 22	5	49,396.
even if it does not owe a penalty. See instructions		at apply. If ally buxes are	checked, the corporatio	III IIIUSI IIIE FOITII 22	20	
6 The corporation is using the adjusted seasonal inst		mathod				
7 The corporation is using the annualized income ins						
8 The corporation is a "large corporation" figuring its			on the prior year's tax			
Part III Figuring the Underpayment	1101100	dii do iii da iii da da d	in the prior your o tax.			
		(a)	(b)	(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) 1	e	(2)	(-7	(-/		(-/
15th day of the 4th (Form 990-PF filers: Use 5th month),						
6th, 9th, and 12th months of the corporation's tax year	9	05/15/21	06/15/21	09/15/	21	12/15/21
10 Required installments. If the box on line 6 and/or line 7						
above is checked, enter the amounts from Sch A, line 38. If						
the box on line 8 (but not 6 or 7) is checked, see instruction	ıs					
for the amounts to enter. If none of these boxes are checke	d,					
enter 25% (0.25) of line 5 above in each column	10	12,349.	12,349	. 12,3	49.	12,349.
11 Estimated tax paid or credited for each period. For						
column (a) only, enter the amount from line 11 on line 15.						
See instructions	11	29,572.				10,068.
Complete lines 12 through 18 of one column						
before going to the next column.			17 000	1 0	7.4	
12 Enter amount, if any, from line 18 of the preceding column	12		17,223 17,223			10,068.
13 Add lines 11 and 12	13		11,223	4,8	/4•	7,475.
14 Add amounts on lines 16 and 17 of the preceding column	14	29,572.	17,223	4,8	71	2,593.
Subtract line 14 from line 13. If zero or less, enter -0-If the amount on line 15 is zero, subtract line 13 from line	15	49,314.	11,223	• 4,0	/4•	2,333.
	16		0	.]	0.	
14. Otherwise, enter -U- 17 Underpayment. If line 15 is less than or equal to line 10,	10		0	•	٠.	
subtract line 15 from line 10. Then go to line 12 of the next						
column. Otherwise, go to line 18	17			7,4	75.	9,756.
18 Overpayment. If line 10 is less than line 15, subtract line 10				,,=		3,7301
from line 15. Then go to line 12 of the next column	18	17,223.	4,874	.		
Go to Part IV on page 2 to figure the penalty. Do not go to Par						
at to . a.t. to a page a to again the policity. Do not go to t at						

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03) 365	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED I	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				<u> </u>
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns					8 8 189

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

$\begin{array}{cc} & \text{FORM} & 990-\text{T} \\ \textbf{UNDERPAYMENT OF ESTIMATED TAX WORKSHEET} \end{array}$

DR. SEUSS FOUNDATION (A) (B) Adjusted Balance Due -0- 05/15/21 12,349. 12,349. 05/15/21 -20,000. -7,651. 05/15/21 -9,572. -17,223. 06/15/21 12,349. 7,475. 91 .000082192 12/15/21 -10,068. 9,756. 106 .000109589	nber
*Date Amount Adjusted Balance Due Balance Due Penalty Rate -0- 05/15/21 12,349. 12,349. 05/15/21 -20,0007,651. 05/15/21 -9,57217,223. 06/15/21 12,3494,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	9752
*Date Amount Balance Due Balance Due Penalty Rate -0- 05/15/21 12,349. 12,349. 05/15/21 -20,0007,651. 05/15/21 -9,57217,223. 06/15/21 12,3494,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	(F)
05/15/21 12,349. 12,349. 05/15/21 -20,000. -7,651. 05/15/21 -9,572. -17,223. 06/15/21 12,349. -4,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. .000082192 12/15/21 -10,068. 9,756. 106 .000082192	Penalty
05/15/21 -20,000. -7,651. 05/15/21 -9,572. -17,223. 06/15/21 12,349. -4,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	
05/15/21 -9,572. -17,223. 06/15/21 12,349. -4,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824.	
06/15/21 12,349. -4,874. 09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	
09/15/21 12,349. 7,475. 91 .000082192 12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	
12/15/21 12,349. 19,824. 12/15/21 -10,068. 9,756. 106 .000082192	
12/15/21 -10,068. 9,756. 106 .000082192	56
03/31/22 0. 9,756. 45 .000109589	85
	48
Penalty Due (Sum of Column F).	189

^{*} Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21 TAXABLE YEAR **2021**

California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

Calendar Yea	2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/d	d/yyyy)			
Corporation/Org		California c	orporation nun	nber	
DR. SE	USS FOUNDATION	036	5681		
Additional inform	nation. See instructions.	FEIN			
		95-	60297	52	
Street address (suite or room)	PMB	no.		
P.O. B	OX 33305				
City	State	ZIP co	ode		
SAN DI	EGO CA	921	.63		
Foreign country			n postal code		
A First retu	n Yes X No I Did the organization have any	changes to	its auideline	S	
B Amended	77				No
C IRC Sect	on 4947(a)(1) trust Yes X No J If exempt under R&TC Section				
	rmation return? engaged in political activities?		_		No
•	Dissolved Surrendered (Withdrawn) Merged/Reorganized K Is the organization exempt unc				No
Enter date	(mm/dd/yyyy) • If "Yes," enter the gross receipt				
	counting method: (1) cash (2) X Accrual (3) other L Is the organization a limited lia			· -	No
	eturn filed? (1) • X 990T (2) • X 990PF (3) • Sch H (990) M Did the organization file Form				
	Other 990 series report taxable income?			● X Yes	No
G Is this a	roup filing? See instructions • Yes X No N Is the organization under audit	by the IRS	or has the		
H Is this or	ganization in a group exemption Yes X No IRS audited in a prior year?			• Yes X	No
	that is the parent's name? 0 Is federal Form 1023/1024 per				No
	Date filed with IRS				
			_		
Part I	omplete Part I unless not required to file this form. See General Information B and C.				
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		• 1	11,006,592	2 00
	2 Gross dues and assessments from members and affiliates		• 2		00
	3 Gross contributions, gifts, grants, and similar amounts received		• 3		00
Doos!nto	4 Total gross receipts for filing requirement test. Add line 1 through line 3.				
Receipts	This line must be completed. If the result is less than \$50,000, see General Information B		• 4	11,006,59	2 00
and	5 Cost of goods sold 5		00		
Revenues	6 Cost or other basis, and sales expenses of assets sold 6 7,721	,892	00		
	7 Total costs. Add line 5 and line 6		. 7	7,721,892	
	8 Total gross income. Subtract line 7 from line 4			3,284,70	
Evnancae	9 Total expenses and disbursements. From Side 2, Part II, line 18	(9	904,77	
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	(• 10	2,379,92	<u>5 00</u>
	11 Total payments	(• 11		00
	12 Use tax. See General Information K	(• 12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	(• 13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	(• 14		00
	15 Penalties and interest. See General Information J		. 15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result		16	Index and hallot	00
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any knov	vledge.	ledge and belief,	
Here		Date	1•	Telephone	
	Signature of officer EXECUTIVE DIRE				
		Check if		PTIN	
	Preparer's signature ► 2001 11/15/2022 s	elf-employed		02378268	
Paid	Firm's name			Firm's FEIN	
Preparer's	(or yours, if self-			1-3391684	
Use Only	employed) 2020 CAMINO DEL RIO N # 500 and address			Telephone	
	SAN DIEGO, CA 92108			619) 238-10	U 4 0
	May the FTB discuss this return with the preparer shown above? See instructions	<u>,</u> •[X Yes	No	

DR. SEUSS FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951	01-1	9-22

		1	Gross sales or receipts from all busing	iess activities. See instru	ıctions		•	1			00
		2	Interest				•	2		19,19	1 00
		3	Dividends					3		858,75	8 00
Rece	eipts	4	Gross rents					4			00
from		5	Gross royalties					5			00
Othe	r	6	Gross amount received from sale of	assets (See instructions))	STA	TEMENT 1 •	6		7,903,30	
Sour	ces	7	Other income	, , , , , , , , , , , , , , , , , , ,		SEE STA	TEMENT 2 •	7		2,225,33	
		8	Total gross sales or receipts from ot	her sources. Add line 1 t	hrough line	7. Enter here and o	n Side 1. Part I. line 1	8		1,006,59	
		9	Contributions, gifts, grants, and simi		-			9			00
		10	Disbursements to or for members				•	10			00
		11	Disbursements to or for members Compensation of officers, directors,	and trustees		SEE STA	TEMENT 3 •	11		183,75	
		12	Other salaries and wages				•	12		6,25	
Expe	nses							13			00
and								14		180,40	
	urse-							15			00
ment		16	Depreciation and depletion (See inst	uctions)			•	16			00
	.	17	Depreciation and depletion (See instr Other expenses and disbursements			SEE STA	TEMENT 4 •	17		534,36	
		18	Total expenses and disbursements.	Add line 0 through line 1	7 Enter her	e and on Side 1 Pa	ort I line 0	18		904,77	
Sch	nedu			Beginning o				d of tax	l (able v		9 00
Asse		ic L	Data noo onoo:	(a)	T tuxubio ye	(h) 4	(c)	1		(d)	
				(ω)	1 3	,500,353	(0)		•	3,516,	442
			r racaivable		 	,500,555			÷	3,310,	
			s receivable						•		
			ceivable								
			otata government obligations						•		
			state government obligations						•		
			in other bonds		N. W.				•		
			in stock						•		
0 1	orp or in	ge ioa	ans ments STMT 5		16	,948,906			•	53,776,	<u> 512</u>
40	Olliel II	ivesti	la consta		= 0	, 940, 900			•	33,110,	, , , , ,
10	a Depi	ecian	le assets (1	1			
				,	1		(
11 1	Lanu		STMT 6			8,404			•		662
					5.0	,457,663			•	57,293,	
			3		30	,457,005				31,233,	, 010
			et worth			71,859				2.5	760
			yable			11,039			•		, 700
			s, gifts, or grants payable						•		
			ootes payable						•		
1/ 1	Mortga	ges p	payable COMM 7						•	1 -	042
18 (Otner II	abiliti	es STMT 7							45,	,042
			c or principal fund						•		
			tal surplus. Attach reconciliation		5.0	,385,804			•	57,212,	01/
			nings or income fund			,457,663			•	57,212,	614
			ties and net worth			,457,003				31,493,	010
	nedu		Do not complete this schedule	if the amount on Schedu	ıle L, line 13						
1 [Net inc	ome p	per books	• 2,379,	925 7	Income recorded	•				
			me tax			not included in th	is return. Attach schedu	ıle	•		
3 E	Excess	of ca	pital losses over capital gains	•	8	Deductions in this	s return not charged				
			recorded on books this year.			against book inco	me this year.				
1	Attach	sched	dule	•		Attach schedule			•		
			corded on books this year not		9	Total. Add line 7 a					
(deduct	ed in t	this return. Attach schedule			Net income per re	eturn.				
			ne 1 through line 5		925	Subtract line 9 fro	om line 6	<u></u>		2,379,	, 925

CA 199	GROSS AMOUNT	FROM SALE	OF INV	ESTMEN	T PROP	ERTY	Z S'	TATEMENT	1
DESCRIPTION			DATE ACQUIRED			DATE SOLD		THOD UIRED	
JPM ACC # 2009			12/2	2/21	12/21	/21	PUR	CHASED	
		COST OTHER		DEPR	EC.		PENSE SALE	GROS SALES P	
		1,351	,910.		0.		0.	1,323,	365.
DESCRIPTION			DA' ACQU		DAT:			THOD UIRED	
JPM ACC # 2009			07/2	0/20	12/21	/21	PUR	CHASED	
		COST OTHER		DEPR	EC.		PENSE SALE	GROS SALES P	
		147	,124.	1	0.		0.	147,	511.
DESCRIPTION			DA'	TE IRED	DAT:			THOD UIRED	
JPM ACC # 4005			01/0	1/21	12/31	/21	PUR	CHASED	
		COST OTHER		DEPR	EC.		PENSE SALE	GROS SALES P	
		1,113	,878.		0.		0.	1,218,	432.
DESCRIPTION		U	DA' ACQU		DAT:			THOD UIRED	
JPM ACC # 4005			07/2	0/20	11/16	/21	PUR	CHASED	
		COST OTHER		DEPR	EC.		PENSE SALE	GROS SALES P	
		84	,683.		0.		0.	121,	064.
DESCRIPTION			DA' ACQU		DAT:			THOD UIRED	
JPM ACC # 5002			01/2	2/21	11/22	/21	PUR	CHASED	
		COST OTHER		DEPR	EC.		PENSE SALE	GROS SALES P	
		4,751	,778.		0.		0.	4,830,	616.

DESCRIPTION		DATE DATE ACQUIRED SOLD			ETHOD QUIRED		
JPM ACC # 5002	11/2	20/20	12/23	7/21 PU	JRCHASED		
	COST OR OTHER BASIS	DEPF	REC.	EXPENSE OF SALE			
	272,519.		0.	0	262,32	20.	
TOTAL ON FORM 199, PG 2, LINE 6	7,721,892.		0.	0	7,903,30	08.	
CA 199	OTHER INCOM	ИЕ			STATEMENT	2	
DESCRIPTION					AMOUNT		
DR. SEUSS ENTERPRISES, L.P. K-1 GEISEL-SEUSS ENTERPRISES, INC. K			ſΕ	_	1,923,65		
TOTAL TO FORM 199, PART II, LINE	E 7	1		=	2,225,33	35.	
CA 199 COMPENSATION OF OFF	FICERS, DIRECT	TORS AN	ID TRUS	STEES	STATEMENT	3	
NAME AND ADDRESS	AVERAG	TITLE GE HRS)/WK	COMPENSAT	ION	
CLAUDIA PRESCOTT P.O. BOX 33305 SAN DIEGO, CA 92163	PRESI	DENT 10.00)		18,7	50.	
BRIAN SCHOTTLAENDER P.O. BOX 33305 SAN DIEGO, CA 92163	VICE I	PRESIDE 20.00		REASURER	1	0.	
JAY HILL P.O. BOX 33305 SAN DIEGO, CA 92163	EXECU	rive Di 40.00		ł	165,00	00.	
TED OWENS P.O. BOX 33305 SAN DIEGO, CA 92163	SECRE!	TARY 10.00)			0.	
TOTAL TO FORM 199, PART II, LINE	11				183,7	50 .	

CA 199 OTHER EXPENSES	S 	STATEMENT	4
DESCRIPTION		AMOUNT	
PENSION PLANS, EMPLOYEE BENEFITS		19,9	30.
LEGAL FEES		80,79	
ACCOUNTING FEES		70,20	
OTHER PROFESSIONAL FEES		304,1	
INSURANCE OFFICE SUPPLIES		11,40 37,30	
MARKETING		10,49	
TOTAL TO FORM 199, PART II, LINE 17		534,30	66.
CA 199 OTHER INVESTMEN	NTS	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
JPMORGAN FIXED INCOME	22,079,588.	10,863,9	32.
JPMORGAN MUTUTAL FUNDS	22,605,196.		
INVESTMENT IN SUBSIDIARIES	2,264,122.		
TOTAL TO FORM 199, SCHEDULE L, LINE 9	46,948,906.	53,776,5	12.
CA 199 OTHER ASSETS		STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
OTHER ASSETS	8,404.	6	62.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	8,404.	60	62.
CA 199 OTHER LIABILITI	T FC	STATEMENT	7
CA 199 OTHER BIABIBIT			
DESCRIPTION	BEG. OF YEAR	END OF YEA	AR
ACCRUED EXPENSES	0.	45,0	42.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	45,04	12

CA 199 FUND BA	ALANCES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	50,385,804.	57,212,814.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	50,385,804.	57,212,814.



Date Accepted

<u>7021</u>

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organizations	0100 20
Exempt Organization name	Identifying number
DR. SEUSS FOUNDATION	95-6029752
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	111_006,592
2 Total gross income (Form 199, line 8)	2 3,284,700
3 Total expenses and disbursements (Form 199, line 9)	3 904,775
Part II Settle Your Account Electronically for Taxable Year 2021	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal	date (mm/dd/yyyy)
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account:	Checking Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize on line 4a.	e an electronic funds withdrawal for the amount listed
Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I pertansmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponcal fornia electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	nding lines of the exempt organization's 2021 " and complete. If the exempt organization is filing ne exempt organization's fee liability, the exempt iization return and accompanying schedules and
Sign 11/15/22 EXECUTIVE D	IRECTOR
Here Signature of officer Date Title	
Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.	
I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-E0 are commonly an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-E0 by provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have follow 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-E0 on file for four years from the duthe exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I declare that I have examined the above exempt organization's return and accompanying schedules and statements, true, correct, and complete. I make this declaration based on all information of which I have knowledge.	n's return. I declare, however, that form FTB 8453-E0 efore transmitting this return to the FTB, I have ed all other requirements described in FTB Pub. e date of the return or four years from the date I am also the paid preparer, under penalties of perjury

Date Check ERO's PTIN Check if also paid preparer if selfsignature **ERO** employed X P02378268 Firm's name (or yours PKF SAN DIEGO, LLP Firm's FEIN 81-3391684 Must if self-employed) 2020 CAMINO DEL RIO N # 500 Sign and address SAN DIEGO, CA ZIP code 92108

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

FTB 8453-EO 2021

Form at bottom of page.

Installment 4 -

File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.

If no payment is due, do not mail this form.

WHERE TO FILE:

Using black or blue ink, make the check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, and CA SOS file number, if applicable, and "2022 Form 100-ES" on the check or money order. Detach form below. Enclose, but do not staple, the payment with this form and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

__ DETACH HERE ____ DETACH HERE ___ DETACH HERE DETACH

Caution: The corporation may be required to pay electronically. See instructions.

Installment 4

TAXABLE YEAR 2022

Corporation Estimated Tax

CALIFORNIA FORM

2

100-ES

000000 95-6029752 DRSE

0365681

FORM

01-01-2022 12-31-2022 TYE

DR SEUSS FOUNDATION

PO BOX 33305

SAN DIEGO 92163 CA

EST TAX AMT 10526. OSUB TAX AMT

> 10526. TOTAL PAYMENT AMT

22

6101226 Form 100-ES 2021 139824 11-05-21

CALIFORNIA FORM

Underpayment of Estimated Tax by Corporations

EONE	

202	1 by Corporati	ions	3							58	806
or calendar	year 2021 or fiscal year beginning (mm/dd	l/yyyy)			and ending	(mm/dd/yyyy)					
Corporation na								Cal	lifornia corp		umber
	DR. SEUSS FOUNDA	TIOL	1						0365	681	
Part I	Figure the Underpayment										
1 Current	year's tax. See instructions	<u>.</u>							1		23,97
			(8		(b			c)			d)
	ent due dates. See instructions	2	04/1		06/1			5/21			5/21
	age required. See instructions	3	30% (not les	ss than min.)	70% le	ess 1st	70% le	ss prior			ess prior
	due. See instructions	4		0 456							23,97
	unt paid or credited for each installment	5a		2,476		2 476		6,65			9,90
	payment from previous installment	5b		2 476		2,476		2,47			9,12
	5a and line 5b	6		2,476		2,4/0		9,12	40		19,03
	syment (subtract line 6 from line 4). See										
instructi											
	ment (subtract line 4 from line 6).										
	shows an underpayment for any install-	,		2,476		2,476		9,12	ه د		4,94
	to Part IV, Exceptions Worksheets.	7	reaution A liv		all fa !maka					f Freezant	
Part II	Exceptions to the Penalty. See instruction met, for any installment, attach form FTB 5	118. 11 EX 5806 to	the back of I	Form 100, For	m 100W, Forr	m 100S or Forr	n attach tilis n 109.	ioriii to tile	return. i	Ехсери	IOII B OI G IS
	(check the applicable boxes)		Yes	No	Yes	No	Yes	No		/es	No
0 0 -	otion A - Regular Corporations, line 26, met?	8a	168	NU	res	NO	168	NO	- '	68	NO
	otion A - Hegular Corporations, line 26, met?	-									
	on B (line 42) met?	9						I			
	on C (line 64) met?	10									
Part III	Figure the Penalty. If line 7 shows an und		nant for any i	inetallment and	d none of the	three exception	ne ie mat fia	l ura tha nar	alty for th	nat	
art III	installment by completing line 11 through			mount and	a none or are	иноо олоорио	io io inici, iig	uro trio por	idity for ti	iut	
11 Entartha and	rlier of the payment date, or the 15th day of the 3rd month										
	se of the taxable year. Form 109 filers, see instr.	111									
	lays from date shown on line 2 to date shown on line 11	12									
	of days on line 12 before 7/01/21, or the	·-									
	t date, whichever is earlier	13									
	of days on line 12 after 6/30/21 and before	_									
	, or the payment date, whichever is earlier	14		/							
	of days on In. 12 after 12/31/21 and										
	/01/22, or the payment date, whichever is										
	Calendar yr corps., see instr.	15									
16 For fisca	al yr corps. only. Number of days on line										
12 after	6/30/22 and before 1/01/23. See inst	16									
17 For fisca	al year corps. only. Number of days on										
line 12 a	fter 12/31/22 and before 2/15/23	17									
	of days on line 13										
	or days in taxable your	18									
19 Number	of days on line 14 of days in taxable year x 3% x line 7										
	of days in taxable year	19									
	of days in tayable year x 3% x line 7										
	or days in taxable year	20									
	of days on line 16 x % (see instr.) of days in taxable year x line 7	21									
22 Number	of days on line 17 x % (see instr.)										
Number	of days in taxable year x line 7	22		SEE A	TTACHE	D WORK	SHEET				
22a Add am	nounts for each column from line 18										
•	h line 22	22a									
	stimated penalty due. Add line 22a, colun	. ,	-	. ,							<u>.</u>
Form 1	00W, line 40a; Form 100S, line 44a; or For	m 109,	line 27					2	2b		6:

022

7691214

FTB 5806 2021 **Side 1**

139901 11-11-21

UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

CA

ame(s)				Identifying N	lumber
DR. SEUSS F	OUNDATION			03656	81
(A)	(B)	(C)	(D) Number Days	(E)	(F)
*Date	Amount	Adjusted Balance Due	Balance Due	Daily Penalty Rate	Penalty
		-0-			
04/15/21	-2,476.	-2,476.			
09/15/21	-6,650.	-9,126.			
12/15/21	23,975.	14,849.			
12/15/21	-9,904.	4,945.	151	.000082192	6
			1		
			\bigcirc		
	ın F).				6

^{*} Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21 TAXABLE YEAR **2021**

California Exempt Organization Business Income Tax Return

128961 01-06-22 FORM

109

Calendar Ye	ar 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)	
	/Organization name EUSS FOUNDATION	California corporation number 0365681
Additional	information. See instructions.	FEIN
Street addr	ess (suite/room no.) PMB no	95-6029752
	BOX 33305	
- '	orporation has a foreign address, see instructions.)	
SAN D		
Foreign co	untry name Foreign province/state/county Foreign	postal code
A First ret	irn filed? Yes X No H Is the organization a non-exempt charitable	trust as
B Is this a	n education IRA within the meaning of described in IRC Section 4947(a)(1)?	
	ection 23712? Yes X No I Is this organization claiming any former; En	
	ganization under audit by the IRS or has the IRS n a prior year? • Yes X No (LAMBRA), Targeted Tax Area (TTA), or Ma	=
D Final ret		
Enter da	te (mm/dd/yyyy) d return? Merged/Reorganized J is this organization a qualified pension, pro stock bonus plan as described in IRC Section K Unrelated Business Activity (UBA) code	. ,
	ing method used: (1) acash (2) X Accrual (3) other L Is this a hospital?	
	f trade or business If "Yes," attach federal Schedule H (Form 99	071 000
Taxable Corpora-	 1 Unrelated business taxable income from Side 2, Part II, line 30 2 Mult. In 1 by the avg. apport. pctg % from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr. 	
tion	3 Enter the lesser amt from In 1 or In 2. If the unrelated bus, activity is wholly in CA and Sch, R was not compltd, enter the amt from In 1.	054 000
Taxable Trust	4 Unrelated business taxable income from Side 2, Part II, line 30	• 4 00
HOUL	5 Unrelated business taxable income from line 3 or line 4	• 5 271,208 ₀₀
	6 EZ, LAMBRA, or TTA NOL carryover deduction	• 6 00
Tax Compu-	7 Net Operating Loss deduction. See General Information N	7 00
tation	8 Add line 6 and line 7	8 00 9 271,208 ₀₀
	 9 Net unrelated business taxable income. Subtract line 8 from line 5 10 Tax 8 • 8 4 % x line 9. See General Information J 	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	11 Tax credits from Schedule B. See instructions	11 00
T-4-1	12 Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	• 12 23,975 oo
Total Tax	13 Alternative minimum tax. See General Information 0	13 00
	14 Total tax. Add line 12 and line 13	 14 23,975 00
	15 Overpayment from a prior year allowed as a credit 16 2001 estimated by payments See instructions 17 18 2001 estimated by payments See instructions	<u>) </u>
Davimanta	10 2021 estimated tax payments. See instructions 10 10 10 10 10	<u>'</u>
Payments	17 Withholding (Form 592-B and/or 593). See instructions 18 Amount paid with extension (form FTB 3539) 19 10 00 10 00	
	18 Amount paid with extension (form FTB 3539) • 18 10,000 or 19 Total payments and credits. Add line 15 through line 18	9 19 29,030 00
	20 Use tax. See instructions	• 20 00
llee Tay/	21 Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	• 21 29,030 ₀₀
Use Tax/ Tax Due/	22 Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	• 22 00
Overpay-	23 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23 00
ment	24 Overpayment. Subtract line 14 from line 21. See instructions	24 4,994 00
	25 Enter amount of line 24 to be applied to 2022 estimated tax	• 25 4,994 ₀₀

	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24		•	26	00
		a Fill in the account information to have the refund directly deposited. Routing number			120	1 100
Refund		b Type: Checking ● Savings ● C Account Number ●				
Amount Due		Penalties and interest. See General Information M		•	27	61 00
Due		Check if estimate penalty computed using Exception B or C and attach form FTB 5806				1
		Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24			29	00
Unrel	_	Business Taxable Income				100
		ated Trade or Business Income				
1 a G	ross rece	ipts or gross sales b Less returns and allowances c Balance		•	1c	00
2 Cos	t of goo	ds sold and/or operations (Schedule A, line 7)			2	00
		. Subtract line 2 from line 1c			3	00
4 a C	apital ga	in net income. See Specific Line Instructions - Trusts attach Schedule D (541)		•	4a	00
b N	et gain (loss) from Part II, Schedule D-1		•	4b	00
c C	apital lo	ss deduction for trusts		•	4c	00
5 Inco	me (or	loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions.				
		dule K-1 (565, 568, or 100S) or similar schedule			5	303,891 ₀₀
6 Ren	tal incor	ne (Schedule C)		•	6	00
7 Unre	elated d	ebt-financed income (Schedule D)		•	7	00
		income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
		nuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
		empt activity income (Schedule G)			10	00
11 Adv	ertising	income (Schedule H, Part III, Column A)		•	11	00
		ne. Attach schedule			12	00
		ted trade or business income. Add line 3 through line 12			13	303,891 00
		actions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the un			_	
		on of officers, directors, and trustees from Schedule I			14	00
		wages			15	00
					16	00
17 Bad	aedis			•	17	00
18 Inte	rest	CPE CMAMPMM	α	•	18	1,549 00
19 Taxe	tribution	SEE STATEMENT	و 1	•	19 20	30,134 00
		is	±.V	-	20	30,13400
		reciation claimed on Schedule A 21b		00	21	1 100
22 Dep		Toolation diamica on octionation		00	22	00
		ions to deferred compensation plans			23a	00
20 u 0	nnlovee	benefit programs			23b	00
		tions		•	24	00
25 Tota	ıl deduc	tions. Add line 14 through line 24			25	31,683 00
26 Unr	elated b	usiness taxable income before allowable excess advertising costs. Subtract line 25 from line 13		•	26	272,208 00
		ertising costs (Schedule H, Part III, Column B)			27	00
		usiness taxable income before specific deduction. Subtract line 27 from line 26			28	272,208 00
29 Spe				_	29	1,000 00
30 Unr	elated b	usiness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	271,208 00
<u> </u>	Our loca	privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy´ to learn about our privacy policy statem le FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and e	ent, or go enter forn	to ftb n code	.ca.go 948 w	v/forms and search for 1131 to v/hen instructed.
Sign Here		er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
11616		nature Title Date				Telephone
	of o	fficer ▶ EXECUTIVE DIRECTOR				
Paid	Pre	parer's Date Check	cif self-			PTIN
Prepare	r's sigr	nature ► 3 11/15/2022 emplo	oyed J	► 2	K P	02378268
Use Only		n's name (or yours,				Firm's FEIN
	if se	off-employed) ► PKF SAN DIEGO, LLP			_ 8	1-3391684
	and	address 2020 CAMINO DEL RIO N # 500				Telephone
	\perp	SAN DIEGO, CA 92108				619) 238-1040
	May	the FTB discuss this return with the preparer shown above? See instructions			•	X Yes No

Schedule A	Cost of Goods Sold and/or Operations.				
Method of inventor	y valuation (specify) N/A				
1 Inventory at be	ginning of year		1		00
			2		00
3 Cost of labor			3		00
4 a Additional IF	RC Section 263A costs. Attach schedule		4a		00
b Other costs.	Attach schedule	•	4b		00
5 Total. Add line	1 through line 4b		5		00
6 Inventory at en	d of year		6		00
7 Cost of goods	sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2		7		00
	IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?		L	Yes X No	
Schedule B	Tax Credits.				
1 Enter credit na		00			
2 Enter credit na	me code • • 2	00			
3 Enter credit na	me code • • 3	00			
	1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits				
on line 4. Enter	here and on Side 1, line 11		4		00
Schedule K	·				
	utation under the look-back method for completed long-term contracts. Attach form FTB 3834		1		00
2 Interest on tax	attributable to installment: a Sales of certain timeshares or residential lots		2a		00
	b Method for non-dealer installment obligations		2b		00
	97(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles		3		00
4 Credit recaptur		•	4		00
5 Total. Combine	e the amounts on line 1 through line 4		5		00
	Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.				
Part A. Standard M	lethod - Single-Sales Factor Formula . Complete this part only if the corporation uses the single-sales fac				
	(a) Total within and	(b) Total within		(c) Percent within	
	outside California	California		California [(b) ÷ (a)] x	100
	• •				
	t percentage. Divide total sales column (b) by total sales column (a)				
	e result by 100. Enter the result here and on Form 109, Side 1, line 2.			•	
Part B. Three Fact	or Formula. Complete this part only if the corporation uses the three-factor formula. (a)	(b)		(a)	
		(b) Total within		(c) Percent within	
	outside California	California		California [(b) ÷ (a)] x	100
	r. • •			•	
	Wages and other compensation of employees •			•	
	Gross sales and/or receipts less returns and allowances			•	
	age: Add the percentages in column (c)				
	rtionment percentage: Divide the factor on line 4 by 3 and enter the				
	I on Form 109, Side 1, line 2. See instructions for exceptions				
Schedule C	Rental Income from Real Property and Personal Property Leased with Real Property				
1 Description of prope	debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See ins		T.		
Description of prope	2 Rent received	or accrued		rcentage of rent attributab rsonal property	le to
					%
			1		%
					//
4 Complete if any item	n in column 3 is more than 50%, or for any item ned on the basis of profit or income 5 Complete if any item in column 3 is m	ore than 10%	but no	t more than 50%	
(a) Deductions directly	11111	ions directly con ersonal property	nected	(c) Net income includible column 5(a) less column	
Add columns 4(h)	and column 5(c). Enter here and on Side 2, Part I, line 6			1	
a colamino i(b) t	200 200 200 200 100 and on old Eg 1 art g 1110 0				

Schedule D Unrelated	Debt-Finance	d Income										
1 Description of debt-financed prope	erty				2 Gross income	from or	3 Deduction	ons directly	connected w	ith or allocable to c	lebt-fin	anced property
			allocable to de property	(a) Straigl	(a) Straight-line depreciation			ner de	ductions			
4 Amount of average acquisition indebtedness on or allocable to debt-financed property 5 Average adjusted basis of or allocable to debt-financed property			6 Debt basis percentage, column 4 ÷ column 5		7 Gross income reportable, column 2 x column 6		8 Allocable deductions, to columns 3(a) and 3(b) x column 6			9 Net (or I	II (OSS	ne ncludible, less column 8
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part Lline 7		l		1		1					
					23701i, or Sect							
1 Description		2 Amount			ctions directly		stment inco 2 less colun		Set-asides	S	6 ir	alance of investment acome, column 4 less olumn 5
T. I. E. I	D 11" -										<u> </u>	
Total. Enter here and on Side 2,												
Enter gross income from memb						<u>4</u>						
Schedule F Interest, A	nnuities, Koy	aities and Re	nts from Co	ntrollea	Organizations	Us d O see	·					
					Exempt Contro	nied Organ	izations					
1 Name of controlled organizations			2 Employer identification number	3 Net unrelated income (loss)		4	Total of specifi payments mad				6	Deductions directly connected with income in column (5)
1												
2												
3												
Nonexempt Controlled Organiz	ations											
7 Taxable income					8 Net unrelated income (loss)	9	Total of spe payments		tha the org	t of column (9) t is included in controlling anization's ss income	1	1 Deductions directly connected with income in column (10)
1												<u> </u>
2												
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11											.	
6 Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	art I, line 9									
Schedule G Exploited E	xempt Activi	ty Income, ot	her than Ad									
Description of exploited activity (at schedule if more than one unrelate is exploiting the same exempt activ	d activity by tity) f	Gross unrelated pusiness income rom trade or pusiness	connecte production	d with	4 Net income frounrelated trade or business, column 2 less column 3	from a	s income activity that unrelated ess income	colun	utable to	7 Excess exen expense, col 6 less colum but not more column 4	umn n 5	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2,	line 10											

Sc	hec	lul	е	Н	Advertising Income and Excess Advertising Co	sts
----	-----	-----	---	---	--	-----

Part I Income from Periodicals Reported	d on a Consolida	ted Basis					
1 Name of periodical 2	Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Read cost	dership 7	If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5 subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0
Totals						_	
Part II Income from Periodicals Reporte	ed on a Separate	Basis					
Part III Column A - Net Advertising Inco	ome			mn B - Excess A			
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7		(a) Enter "consolidate names of non-cons	or als		mount from Part I, column 4, s listed in Part II, column 4	
			4				
Enter total here and on Side 2, Part I, line 11	Directors and	Tuustaaa	Enter total here and	on Side 2, Pari	t II, line 27		
Schedule I Compensation of Officers 1 Name of officer	2 SSN or I			A Percei	nt of time 5	Compensation	6 Expense account
, name of officer	2 331 01 11	0		devote	ed to	attributable to unrelated busine	allowances
					%		
			\		%		
					%		
					%		
Total Enter here and an Cide O Dort II line 14					%		
Total. Enter here and on Side 2, Part II, line 14 Schedule J Depreciation (Corporation)		ons only Trusts use	form FTR 3885F)				
1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other to		allowable	thod of nputing preciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do	not include in ite	ms below)					
2 Other depreciation: Buildings Furniture and fixtures Transportation equipment Machinery and other equipment Other (specify)							
3 Other depreciation 4 Total 5 Amount of depreciation claimed elsewhere 6 Balance, Subtract line 5 from line 4. Enter	e on return						

3645214 022 Form 109 2021 Side 5

CA 109	TAXES PAID	STATEMENT	
DESCRIPTION		AMOUNT	
PAYROLL TAXES	1,549.		
TOTAL TO FORM 109, PAGE 2,	LINE 19	1,54	19.
CA 109 CASH & CARRY	OVER CHARITABLE CONTRIBUTIONS	STATEMENT	10
DESCRIPTION		AMOUNT	
CHARITABLE CONTRIBUTIONS - PASS-THROUGH S CORPORATION CARRYOVER FROM PRIOR YEAR(S) LESS EXCESS CONTRIBUTIONS		250. 82,581. -52,697.	
TOTAL INCLUDED ON FORM 109,	PAGE 2, LINE 20	30,13	34.

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

DEPARTMENT OF JUSTICEPAGE 1 of 5 (For Registry Use Only)

			Check if:						
DD CELLCG EQUINDAMION	Change of address								
DR. SEUSS FOUNDATION Name of Organization			ended report						
List all DBAs and names the organization uses or has used									
P.O. BOX 33305			State Charity Registration Number CT 1864						
Address (Number and Street)			0365601						
SAN DIEGO, CA 92163 City or Town, State, and ZIP Code			ion or Organization No. 0365681						
619-733-8050	Endoral E	Employer ID No. 95-6029752							
Telephone Number E-mail Addre	SS	rederare	10 No. 23 0023732						
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice									
Total Revenue Fee	Total Revenue	Fee	Total Revenue	Fee					
Less than \$50,000 \$25 Between \$250,001 and \$1 million			Between \$20,000,001 and \$100 million	\$80	_				
Between \$50,000 and \$100,000 \$50	Between \$1,000,001 and \$5 million		Between \$100,000,001 and \$500 million		000				
Between \$100,001 and \$250,000 \$75	Between \$5,000,001 and \$20 million	n \$400	Greater than \$500 million	\$1, 2	200				
PART A - ACTIVITIES	01/01/20	21	12/21/2021						
For your most recent full accounting	g period (beginning $01/01/20$	<u>⊿⊥</u> end	ling 12/31/2021) list:						
Total Revenue 3 . 284 .	700 Noncash Contributions\$		0 Total Assets \$ 57,293	3.6	16				
(including noncash contributions) \$ 3,284,700 Noncash Contributions \$ 0 Total Assets \$ 57,293, Program Expenses \$ 49,049 Total Expenses \$ 904,775									
PART B - STATEMENTS REGARDING OR	CANIZATION DURING THE REPIOD								
	f you answer "yes" to any of the ques			. 					
			-	Yes	No				
 During this reporting period, were there and any officer, director or trustee there 			-						
any financial interest?					х				
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property					Х				
or funds?									
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?									
4 During this reporting period, were the s	antipos of a commercial fundraiser fun	draising	upped for charitable purposes, or	\dashv	X				
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?									
5. During this reporting period, did the organization receive any governmental funding?									
6. During this reporting period, did the organization hold a raffle for charitable purposes?									
						7. Does the organization conduct a vehicle donation program?			
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with									
generally accepted accounting principles for this reporting period?									
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I ha	• • •		ing documents, and to the best of my know	wledç	ge				
and belief, the content is true, correct and complete, and I am authorized to sign.									
JAY HILL EXECUTIVE DIRECTOR									
	inted Name		itle DIRECTOR Date						
L 129291									