** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning OCT 1, 2021 and ending	SEP 30, 20	22
В	Check if applicable	C Name of organization	D Employer ide	ntification number
а		·		
	Addres change	Dunedin Fine Art Center		
	Name change		59-162	1318
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/	1143 Michigan Blvd.		8-3324
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,551,271.
	Amend		H(a) Is this a gro	
	Applica	,		nates? Yes X No
	pendin	1143 Michigan Blvd, Dunedin, FL 34698		ates included? Yes No
	Γαν. ονο			ch a list. See instructions
		WWW.DFAC.ORG	 ,	nption number
				5 M State of legal domicile: FL
		Summary	ear of formation. ±57	J W State of legal dofficile. 1 1
		Briefly describe the organization's mission or most significant activities: To enric	h lives thr	ough
9	1 1	educational experiences in the visua $\overline{1}$ arts.	II IIVES CIII	Ougii
Jan	-		U 050/ (')	
Governance	1	Check this box if the organization discontinued its operations or disposed of n		
é	1			<u> </u>
જ		Number of independent voting members of the governing body (Part VI, line 1b)		
ies	1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		5 17
Activities	1	Total number of volunteers (estimate if necessary)		6 139
Act	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
	۱d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.
		-GU"	Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	1,230,51	
	9 F	Program service revenue (Part VIII, line 2g)	616,98	
ě	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	219,45	3. 206,773.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	244,87	0. 323,505.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,311,82	8. 2,522,153.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	790,94	7. 929,694.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
per		Fotal fundraising expenses (Part IX, column (D), line 25) 338, 260.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,392,69	8. 1,729,239.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,183,64	
			128,18	101 - 10
)r 3S	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Y	
ance	00 7	Tabel accepts (Dayl V. line 4.0)	9,442,18	
SSE	20 7	Fotal assets (Part X, line 16)	470,23	
Net Assets or Fund Balances	21 7	Total liabilities (Part X, line 26)	8,971,94	
	22 N	Net assets or fund balances. Subtract line 21 from line 20	0,3/1,34	7,033,420.
		Signature Block	************************	of many languaged and halist it is
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	 Date	
Sig		,	Date	
Her	e	Julie Scales, Chair		
		Type or print name and title	I Data	T I DIN
		Print/Type preparer's name Preparer's signature	Date Chec	
Paid		Mary Brown May 610w-		P01892845
		Firm's name PDR CPAS + Advisors	Firm's EIN	▶ 59-1687531
Use	Only	Firm's address 4023 Tampa Road, Suite 2000		
		Oldsmar, FL 34677	Phone no.	727-785-4447
May	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission at the Dunedin Fine Art Center is to enrich lives through
	educational experiences in the visual arts. The vision is to make the
	Dunedin Fine Art Center a leading visual art center providing
	unparalleled educational, cultural & creative experiences.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$321,954 •including grants of \$) (Revenue \$512,129 •)
	Adult Education:
	The Adult Education program at the Dunedin Fine Art Center (DFAC) is
	designed to provide exciting and creative educational experiences to
	the community. DFAC has assembled an award winning, degreed group of
	instructors who encourage students to reach their full potential with
	individual attention and an inclusive attitude. In addition to
	painting, drawing, and clay classes that can be found at many art
	centers, DFAC also has dedicated studios for jewelry, printmaking,
	fiber arts, welding, woodturning, stone carving and food arts. Overall,
	DFAC has 21 studios located at 3 different campuses in Dunedin. Classes
	are offered year-round with 7 six-week class terms as well as
	individual workshops. Dunedin Fine Art Center has the unique ability to
4b	(Code:) (Expenses \$
	Youth Education:
	Besides educational outreach programs for local charter/private schools
	and organizations like the YMCA, the children and teen program follows
	the same schedule as the adult program, except for May to August, when
	a 10-week intensive summer enrichment art academy program for children
	ages: 4.5 to 14 is held. During the summer program, 7 different weekly
	camps focus on photography, clay (hand building and wheel), 2D (drawing
	and painting), iPad Explorations, murals and musical theater are
	offered to age-appropriate groupings in weeklong sessions. DFAC has up to 200 children per week and employs certified art teachers along with
	professional, degreed working artists from the Tampa Bay area. At the
	close of summer, a Summer Art Academy Exhibit is held in our Kokolakis
40	(Code:) (Expenses \$29,627 •including grants of \$) (Revenue \$\$ 65,409 •)
40	Exhibits:
	The Dunedin Fine Art Center (DFAC) has museum quality exhibitions which
	are organized by our Curatorial Director and Curatorial Assistant.
	Exhibits change every 8 weeks, on average. In a given year, the public
	can enjoy 20 different exhibits in 6 distinct galleries plus 7 exhibits
	in our dedicated Children's Gallery. Our Curatorial Team establishes
	the exhibition calendar two years in advance selecting from a range of
	individual artist proposals, traveling exhibits, guest curator concepts
	plus other organizational and regional proposals. With educational
	values at the core of the Dunedin Fine Art Center's mission, it has
	been our goal, at any given time, that a visitor may view works by our
	faculty and students alongside exhibits of artists of national and
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,525,816 • including grants of \$) (Revenue \$ 13,233 •)
4e	Total program service expenses 2,064,294.

Form 990 (2021) Dunedin Fine Art Center Part IV Checklist of Required Schedules

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

Form 990 (2021) Dunedin Fine Art Center Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١.,		X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Б	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable In the number of Forms W-2G included on line 13. Enter -0, if not applicable	4		
	Litter the number of Forms wize included of fine 1a. Litter 55 in not applicable.	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?	1c	Λ	

Dunedin Fine Art Center Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1 7			
	, , , , , , , , , , , , , , , , , , , ,	2a	17		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			2-		Х
				3a 3b		12
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule CA any time during the calendar year, did the organization have an interest in, or a signature or other an			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial account acc		•	4a		x
h	If "Yes," enter the name of the foreign country	ccou		та		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	coun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \ \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ served $	ices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7с		X
		7d		_		v
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			7h		
Ü				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Division of the state of the st			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	· · · · · · · · · · · · · · · · · · ·	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year L Section 501(c)(29) qualified nonprofit health insurance issuers.	12b				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-		13b				
С		13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2021) Dunedin Fine Art Center 59–1621318 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes on schedule 0. See instructions.			77
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	۳.		
b		7b		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
8			Х	
_	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		.
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	Joiny	, aran	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d fina	ncial	
19		u iiiidi	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ George Ann Bissett - 727-298-3322			
	1143 Michigan Blvd, Dunedin, FL 34698			
	TITO MICHIGAN DIVA, DANCAIN, PD 34030			

Form 990 (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	111126	((прсі	isat	(D)	(E)	(F)
Name and title	Average	(do not		Position (do not check more than one				Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1	and related
	below	/idual	Institutional trustee	-e	Key employee	est co loyee	Jer .	•		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~))	
(1) George Ann Bissett	40.00							117 100		•
President/CEO	1 00			Х				117,138.	0.	0.
(2) Julie Scales	1.00									0
Board Chair	1 00	Х		Х		C	1	0.	0.	0.
(3) Mike Bowman	1.00	٠,,		37) ~	ľ	_	0	0
Vice Chair	1 00	Х		Х		_		0.	0.	0.
(4) Karen Hauk	1.00	х		х				0.	0.	0.
Treasurer (5) Kathy Milam	1.00	Δ		Δ				0.	0.	<u> </u>
Secretary	1.00	Х		x				0.	0.	0.
(6) Rachael Wood	1.00	^		Δ				0.	0.	<u></u>
Parliamentarian	1.00	Х		Х				0.	0.	0.
(7) Holly Bird	1.00							· ·	•	
Chair Appointment	1.00	х		x				0.	0.	0.
(8) London L. Bates	1.00							•	•	
Immediate Past Chair		х		х				0.	0.	0.
(9) Christopher Beach	1.00									
Director		Х						0.	0.	0.
(10) Susan Benjamin	1.00									
Director		Х						0.	0.	0.
(11) Fred Miller	1.00									
Director		Х						0.	0.	0.
(12) J. Patrick Donoghue	1.00									
Director		Х						0.	0.	0.
(13) Mark B. Fox	1.00									
Director		Х						0.	0.	0.
(14) Barbara Hubbard	1.00									
Director		Х						0.	0.	0.
(15) Christine Fredrick	1.00									•
Director	1 00	Х						0.	0.	0.
(16) John Freeborn	1.00							_	_	^
Director	1 00	Х	_			-	_	0.	0.	0.
(17) Sara Kessinger- Sterling Societ	1.00	х						0.	0.	0
Director		Λ						<u> </u>	U •	0.

Section A. Officers, Directors, Tru		pioy	ees			gne	St C	ompensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per	I (do not check more than one						(D) Reportable	(E) Reportable			(F) timated	
	week	offi				is bot or/trus		compensation from	compensatio from related			ount o	ıτ
	(list any hours for	Individual trustee or director				p		the organization	organizations (W-2/1099-MIS			oensat om the	
	related	stee or	rustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		org	anizatio	on
	organizations below	dual tru	Institutional trustee	L	Key employee	st com	-e	1099-NEC)				l relate nizatio	
	line)	Indivi	Institu	Officer	Key er	Highe emplo	Former						
(18) Bryan Voliton Director	1.00	x						0.		0.			0.
Director		Δ						0.		0.			0.
		-											
									1				
								~					
								C.0\))				
							. 1	10					
dh Cubhatal						C	7	117,138.		0.			0.
1b Subtotal c Total from continuation sheets to Part V)		0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	117,138.		0.			0.
2 Total number of individuals (including but							no re	eceived more than \$100	,000 of reportabl	е			1
compensation from the organization	110											Yes	<u>⊥</u> No
3 Did the organization list any former officer	, director, trust	ee, l	кеу е	empl	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15			-					•	the organization		4		х
5 Did any person listed on line 1a receive or									dual for services		7		
rendered to the organization? If "Yes," cor								-			5		Х
Section B. Independent Contractors 1 Complete this table for your five highest or	ampanantad in	don	ndo	nt o	onti	rooto	oro t	that received more than	\$100,000 of com	none	otion f	rom	
 Complete this table for your five highest or the organization. Report compensation for 										iperis	alioni	TOTT	
(A)								(B)			(C	;)	
Name and business	s address	N	ONE	<u> </u>			\dashv	Description of s	ervices		omper	nsation	
							\dashv						
2 Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to	tho (se lis	sted	d above) who received m	nore than			200 (2	

Form 990 (2021) Dunedin Fine Art Center
Part VIII Statement of Revenue

		Check if Schedule O	contains a response	e or note to any lin	e in this Part VIII			
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	former kerrerenden
						10.110.110.110.100.100		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Sa or	b	Membership dues	1b	81,126.				
S, (С	Fundraising events	1c	158,698.				
a git	d	Related organizations	1d					
ini,	е	Government grants (contr	ributions) 1e	279,301.				
rior S	f	All other contributions, gifts,	grants, and					
13 E		similar amounts not included	above 1f	585,427.				
90	g	Noncash contributions included in	lines 1a-1f 1g \$	345,440.				
a S	h	Total. Add lines 1a-1f			1,104,552.			
				Business Code				
စ္ပ	2 a	Education		541610	843,265.	843,265.		
اه چَ	b	Exhibitions		711130	44,058.	44,058.		
Program Service Revenue	С							
eve.	d							
90 E	е		_					
ᇫ	f	All other program service	revenue					
	g	Total. Add lines 2a-2f		887,323.				
	3	Investment income (include	ding dividends, inte	rest, and				
		other similar amounts)		▶	63,371.	~ 00		63,371.
	4	Income from investment of				(,0)		
	5	Royalties		▶	.0			
			(i) Real	(ii) Personal	116			
	6 a	Gross rents	6a		C//,			
	b	Less: rental expenses	6b	1	02			
	С	Rental income or (loss)	6c					
	d	Net rental income or (loss)					
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 1,989,110					
	b	Less: cost or other basis	10110					
e		and sales expenses	7b 1,845,708					
Ven	С		7c 143,402					
Re		Net gain or (loss)			143,402.			143,402.
ther Revenue		Gross income from fundraising						
₹		including \$	158,698. of					
		contributions reported on						
		Part IV, line 18	88	436,952.				
	b	Less: direct expenses		148,031.				
		Net income or (loss) from			288,921.			288,921.
		Gross income from gamin						
		Part IV, line 19		a				
	b	Less: direct expenses		5				
		Net income or (loss) from						
	10 a	Gross sales of inventory, I	ess returns					
		and allowances	10	a 60,682.				
	b	Less: cost of goods sold		b 35,379.				
		Net income or (loss) from			25,303.	25,303.		
s				Business Code				
Miscellaneous Revenue	11 a	Other		711130	9,281.	9,281.		
ant ann	b							
e G	С							
Ais.	d	All other revenue						
		Total. Add lines 11a-11d			9,281.			
	12	Total revenue. See instruction	ons		2,522,153.	921,907.	0.	495,694.

Form 990 (2021) Dunedin Fine Art Center Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	117,138.	89,294.	16,235.	11,609.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4-0-00			
7	Other salaries and wages	658,339.	501,852.	91,246.	65,241.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.6.04.0	F 2 425	12 222	0 545
9	Other employee benefits	96,019.	73,196.	13,308.	9,515. 5,767.
10	Payroll taxes	58,198.	44,365.	8,066.	5,/6/.
11	Fees for services (nonemployees):			UA 1	
а	Management			U 1	
b	Legal	22.750	17 242	2 152	2 255
	Accounting	22,750.	17,342.	3,153.	2,255.
d	Lobbying		SU		
	Professional fundraising services. See Part IV, line 17	~/()		
f	Investment management fees	-:60			
g	, ,				
40	column (A), amount, list line 11g expenses on Sch O.)	• //			
12	Advertising and promotion	14,949.	11,396.	2,072.	1,481.
13	Office expenses	35,005.	26,684.	4,852.	3,469.
14	Information technology	33,003.	20,004.	4,032.	3,403.
15	Royalties				
16	Occupancy				
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	397,016.	302,646.	55,026.	39,344.
23	Insurance	44,438.	33,875.	6,159.	4,404.
24	Other expenses. Itemize expenses not covered	,		,	,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Education expenses	508,851.	508,851.		
b	In-kind expense	345,440.	172,720.	10,363.	162,357.
С	Public relations	103,506.	78,903.	14,346.	10,257.
d	Utilities and custodial	63,736.	48,586.	8,834.	6,316.
е	All other expenses	193,548.	154,584.	22,719.	16,245.
25	Total functional expenses. Add lines 1 through 24e	2,658,933.	2,064,294.	256,379.	338,260.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
12201	n 12-n9-21				Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

nce Sheet					
c if Schedule O contains a response or note	e to an	y line in this Part X			
			(A) Beginning of year		(B) End of year
- non-interest-bearing			260,414.	1	148,485
gs and temporary cash investments			114,183.	2	136,326
es and grants receivable, net			12,330.	3	9,300
unts receivable, net			4		
and other receivables from any current or	forme	r officer, director,			
e, key employee, creator or founder, substa	antial o	contributor, or 35%			
olled entity or family member of any of these	e pers	ons		5	
and other receivables from other disqualifi	ied pe	rsons (as defined			
section 4958(f)(1)), and persons described	ction 4958(c)(3)(B)		6		
and loans receivable, net				7	
tories for sale or use			2,805.	8	4,087
id expenses and deferred charges			1,047.	9	3,610
buildings, and equipment: cost or other					
Complete Part VI of Schedule D	10a	440,639.			
accumulated depreciation	10b	393,930.	68,384.	10c	46,709
tments - publicly traded securities			11		
tments - other securities. See Part IV, line 1		12			
tments - program-related. See Part IV, line 1		3,907,462.	13	3,113,995	
gible assets			14		
assets. See Part IV, line 11		5,075,562.	15	4,709,132	
assets. Add lines 1 through 15 (must equa			9,442,187.	16	8,171,644
unts payable and accrued expenses			81,219.	17	86,853
s payable			200 040	18	251 265
red revenue			208,040.	19	251,365
xempt bond liabilities				20	
w or custodial account liability. Complete P				21	
and other payables to any current or form					
e, key employee, creator or founder, substa					
olled entity or family member of any of these				22	
ed mortgages and notes payable to unrelate			100 070	23	
cured notes and loans payable to unrelated			180,979.	24	
liabilities (including federal income tax, pay					
s, and other liabilities not included on lines	17-24)). Complete Part X		05	
nedule D			470,238.	25	338,218
liabilities. Add lines 17 through 25			470,230.	26	330,210
	ck ner	e P 🔼			
			2 947 853	07	2,152,117
***************************************					5,681,309
			0,021,030.	20	3,001,303
)O, CITE	eck liefe			
				20	
			8 971 949		7,833,426
					8,171,644
on sse sse niz on al s n o neo	nplete lines 27, 28, 32, and 33. ets without donor restrictions ets with donor restrictions nations that do not follow FASB ASC 98 nplete lines 29 through 33. etock or trust principal, or current funds or capital surplus, or land, building, or eq d earnings, endowment, accumulated inc t assets or fund balances	nplete lines 27, 28, 32, and 33. ets without donor restrictions ets with donor restrictions nations that do not follow FASB ASC 958, che nplete lines 29 through 33. etock or trust principal, or current funds or capital surplus, or land, building, or equipment d earnings, endowment, accumulated income, t assets or fund balances	ets without donor restrictions ets with donor restrictions ations that do not follow FASB ASC 958, check here	nplete lines 27, 28, 32, and 33. ets without donor restrictions ets with donor restrictions ations that do not follow FASB ASC 958, check here nplete lines 29 through 33. stock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds t assets or fund balances 2 , 947 , 853 • 6 , 024 , 096 •	nplete lines 27, 28, 32, and 33. ets without donor restrictions ets with donor restrictions ets with donor restrictions ations that do not follow FASB ASC 958, check here nplete lines 29 through 33. etock or trust principal, or current funds or capital surplus, or land, building, or equipment fund d earnings, endowment, accumulated income, or other funds t assets or fund balances 2 , 947 , 853 • 27 6 , 024 , 096 • 28 2 ations that do not follow FASB ASC 958, check here analysis at a section 1 at a section 2 at a section 2 at a section 3 at a

Form **990** (2021)

	0. 1 (0.1 1.1 0 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.						
	Check if Schedule O contains a response or note to any line in this Part XI						
			0 50	_ 1			
	revenue (must equal Part VIII, column (A), line 12)	1	2,52				
2 Total	expenses (must equal Part IX, column (A), line 25)	2	2,65				
	nue less expenses. Subtract line 2 from line 1	3	-13				
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,97 1,00				
5 Net ι	Net unrealized gains (losses) on investments 5						
6 Dona	ted services and use of facilities	6					
7 Inves	tment expenses	7					
	period adjustments	8					
	changes in net assets or fund balances (explain on Schedule O)	9			0.		
10 Net a	ssets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
colur	nn (B))	10	7,83	3,4	26.		
Part XII	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				Ш		
				Yes	No		
1 Acco	unting method used to prepare the Form 990: Lash X Accrual Other						
If the	organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.					
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X		
If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
sepa	rate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b Were	the organization's financial statements audited by an independent accountant?		2b	Х			
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,					
cons	blidated basis, or both:						
X	Separate basis Consolidated basis Both consolidated and separate basis						
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr	ne audit,					
revie	w, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
If the	organization changed either its oversight process or selection process during the tax year, explain on Sci	hedule O.					
3a As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	nd OMB Circular A-133?		. 3a		Х		
b If "Ye	s," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	dits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Dunedin Fine Art Center

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

59-1621318

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

control or management of the supporting organization vested in the same persons that control or manage the supported

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

organization(s). You must complete Part IV. Sections A and C.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						_
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				200		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4			-0			
8	Gross income from interest,			110			
	dividends, payments received on			C//,			
	securities loans, rents, royalties,		10				
	and income from similar sources		CI				
9	Net income from unrelated business		715				
	activities, whether or not the) \				
	business is regularly carried on	11 C					
10	Other income. Do not include gain	10110					
	or loss from the sale of capital	10,					
	assets (Explain in Part VI.)	D . 1					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities	. etc. (see instructi	ons)			12	
	First 5 years. If the Form 990 is for the					501(c)(3)	
	organization, check this box and stop	_					
Sec	tion C. Computation of Publ						,
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	%
	Public support percentage from 2020					15	%
	33 1/3% support test - 2021. If the					nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						▶□
b	10% -facts-and-circumstances tes	-		*	-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circ	umstances test. Ti	ne organization qu	alifies as a publicly	y supported organ	ization	>
18	Private foundation. If the organization		-	•			s

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,302,179.	1,484,698.	967,574.	1,230,516.	1,104,552.	7,089,519.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2,302,179.	1,484,698.	967,574.	1,230,516.	1,104,552.	7,089,519.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received				7.01		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			.40			0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)		10	19			7,089,519.
	ction B. Total Support			,			7 7 7 7 7
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	2,302,179.	1,484,698.	967,574.	1,230,516.	1,104,552.	7,089,519.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	45,171.	61,693.	74,311.	52,159.	63,371.	
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	45,171.	61,693.	74,311.	52,159.	63,371.	296,705.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,111	01,0300	. 170110	32,233	00,0,11	23071000
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,347,350.	1,546,391.	1,041,885.	1,282,675.	1,167,923.	7,386,224.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2021 (ine 8, column (f), c	livided by line 13,	column (f))		15	95.98 %
	Public support percentage from 2020					16	96.49 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	4.02 %
18	18 Investment income percentage from 2020 Schedule A, Part III, line 17					18	3.51 %
19a	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2020. If the	•					▶ X
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ISTRUCTIO		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	200		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the expanization have the power to regularly expanit or elect a majority of the efficiency directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally integrated 509(a)(3) Supporting	Orga	IIIIZations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must of	complet	te Sections A through E.		
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net	t short-term capital gain	1			
2 Red	coveries of prior-year distributions	2			
3 Oth	ner gross income (see instructions)	3			
4 Add	d lines 1 through 3.	4			
5 Dep	preciation and depletion	5			
	tion of operating expenses paid or incurred for production or				
	lection of gross income or for management, conservation, or				
	intenance of property held for production of income (see instructions)	6			
	ner expenses (see instructions)	7			
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Agg	gregate fair market value of all non-exempt-use assets (see				
inst	tructions for short tax year or assets held for part of year):				
a Ave	erage monthly value of securities	1a			
b Ave	erage monthly cash balances	1b			
c Fai	r market value of other non-exempt-use assets	1c	4		
d Tot	tal (add lines 1a, 1b, and 1c)	1d			
e Dis	scount claimed for blockage or other factors		~ UU]		
(ex	olain in detail in Part VI):		(,0)		
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2			
	otract line 2 from line 1d.	3			
	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	e instructions).	4			
	t value of non-exempt-use assets (subtract line 4 from line 3)	5			
	Itiply line 5 by 0.035.	6			
	coveries of prior-year distributions	7			
	nimum Asset Amount (add line 7 to line 6)	8			
	C - Distributable Amount			Current Year	
1 Adj	usted net income for prior year (from Section A, line 8, column A)	1			
2 Ent	er 0.85 of line 1.	2			
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Ent	er greater of line 2 or line 3.	4			
	ome tax imposed in prior year	5			
	stributable Amount. Subtract line 5 from line 4, unless subject to				
	ergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see	

Schedule A (Form 990) 2021

instructions).

Sche	dule A (Form 990) 2021 Dunedin Fine			5	9-1621318 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		ı	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017		N		
c	From 2018		20V)		
d	From 2019		(,0)		
e	From 2020	-0			
f	Total of lines 3a through 3e	11/6	,		
g	Applied to underdistributions of prior years	CV.			
h	Applied to 2021 distributable amount	702			
i_	Carryover from 2016 not applied (see instructions)	~ C\\			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	5			
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990) 2021

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

7 Excess distributions carryover to 2022. Add lines 3j

Schedule A	(Form 990) 2021	Dunedin	Fine	Art	Center	59-1621318 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	c, 5a, 6, 9a rt IV, Sect	a, 9b, 9c ion E, lin	, 11a, 11b, and 11c; Part IV, es 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)	8; and Part V, Se	ection E, III	nes 2, 5,	and 6. Also complete this pa	art for any additional information.
						4
						207
						104
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				•	SU'	
				a C		
				12		
		1'i C	,			
		"/b"				
		, O.				

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Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Du	nedin Fine Art Center	59-1621318					
Organization type (check or	ne):						
Filers of:	Section:						
Form 990 or 990-EZ X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is	s covered by the General Rule or a Special Rule.						
Note: Only a section 501(c)((7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	le. See instructions.					
General Rule	cille						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling						
property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's	s total contributions.					
Special Rules	DIS						
v -							
	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an						
contributor, during	the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.						
Or (ii) 1 Orini 990-L2,	inte 1. Complete Parts Fand II.						
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a						
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci						
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	ntering					
	,, ,						
	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a						
	exclusively for religious, charitable, etc., purposes, but no such contributions totaled motiver the total contributions that were received during the year for an exclusively religious,						
	nplete any of the parts unless the General Rule applies to this organization because it r						
	e, etc., contributions totaling \$5,000 or more during the year						
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 990), but it must					
	Iswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify						
that it doesn't meet the filing	g requirements of Schedule B (Form 990).						

Name of organization Employer identification number

Dunedin Fine Art Center

59-1621318

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ce is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$_	42,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	22,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	Oisclosul	\$_	187,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions 180,979.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	35,862.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Dunedin Fine Art Center

59-1621318

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space i	is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	To	otal contributions	Type of contribution
7		\$	59,162.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	To	(c) otal contributions	(d) Type of contribution
8		\$	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	To	(c) otal contributions	(d) Type of contribution
	Oisclosul	\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	T	(c) otal contributions	(d) Type of contribution
	Numer agaress, and 211 117	\$	oral contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	To	(c) otal contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	To	(c) otal contributions	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Dunedin Fine Art Center

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	01501050	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number Name of organization Dunedin Fine Art Center 59-1621318 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Dunedin Fine Art Center

Employer identification number 59-1621318

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the		
	organization answered Tes Officiality, in	(a) Donor advise	d funds	(b) Funds and other accounts		
1	Total number at end of year	, ,		. ,		
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		eld in donor advis	ed funds		
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?			Yes No		
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	ion (check all that ap <u>ply)</u>	_			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of	a historically important land area		
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space			. 1		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	ution in the form			
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired			ure		
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	e organization during the tax		
	year >					
4	Number of states where property subject to conservation ear		 			
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements in					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	servation easements during the year		
-		dita a a facilita de la composición de		Manager and the state of the st		
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and er	norcing conserva	tion easements during the year		
8	Does each conservation easement reported on line 2(d) above	vo satisfy the requiremen	ate of soction 170	(h)(4)(P)(i)		
0						
9	and section 170(h)(4)(B)(ii)?					
3	balance sheet, and include, if applicable, the text of the footr		•			
	organization's accounting for conservation easements.	note to the organization.	3 III lai ICiai Staterii	ents that describes the		
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.					
	Complete if the organization answered "Yes" on Form	•	,			
1a	If the organization elected, as permitted under FASB ASC 95		enue statement a	and balance sheet works		
	of art, historical treasures, or other similar assets held for put	•				
	service, provide in Part XIII the text of the footnote to its final	•	•	•		
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public					
	provide the following amounts relating to these items:	, ,		•		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$		
				. .		
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	~		> \$		
b	Assets included in Form 990, Part X					

Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, d	or Othe	er Simil	ar Asse	ts(contin	ued)	.gc =	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	any of the	following tha	t make s	significant	use of its				
	collection items (check all that apply):											
а	Public exhibition	d	⊢ □ Lo	an or exc	hange progra	am						
b	Scholarly research	е	O ₁	her								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how the	y further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.			
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets											
	to be sold to raise funds rather than to be ma								Yes		No	
Par	t IV Escrow and Custodial Arran								line 9, or			
	reported an amount on Form 990, Par	rt X, line 21.										
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ontribution	ns or other as	sets not	included					
	on Form 990, Part X?								Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ole:								
		·	· ·						Amount			
С	Beginning balance						1c					
	Additions during the year						·· —					
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on Fo								Yes		No	
	If "Yes," explain the arrangement in Part XIII.						•]	
Par												
	·	(a) Current year	(b) Prid		(c) Two year			years back	(e) Four	years	back	
1a	Beginning of year balance	3,602,236.	2,9	945,467.	2,55	7,568.	2,8	338,074.	1	255,	771.	
	Contributions	14,801.		2,500.	(;	1,500.		187,607.	499,			
С	Net investment earnings, gains, and losses	-731,273.	4	87,371.		1,345.	:	L01,915.		143,		
	Grants or scholarships	,		- V	6			•				
	Other expenditures for facilities				1							
·	and programs	-13,301.	10	66,898.	82	2,054.	- 8	370,028.	-61		,613.	
f	Administrative expenses	,						, -				
g	End of year balance	2,872,463.	3 6	02,236.	2 945	5,467.	2 5	557,568.	2	838,	074.	
2	Provide the estimated percentage of the curr		-	-		<u>, </u>		, -	<u> </u>			
a	Board designated or quasi-endowment		%	001011111 (0	ajj riola ao.							
b	Permanent endowment ► 29.0990	%										
	Term endowment .0000											
·	The percentages on lines 2a, 2b, and 2c sho											
3a	Are there endowment funds not in the posse	•	ation that	are held a	nd administe	red for t	he organi	zation				
	by:	esien er ine ergannz							Γ	Yes	No	
	(i) Unrelated organizations								3a(i)		Х	
	(ii) Related organizations										Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Scl	nedule R?					3b			
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm		, , , , , , , , , , , , , , , , , , ,									
	Complete if the organization answered). Part IV.	line 11a. S	See Form 990). Part X.	line 10.					
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Bool	c value		
	becompared property	basis (investr			(other)		oreciation		(u) 200.	· raid		
	Land	<u> </u>			` '							
b	Buildings											
	Leasehold improvements											
d	Equipment			44	0,639.		393,9	30.	4 (5,7	09.	
	Other				,		, -			•		
	Add lines 1a through 1e (Column (d) must e		X column	(R) line 1	10c)				4 (5,7	09.	

Part VIII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	11h See Form 990 Part Y line 12	J
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(A) = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Book value	(c) Method of Valdation. Cost of Ch	a or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	
(1) Cash and Money Market	59,382.	End-of-Year Market	
(2) Equity Mutual Funds	1,447,521.	End-of-Year Market	
(3) Equities	1,061,510.	End-of-Year Market	
(4) Exchange traded products	545,582.	End-of-Year Market	: Value
(5)			
(6)			
(7)			
(8)		70	
(9)	2 112 005	110	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	3,113,995.		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) Unamortized leasehold int			4,709,132.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	4,709,132.
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 990, Part Y, col. (B) lin	25.)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	15 4J.)		<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Scne	edule D (Form 990) 2021 Duffed III Fille Alt Celicel	33	TOZIJIO Page 2							
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.										
1	Total revenue, gains, and other support per audited financial statements	1	1,656,342							
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а										
b	Donated services and use of facilities 2b 135,	932.								
С	Recoveries of prior year grants 2c									
d										
е		2e	-865,811							
3	Subtract line 2e from line 1	3	2,522,153							
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b									
b	Other (Describe in Part XIII.)									
С	Add lines 4a and 4b	4c	0.							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,522,153							
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Retu	ırn.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total expenses and losses per audited financial statements	1	2,794,865							
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	932.								
b	Prior year adjustments									
С	Other losses 2c	4								
d	Other (Describe in Part XIII.)									
е	Add lines 2a through 2d	2e	135,932							
3	Subtract line 2e from line 1	3	2,658,933							
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b									
b	Other (Describe in Part XIII.)									
С	Add lines 4a and 4b	4c	0 .							

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

Part X, Line 2:

The Organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The Organization has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Organization has determined that such tax position does not result in an uncertainty requiring recognition. The Organization is not currently under

2,658,933.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Dunedin Fine Art Center 59-1621318 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events					
					-	(add col. (a) through					
			Garden Party (event type)	(event type)	(total number)	col. (c))					
ne			(event type)	(event type)	(total number)						
Revenue	1	Gross receipts	222,279.	106,950.	266,421.	595,650.					
	2	Less: Contributions	10,917.	11,500.	136,281.	158,698.					
	3	Gross income (line 1 minus line 2)	211,362.	95,450.	130,140.	436,952.					
	4	Cash prizes									
S	5	Noncash prizes	8,125.			8,125.					
xpense	6	Rent/facility costs	9,538.	21,448.	2,633.	33,619.					
Direct Expenses	7	Food and beverages	16,100.	4,808.	18,797.	39,705.					
	8	Entertainment	4,601.	11.130.	7.076.	22,807.					
	9	Other direct expenses	4,601. 3,786.	11,130. 4,031.	7,076. 35,958.	43,775.					
	10		n 9 in column (d)			148,031.					
		Net income summary. Subtract line 10 from li			<u> </u>	288,921.					
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than						
		\$15,000 on Form 990-EZ, line 6a.		# 1 Dull tabe (instant		(n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)					
Revenue				3		(a) (-),					
ď	1	Gross revenue	aiso'								
es	2	Cash prizes	<u> </u>								
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	_	Curior direct experieds	Yes %	Yes %	Yes %						
	6	Volunteer labor	No No	No No	No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>						
9	En	ter the state(s) in which the organization condu	icts gaming activities:								
		the organization licensed to conduct gaming a	<u> </u>	states?		Yes No					
		No," explain:									
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	└── Yes └── No					
b	If "	Yes," explain:									

Sch	nedule G (Form 990) 2021 Dunedin Fine Art Center 59-	1621	318	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
•	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\sum_{\text{triangle}}\$			
•	c If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation \$ Description of services provided \$			
	Description of services provided ▶			
	2150			
	Director/officer Employee Independent contractor			
47	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D	organization's own exempt activities during the tax year > \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	nes 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	Dunedin F	ine	Art	Center	59-1621318 _F	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued	d)				age .
		,					
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		1011					
	X						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Attach to Form 990.

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

Name of the organization Dunedin Fine Art Center

Types of Property

Employer identification number 59-1621318

		(a) Check if	(b) Number of	(c) Noncash contrib		(d) Method of det				
		applicable	contributions or	amounts reporter Form 990, Part VIII		noncash cor	ntributio	on an	nounts	S
1	Art - Works of art		itemo contributed	1 01111 000, 1 411 1111	,					
2	Art - Historical treasures									
	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
••	trust interests									
12	Securities - Miscellaneous					1				
13	Qualified conservation contribution -))				
	Historic structures				7 O.					
14	Qualified conservation contribution - Other									
15	Real estate - Residential			140						
16	Real estate - Commercial									
17	Real estate - Other		10:	7						
18	Collectibles	4	CIO							
19	Food inventory		150							
20	Drugs and medical supplies		1							
21	Taxidermy	C_1								
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (Public Relati)	X	3			provided				
26	Other (Events)	X	242			provided				
27	Other (Professional)	X	3			provided				
28	Other (Education)	X	7	2,	832.	provided	by	doı	nor	
29	Number of Forms 8283 received by the organia	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ementL	29					
							_		Yes	No
30a	During the year, did the organization receive b									
	must hold for at least three years from the date		al contribution, and	l which isn't require	d to be u	sed for				
	exempt purposes for the entire holding period	?					3	0a	\rightarrow	_X_
	If "Yes," describe the arrangement in Part II.								7,	
31	Does the organization have a gift acceptance						<u>L</u> :	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell	noncash					v
_	contributions?						3	2a		<u> </u>
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	y for which column	(a) is che	ecked,				
	describe in Part II.									

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Dunedin Fine Art Center

Employer identification number 59-1621318

Form 990, Part III, Line 4a, Program Service Accomplishments: bring in nationally renowned artists to lead workshops throughout the year, often aligning with the exhibitions in the galleries or partnering with local artist groups. During the 2021-22 fiscal year, there were 3,636 adult course registrations, which is a 21% increase in enrollment from the previous year and approaching pre-COVID enrollment. In order to attract new students, DFAC opens its doors once a year in December for visitors to meet our instructors and see demonstrations of their work in our studios during the Adult Education Open House. Visitors can experience what it is like to take a class here and explore the creative opportunities at DFAC. Also offered is a monthly Coffee and Conversation program (sponsored by the Stirling Society DFAC's auxiliary group), featuring instructors and area artists discussing their work and careers and offering demonstrations of their techniques. These programs regularly attract standing room only attendance. The Dunedin Fine Art Center is dedicated to fostering the vital relationship between creative expression and healthy aging. Many of our senior students express their appreciation for the mental and creative stimulation provided by art activities and depend on the sense of community created in the classes. DFAC's Arts & Wellness program offers classes that focus on improving wellbeing through a guided art practice. Research is continuing to prove that art can improve wellness and quality of life for a wide range of individuals. Participation in art activities lowers the risk of depression, reduces loneliness, and lowers the risk of dementia. Scholarships are available for students in

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financial need, and DFAC also offers funding for military veterans who would like to take classes.

Form 990, Part III, Line 4b, Program Service Accomplishments:

Family Youth Gallery curated by the children, for the children. Close to 50 different schools are represented in our summer camp exhibit.

Note: Summer of 2022 still operated all camps at lower capacity (1,497 students attending as opposed to 1,800) due to COVID-19. CDC recommended protocols were successfully put in place in 2020, 2021, 2022.

Dedicated Youth Gallery: Kokolakis Family Youth Gallery is used
exclusively for children's art work from 4.5 yrs. to 17 yrs. DFAC

partners with the Pinellas County School District's Visual Arts

Supervisor to provide 4 exhibits yearly featuring 75 Elementary, 19

Middle and 13 High Schools. DFAC also Partners with the City of Dunedin
and the Dunedin Principals' Consortium to provide the Dunedin Schools'

Showcase exhibit featuring the youth's artwork created in Dunedin.

These are wonderful events to attend for the excitement and pride

radiating from the children and their families.

Dedicated Youth Clay Lab: DFAC has 12 wheels/and a hand building studio which can be used exclusively by children, while 12 additional wheels are used by the adults in the adjoining clay labs.

David L. Mason Children's Hands-on Art Museum (DLM Museum): A big part
of our Youth Education Program is the Children's Hands-on Art Museum.

It gives children the opportunity to explore the different media used
in art from clay to electronic graphics and Green Screen. The DLM

Museum is designed by DFAC's Director of Youth Education and presents a
new theme annually. The 24th annual children's hands-on exhibit's title

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is Artsy Architecture. This interactive, hands-on experience for 4.5 to 12 years old provides an environment where you can explore how Art and Science go hand in hand in the wonderful world of Architecture. Work in an Architect's office with a drafting table and blueprints, create artsy-structures with foam bricks, cinderblocks & wood, 1 point, 2 point and 3 point perspective activities, animated chalk wall windows to the world, build a Romanesque arch with the keystone, climb famous structures in our own green screen theater, create colorful futuristic cities with colored magna-tiles, stage stop motion city scenes and flip through giant panels of DFAC's building history. Due to COVID-19, Free Family Fun Nights and Make It Take It weekends have been suspended for now. These free programs invite the public in for some artsy fun in our hands-on museum the second Friday of the month, with community partners such as Clearwater Marine Aquarium, The Florida Orchestra, Keep Pinellas Beautiful and Publix Supermarkets. We hope to resume when it is safe for larger groups to gather. School Tours: DFAC's two-hour tour consists of three components: 1) Students start with a 30-45-minute engaging gallery discussion involving science, history, social influence and impact, principles and elements of design, creative problem solving and humor. 2) Students proceed to the hands-on interactive area where they explore, create and build on concepts and images from the original artworks seen in the galleries. Time in the hands-on area is 30-45 minutes. 3) Tour concludes with students gathering in the art studio for a teacher

Unique Outreach program only at DFAC: Dunedin Fine Art Center's Wheels on Wheels: A Mobile Pottery Experience, is an exciting, creative, one

directed, exhibit related activity involving imagination and motor

skills.

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of a kind, innovative two-hour hands on experience with hand-building clay and more importantly, using clay on a potter's wheel, "Throwing on the Wheel" as it is known. A converted school bus travels to the schools so that students get the opportunity to experience the fun and magic that is clay! Twelve students will be able to practice their "throwing" skills for 45 minutes with 11b of Mexo-White self-hardening clay on real, electric potter's wheels housed in DFAC's converted school bus. Outside the bus there will be four tables for an additional twelve students using Mexo-Red self-hardening clay to practice their hand-building skills using coil, pinch and slab methods. 1) Youth participating in the program benefit by being a part of a creative process that is not normally available to them in the schools. DFAC's mobile clay wheel lab makes the wonderful process of throwing on the wheel accessible to everyone. 2) Clay is for all ages but working on the wheel is more suited for 8-year olds on up to 108. Currently the Wheels on Wheels program has served over 4,737 participants. 3) This unique, creative and innovative opportunity started as a fun idea from Todd Still, Director of Youth Education and came to fruition through the support of DFAC, Pougialis-Anastasakis Foundation for the Arts, Pinellas Community Foundation, Clearwater For Youth and Parliament Motor Coach.

Form 990, Part III, Line 4c, Program Service Accomplishments:

international standing. In addition to numerous themed juried

exhibitions for community participation, we have a Student / Member /

Faculty exhibit that ensures every work of art submitted is shown and

celebrated. It is ideal that we have been able to simultaneously stage

shows of broader significance in the contemporary art world while

Name of the organization **Employer identification number** Dunedin Fine Art Center 59-1621318 maintaining a commitment to our students, members and their families. That commitment along with the talent of our curatorial staff led DFAC to be named best museum in Pinellas County in 2014 in a Visit St. Petersburg/Clearwater poll-though we are not a museum nor maintain a permanent collection! In addition to various Critic's Awards, DFAC has received Creative Loafing Tampa Bay's Best of the Bay People's Choice Award for Best Non-Museum Gallery for six consecutive years: 2016, 2017, 2018, 2019, 2020, 2021 + 2022 plus Best Visual Arts Curator for 2019, 2020, 2022. Exhibits are a primary component of DFAC's educational and cultural outreach to our community, greater Tampa Bay and visitors to our state who attend lectures and demonstrations by visiting / exhibiting artists in collaboration with our year-round classes and workshops. DFAC's Member/Students are enhanced by daily exposure to a diverse range of contemporary art techniques and media. In addition, throughout the school year, School Tours for children of all ages enjoy: Gallery Talks led by our Youth Education Director, interactive play in our Hands-On Museum and a classroom take-home project conducted by our Youth Education Staff. At the onset of the pandemic, DFAC locked-down but re-opened after 2.5 months with all new exhibits, limited attendance for socially-distanced adult classes and summer art camps with rigorous safety protocols in place. During the pandemic years of 2020-22, we eliminated receptions and recreated our signature special events. During this time, we found new ways of safely fulfilling our mission including virtual Conversations with exhibiting Artists and our Curators for almost every exhibit. Thankfully, by mid-late 2022, we were able to resume our

former business practices for classes and all social events.

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Form 990, Part III, Line 4d, Other Program Services:

Memberships and donations subsidize all programs provided by DFAC and are not included in these program revenues.

Expenses \$ 1,525,816. including grants of \$ 0. Revenue \$ 13,233.

Form 990, Part VI, Section B, line 11b:

A full version of Form 990 as filed with the IRS is provided to each voting member of the Governing body and / or designated committees responsible for performing a review process prior to filing

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

The policy is reviewed and signed yearly by Board members.

Form 990, Part VI, Section B, Line 15a:

The Board determines the President/CEO's salary after a written yearly review in which the President/CEO provides an account of the organization's accomplishments for the prior financial year and outlines goals for the upcoming financial year. This information along with the President/CEO's review is presented to the full Board without the presence of the President/CEO. Compensation is agreed upon and included in the Board Minutes.

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

A copy of the 990 return, audited financials, and our governing documents are available on our website or by calling 727-298-3322.