

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization **Museum of Aviation at Robins AFB,
Georgia Foundation, Inc.**

Employer identification number
58-1451656

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.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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.

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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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Auction (event type)	GA Invitationa (event type)	3 (total number)	(add column (a) through column (c))	
Revenue	1	Gross receipts	149,928.	126,941.	218,359.	495,228.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	149,928.	126,941.	218,359.	495,228.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	39,149.	29,980.	78,141.	147,270.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				147,270.
	11	Net income summary. Subtract line 10 from line 3, column (d)				347,958.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 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	13 a	%
b An outside facility	13 b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

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 _____

- Director/officer
- Employee
- Independent contractor

17 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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990)

Supplemental information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

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**Open to Public
Inspection**

Name of the organization	Museum of Aviation at Robins AFB, Georgia Foundation, Inc.	Employer identification number	58-1451656
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Form 990, Part VI, Line 11b - Form 990 Review Process

The President, Vice President and Chief of Fundraising Operations, along with the Board of Directors will review the draft 990 prior to submitting.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Museum of Aviation Foundation's handbook outlines internal control policies. All employees must acknowledge receipt of the handbook.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Discussed and voted on by the Board of Directors.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Discussed and voted on by the Board of Directors.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon Request

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

Decrease in STARBASE net assets.....	\$ -2,477.
Total	\$ <u>-2,477.</u>

Museum of Aviation at Robins AFB,
Georgia Foundation, Inc.

58-1451656

	2022	2021	Diff
REVENUE			
Contributions and grants.....	2,360,849	2,438,247	-77,398
Investment income.....	54,702	-12,157	66,859
Other revenue.....	555,840	491,063	64,777
Total revenue.....	2,971,391	2,917,153	54,238
EXPENSES			
Salaries, other compen., emp. benefits...	1,667,299	1,755,065	-87,766
Other expenses.....	945,309	1,105,004	-159,695
Total expenses.....	2,612,608	2,860,069	-247,461
NET ASSETS OR FUND BALANCES			
Revenue less expenses.....	358,783	57,084	301,699
Total assets at end of year.....	3,179,213	2,983,793	195,420
Total liabilities at end of year.....	947,217	1,108,103	-160,886
Net assets/fund balances at end of year..	2,231,996	1,875,690	356,306