## Form **990**

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

Open to Public Inspection

A	For	the 2022 calend	dar year, or tax	x year begin	ning $10/$	01	, 20	22, and endin	<b>g</b> 9	/30	,	<b>20</b> 2023
В	Check	if applicable:	С							D Emplo		fication number
		Address change	Museum o	f Aviat	ion at R	obins AF	B.			58-	1451	656
	П	Name change	Georgia	Foundat	ion. Inc		2,			E Telephi		
		nitial return	1942 Her	itage B	lvď							
			Warner R	obins,	GA 31098					(4/	8) 9	23-6600
		inal return/terminated		,								•
	Ц,	Amended return								G Gross	receipts	\$ 3,321,624.
		Application pending	F Name and ad	dress of princip	al officer:				H(a) Is thi	is a group return	for subor	dinates? Yes X No
			Same As	C Above				_	H(b) Are	all subordinates lo," attach a list	included	? Yes No
ī	Tax	-exempt status:	X 501(c)(3)	501(c) (	) (	insert no.)	4947(a)(1	) or 527	IT 'N	lo," attach a list	. See ins	tructions.
J	We	ebsite: ww	w.museum				1-11	,	Way Cro	up exemption no	bar	
K	_	m of organization:	X Corporation	Trust		T 04		1				
	art I			Trust	Association	Other		L Year of format	ion: 19	82 M S	State of le	egal domicile: GA
LE	A COURSE OF STREET	Summar	<b>y</b>	1: 1 :								
	1	Briefly describ	be the organiza	ation's missi	on or most s	ignificant act	ivities:	Education	- cu	stodian	of .	Air Force
e		history										
Activities & Governance												
E												
ð	2	Check this bo	x if the	organizatio	n discontinue	ed its operation	ons or dis	posed of more	than 25	% of its net	assets	S.
5	3	Number of vo	ting members	of the gover	ning body (P	art VI, line 1	a)				3	12
S	4	Number of inc	dependent voti	ng members	of the gover	ning body (P	art VI, lin	e 1b)		na faransana	4	12
iţie	5	Total number	of individuals	employed in	calendar ye	ar 2022 (Parl	V, line 2	a)			5	58
≩	6	Total number	of volunteers	(estimate if	necessary).					*** *******	6	150
Ac		Total unrelate	d business rev	enue from F	Part VIII, colu	umn (C), line	12				7a	0.
	b	Net unrelated	business taxa	ble income t	from Form 99	90-T, Part I, I	line 11				7b	0.
										Prior Year		Current Year
•	8	Contributions	and grants (Pa	art VIII, line	1h)					2,438,2	47	2,360,849.
Revenue	9	Program servi	ice revenue (P	art VIII, line	2g)					2,100,2		2/300/013.
Ve	10	Investment inc	come (Part VII	I, column (A	A), lines 3, 4,	and 7d)				-12,1	57	54,702.
æ	11	Other revenue	(Part VIII. co	lumn (A), lir	nes 5, 6d, 8c,	9c. 10c. and	d 11e)			491,0		555,840.
	12	Total revenue	- add lines 8	through 11	(must equal	Part VIII col	umn (A)	line 12)		2,917,1		
	13	Grants and sir	milar amounts	naid (Part I	X column (A	) lines 1 3)	arrin (71),	inic 12)	+	2,311,1	55.	2,971,391.
	14	Benefits paid									_	
											_	
S	15	Salaries, other								1,755,0	65.	1,667,299.
nse	16a	Professional fu	undraising fees	s (Part IX, c	olumn (A), li	ne 11e)						
Expenses	ь	Total fundraisi	ng expenses (	Part IX, colu	umn (D), line	25)		166,730.				
ŵ	17	Other expense						100,750.	ESIA NULL	1 105 0	0.4	045 200
	18	Total expenses								1,105,0		945,309.
	19									2,860,0		2,612,608.
. 0	207.0	Revenue less	expenses. Sut	otract line 18	from line 12					57,0	84.	358,783.
S or		T. I. I							Beginni	ing of Current	Year	End of Year
Sala	20	Total assets (F	art X, line 16)	)						2,983,7	93.	3,179,213.
Net Assets Fund Baland	21	Total liabilities		-5000 -000-000 000						1,108,1	03.	947,217.
žĮ	22	Net assets or f	fund balances.	Subtract lin	ne 21 from lin	ne 20				1,875,6	90	2,231,996.
Pa	rt II	Signature						A SECTION OF THE PERSON OF THE		2/0/0/0	50.	2,231,330.
				ned this return is	neluding accompa	nving schodules a						
comp	lete. De	es of perjury, I declar eclaration of prepare	er (other than office	er) is based on a	all information of	which preparer h	as any know	ledge.	my knowie	edge and belief,	it is true,	correct, and
		/	160	-								
Sig	n	Signature of	filer	~~					Date	4 MAC	. 24	
Her	20		,									
IICI	C	Jeilrey	y Brett				1/	P)	reside	ent & Cl	ΕO	
		Type or print n				1	P	NI	/			
		Print/Type pre	eparer's name		Preparer's sign	atom	1/1/1	Date	das	Check	if P	TIN
Pai		J. Russe	ll Lipford,	Jr.	1	4////	(1997)	(1)109	1115	self-employed	,	01309407
Pre	pare	Firm's name	CLH CPA		11/1	707)	,	110 1		Jon Chiployet	P	01308497
Jse	On	ly Firm's address		OUSTON LA	KE DD			, ,		Firm's 511	11 <u>2</u> 2021 - 5000	
						/				Firm's EIN	84-3	967180
May	the I	RS discuss this	WARNER	ROBINS, G	A 31088	0				Phone no.	478-95	3-0125
·iuy	THE IL	C discuss tills	return with the	preparer s	nown above?	See instruct	tions				20 23	Y Voc No

Par	#####################################	
	Check if Schedule O contains a response or note to any line in this Part III	·
1	Briefly describe the organization's mission:	
	Education - custodian of Air Force history	
	Did it is a late to the prior	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	No
	55111535 61 533 2221	No
_	If "Yes," describe these new services on Schedule O.	No
3	Die tile digamentation details and in the second details and in the se	No
8	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 \$ 1,803,455. including grants of \$) (Revenue \$)	)
	The exempt purpose is the construction, operation and maintenance of the Museum of	
	Aviation at Robins Air Force Base, Georgia.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		—′
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
		—′
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 1,803,455.	

Form 990 (2022) Museum of Aviation at Robins AFB,

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			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		Х
3		3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			Х
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		X
8		8		x
9		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		х
11				
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
ŧ	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.	116		х
c	: Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	
	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	12Ь		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?			_ <u></u>
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	14a		
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.	14b	-	<u> </u>
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	15	_	<u> </u>
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.	16		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	v	<u> </u>
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	18	Х	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21 j	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		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 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 a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
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):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
E	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
c	: A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "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		Х
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		х
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
35a	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4,1 x 1	Yes	No
b	Enter the number of Cours W 00 included a Fig. 5. 5. 4. 4. 4. 4. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.			
	Did the organization comply with backup withholding rules for reportable navments to vendors and reportable coming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2022) Museum of Aviation at Robins AFB,

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 58			
b	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		Λ	-
b	of "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0			X
		3b		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ь	of "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD	What	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70		
	1. OHH 6262 :	7c		Х
d	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	or garillations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		
b (	Initiation fees and capital contributions included on Part VIII, line 12			
11 :	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  Section 501(c)(12) organizations. Enter:			
a (	Gross income from members or shareholders			
ь (	Gross income from other sources. (Do not not necessary)			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	Section 494/(a)(1) non-exempt charitable trusts. Is the organization filing Form 900 in liquid Form 10413	12a		era-J
	res, enter the amount of tax-exempt interest received or accrued during the year			
13 3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 1.	s the organization licensed to issue qualified health plans in more than one state?	13a	100-100-100	
ЬE	Enter the amount of reserves the graphication is a serviced to a service the amount of reserves the graphication is a serviced to the contraction of the service the graphication is a serviced to the contraction of the service the graphication is a serviced to the contraction of the service the graphication is a serviced to the contraction of the service the graphication of the graphicati			
	13L			
CL	the the amount of reserves on hand			
<b>4</b> a D	the organization receive any payments for indoor tanning services during the tax year?	14a	THE PARTY NAMED IN	X
-	res, rias it fried a Form 720 to report these payments? If "No." provide an explanation on Schodula O	14b		71
	xcess parachute payment(s) during the year?	15		X
ex				
ex If	The organization an educational institution subject to the costing Account			
e) If 6 Is	"Yes," complete Form 4720, Schedule O.	6		X
e) If 6 Is If 7 S	ection 501(c)(21) organizations. Did the trust, or any disqualified or other access	6		X
ex If 6 Is If 7 So	section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would usual in the imposition of an excise tax under section 4951, 4952, or 49533	7		<u>X</u>

a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ..... Section A. Governing Body and Management No 12 1a Enter the number of voting members of the governing body at the end of the tax year ...... 1a 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. 12 **b** Enter the number of voting members included on line 1a, above, who are independent ..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents Х since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . 5 X Did the organization have members or stockholders? 6 7a 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 X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? .....  $\overline{\mathbf{x}}$ 88 X b Each committee with authority to act on behalf of the governing body? ..... 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 ..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on X 12c X 13 14 Did the organization have a written document retention and destruction policy? ..... X 14 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? a The organization's CEO, Executive Director, or top management official ... See. Schedule. O.... X 15a b Other officers or key employees of the organization .... See. Schedule .0..... X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?. 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?\_\_\_\_\_ Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed GA 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. Jeffrey Brett 1942 Heritage Blvd Robins AFB GA 31098 (478) 923-6600

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for

Form 990 (	2022)	Milseim	of	Aviation	2+	Dobine	A L'D
01111 230 (	2022)	Museum	OI	AVIALION	at	KODIDS	AFR

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Form 990 (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

				(C	)				
(A) Name and title	(B) Average hours per	than	n one s both dir	box,	unles officer /trust		Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) Melissa Spalding	40								
Vice President	0	1		Х			92,666.	0.	0
(2) Jeffrey Brett	35						72/000.	0.	0
President & CEO	0			Х			47,426.	0.	0
(3) Marlon Nichols	1						17,120.	0.	U
Chairman	0	х		Х			0.	0.	0
(4) Carolyn Crayton	1						0.	0.	0
Chair Emeritus	0	Х					0.	0.	•
(5) Michael Maffett	1						0.	0.	0
Board Member	0	х					0.	0.	•
(6) Chris Davis	4					-	0.	0.	0
Secretary-Treas	0	Х		х			0.	0.	
Meade Randy Meade	1	-					0.	0.	0
Board Member	0	X					0.	0	
(8) LaRhonda Patrick	1		+	1	_		0.	0.	0
Board Member		х				- 1	0.		20
(9) Dr. Todd Kinnebrew	1		+	$\dashv$	1		0.	0.	0.
Board Member		х							
(10) Phillip Jones, Jr.	1	Λ	+		+		0.	0.	0.
Board Member		х							
(11) Gary Garrard	1	Λ	_	+	+	_	0.	0.	0.
Board Member		Х	-1						
(12) Mitch Butikofer	0	^	+	+	-	-	0.	0.	0.
Board Member		х					_	,,	
(13) Marshall Butler	1	^	+	+	+		0.	0.	0.
Board Member		х					,,,,,	(mail	
14) Henry Lowe	0	^	+	+	+	-	0.	0.	0.
Board Member		v					0.40		
BAA	0	X					0.	0.	0.

Form 990 (2022) Museum of Aviation at I	Robins	AFI	3,_						58-145165	6 Page 8
Part VII Section A. Officers, Directors, Tr	Tanana and Tanana	Key	/ Er	_	_	ees,	an	d Highest Cor	npensated Em	ployees (continued,
(A) Name and title	Average hours per week	Position (do not check more box, unless person is officer and a director					tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(15) Karen Lambert Board Member	0	х						0.	0.	0.
(16) David Hollingsworth Board Member	2	x						0.	-	
(17) Dwight Jones Vice Chairman	0			v					0.	0.
(18)	0	X		Х				0.	0.	0.
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal						*/(*) */(*)		140,092.	0.	0.
c Total from continuation sheets to Part VII, Section	Α							0.	0.	0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limite from the organization.	ed to those	liste	d ab	oove	) wh	no rec	ceive	140,092. ed more than \$100	•	
from the organization 0								in see		
3 Did the organization list any <b>former</b> officer, director on line 1a? If "Yes,"complete Schedule J for such it	r, trustee, individual	key (	emp	loye	e, o	r high	nest	compensated emp	ployee	Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual.	portable o	omp	2000000	artono.						
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes."			rom	any	unr	elate	d or	ganization or indiv	idual	4 X
Section B. independent Contractors										5 X
Complete this table for your five highest compensation from the organization. Report compensation.	ed indepernsation for	ndent r the	t cor	ntrac	tors	that ar en	rec	eived more than \$	100,000 of	/02r
(A) Name and business address								(B) Description of s		(C) ompensation
2 Total number of independent contractors (including I \$100,000 of compensation from the organization	out not lim	ited :	to th	ose	liste	ed ab	ove)	) who received mor	re than	
BAA		EA0108	BL 09	0/01/2	2		_			orm <b>990</b> (2022)

Form 990 (2022) Museum of Aviation at Robins AFB, 58-1451656 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . (B) Related or (A) Total revenue (C) (D) Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1a Federated campaigns..... 1a Grants, 1b 5,740 c Fundraising events..... 1c Contributions, Gifts, and Other Similar Ar d Related organizations..... 1d e Government grants (contributions) . . . . 1e 790,561 f All other contributions, gifts, grants, and similar amounts not included above... 1f 1,564,548 Noncash contributions included in 1g h Total. Add lines 1a-1f..... 2,360,849 Program Service Revenue **Business Code** 2a All other program service revenue... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 54,702 54,702. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6a Gross rents . . . . . . . . 6a **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss). (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory

b Less: cost or other basis 7a and sales expenses **7**b c Gain or (loss). . . . . . d Net gain or (loss). 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 495,228 **b** Less: direct expenses...... **8b** 147,270 c Net income or (loss) from fundraising events 347,958 9a Gross income from gaming activities. See Part IV, line 19..... **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances. 10a 406,716 **b** Less: cost of goods sold..... 10b 202,963 c Net income or (loss) from sales of inventory 203,753 203,753 Miscellaneous **Business Code** 4,129 4,129

4,129

4,129

2,971,391

d All other revenue ... e Total. Add lines 11a-11d.

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Part IX Statement of Functional Expenses

BAA

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 response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (D) Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ..... Grants and other assistance to domestic individuals. See Part IV, line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 173,278 121,295 34,655. 17,328. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. Other salaries and wages . . . . 1,290,734 903,514 258,147 129,073. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 77,910 54,537 15,582 7,791. 125,377 87,764 25,075 12,538. Fees for services (nonemployees): b Legal..... c Accounting..... d Lobbying e Professional fundraising services. See Part IV, line 17 . . . f Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.) 18,075. 18,075 12 287,511. 287,511 Office expenses. 13 61,159. 61,159 14 Royalties 16 17 25,123 25,123. Payments of travel or entertainment expenses for any federal, state, or local public officials ..... Conferences, conventions, and meetings . . . . 19 20 Interest Payments to affiliates. 22 Depreciation, depletion, and amortization . . . 11,815 11,815. 23 Insurance..... 24,251 24,251 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses 24 on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a Education 192,734. 192.734 Contractual Support 104,262. 104,262 c Bank Charges\_\_\_\_ 69,266 d Administration 69,266 56,202 56,202 e All other expenses ..... 94,911. 94,911 Total functional expenses. Add lines 1 through 24e . . . . 2,612,608. 1,803,455 642,423. 166,730. 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). . . .

		Check if Schedule O contains a response or note to	any line	in this Part X			<u></u>	
					(A) Beginning of year		(B) End of year	
	1	Cash — non-interest-bearing			2,058,662.	1	2,508,829	
ŀ	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net		3	32,000			
	4	Accounts receivable, net		393, 683.	4	80,233		
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pers						
	_			5				
	6	Loans and other receivables from other disqualified per	rsons (as	defined under				
	_	section 4958(f)(1)), and persons described in section 4				6	_	
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			76,996.	8	95,600	
881	9	Prepaid expenses and deferred charges	paid expenses and deferred charges			9	1,285	
٩	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	489,084.	3,268.			
	b	Less: accumulated depreciation	10b	256,522.	244,377.	10c	222 562	
	11	Investments — publicly traded securities		250,522.	277,311.	11	232,562	
	12	Investments - other securities. See Part IV, line 11				12	<del>-</del>	
-	13	Investments - program-related. See Part IV, line 11	, ,			13	<del></del>	
-	14	Intangible assets				14		
•	15	Other assets. See Part IV, line 11		206 007	· · · ·			
- 1	16	Total assets. Add lines 1 through 15 (must equal line 3:			206,807.	15	228,704	
		this sequentine s.	3)		2,983,793.	16	3,179,213	
	17	Accounts payable and accrued expenses		298,905.	17	127 COF		
1	18	Grants payable		230, 303.	18	137,695		
1	19	Deferred revenue			261,661.	19	252 176	
1	20	Tax-exempt bond liabilities			201,001.	20	252,176	
9 2	21	Escrow or custodial account liability. Complete Part IV	of Sched	dule D		21	·	
	22	Loans and other payables to any current or former offic key employee, creator or founder, substantial contribute controlled entity or family member of any of these person	er, direct	tor, trustee,				
	23	Secured mortgages and notes payable to unrelated third			22			
2	4	Unsecured notes and loans payable to unrelated third p	a parties	• • • • • • • • • • • • • • • • • • • •		23		
2	5	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comple	to related	third parties,		24		
2	6	Total liabilities. Add lines 17 through 25	.to , a, ( )	Col Scriedule D	547,537.	25	<u>55</u> 7,346.	
ĝ		Organizations that follow FASB ASC 958, check here	<u></u>	K	1,108,103.	26	947,217.	
3		and complete lines 27, 28, 32, and 33.	[2	<u>.</u>				
2								
i   2		Net assets with donor restrictions.			1,875,690.	27	<u>2,107,766.</u>	
		Organizations that do not follow FASB ASC 958, check	hom			28	124,230.	
25 25 31 32 33	ā	and complete lines 29 through 33.						
25	, (	Poid in an analyst	al stock or trust principal, or current funds					
30	y r	-aiu-in or capital surplus, or land, building, or equipmen			29 30			
31	, ,	retained earnings, endowment, accumulated income, or	other fur	nds		31		
32	<b>.</b> 1	otal net assets or fund balances				32	2 221 000	
	<u> </u>	otal liabilities and net assets/fund balances				33	<u>2,231,996.</u>	
IA			EA0111L			<del></del>	<u>3,179,213</u>	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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**3**b

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