Form 990- T	Exempt Organization Business Income Tax Retu	rn OMB No 1545-0047
70	(and proxy tax under section 6033(e))	
	For calendar year 2019 or other tax year beginning, and ending	 2019
Department of the Treasury Internal Revenue Service	 ▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(Open to Bublic Inspection for
A Check box if address changed	Name of organization (Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print MILITARY AVIATION MUSEUM	26-1290004
X 501(c)(3 0)	Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
408(e) 220(e)	4455 SOUTH BEVD., NO. 500	_
408A 530(a) 529(a)	City or town, state or province, country, and ZIP or foreign postal code VIRGINIA BEACH, VA 23452	453220
C Book value of all assets at end of year	F Group exemption number (See instructions.)	
1,177,1		1(a) trust Other trust
I Litter the number of the	Describe the only (or man)	
-	► MUSEUM GIFT SHOP If only one, complete Parts I	
	blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addit	nonal trade of
business, then complete	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
	and identifying number of the parent corporation.	165 (== 140
	f ▶ JOANNE R. HANDYSIDE, CORPORATE CON Telephone number ▶	757-490-3151
	ed Trade or Business Income (A) Income (B) Expen	
1a Gross receipts or sale	les 189,419.	
b Less returns and allow	owances c Balance c 16 189,419.	<u> </u>
2 Cost of goods sold (S		
3 Gross profit. Subtract	ct line 2 from line 1c 3 39,488.	39,488.
4 a Capital gain net incon	me (attach Schedule D)	
- , . ,	n 4/9/, Part II, line 1/) (aπach form 4/9/)	
c Capital loss deduction	on for trusts	
	a partnership or an S corporation (attach statement) 5 4 5	
6 Rent income (Schedu		
· ·	oyalties, and rents from a controlled organization (Schedule F) of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	-
	tivity income (Schedule I)	
11 Advertising income (S	,	
	nstructions; attach schedule)	,
13 Total. Combine lines		39,488.
Part II Deductio	ons Not Taken Elsewhere (See instructions for limitations on deductions.)	
(Deductions	s must be directly connected with the unrelated business income.)	
14 Compensation of off	fficers, directors, and trusteds (Schedule K) RECEIVED	14
		15
Repairs and mainten	nance of the same	16
	AUG 20 2020	17
		18
19 Taxes and licenses	1 11(.1) (-1)	9 19
Depreciation (attach	11101114302)	21b 3,459.
	laimed on Schedule A and elsewhere on return	22
22 Depletion	forred companyation plans	23 936.
Depletion Contributions to defi Employee benefit pro Excess exempt expe Excess readership co Other deductions (all	ferred compensation plans	24
25 Excess exempt expe		25
26 Excess readership of	·	26
27 Other deductions (at	ann ann ann an 1	27 37,020.
	Add lines 14 through 27	28 41,415.
	taxable income before net operating loss deduction. Subtract line 28 from line 13	29 -1,927.
	perating loss arising in tax years beginning on or after January 1, 2018 SEE STATEMENT 2	30 0.
(see instructions)	taxable income. Subtract line 30 from line 29	$\frac{30}{31}$ $-1,927.$
	For Paperwork Reduction Act Notice, see instructions.	Form 990-T (2019)

	AVIATION	

Part	111,	Total Unrelated Business Taxable Income			
32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-1,927.
33	Amoun	its paid for disallowed fringes		33	<u> </u>
34		ble contributions (see instructions for limitation rules)		34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the si	um of lines 32 and 33	35	-1,927.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 3	36	0.
			01111	37	-1,927.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35		38	1,000.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		30	
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, ne smaller of zero or line 37		ا 👡 ا	-1,927.
Dort		Tax Computation		39	1,721.
				140	0.
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	
41		Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from	n:		
		ax rate schedule or Schedule D (Form 1041)		41	·· ·····
42	Proxy t	ax. See instructions	•	42	
43	Alterna	tive minimum tax (trusts only)		43	
44	Tax on	Noncompliant Facility Income. See instructions		44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part	V	Tax and Payments			
46 a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a]	
b	Other o	credits (see instructions) 46b		-	
C	Genera	l business credit. Attach Form 3800 46c			
d		for prior year minimum tax (attach Form 8801 or 8827)			
		redits. Add lines 46a through 46d		46e	
47		ct line 46e from line 45		47	0.
48			ther (attach schedule)	48	
49		ax. Add lines 47 and 48 (see instructions)	,	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
			2,500.	. "	
			2,3001	1 .	
				1 '	
		posited with Form 8868		1	
	-	n organizations: Tax paid or withheld at source (see instructions)		- ' ∣	
е		withholding (see instructions) 51e		· '	
f		for small employer health insurance premiums (attach Form 8941)		-	
9		credits, adjustments, and payments: Form 2439		75 s	
	F	orm 4136 Other Total ▶ 51g		 ∸∸	0 500
52	-	ayments. Add lines 51a through 51g		52	2,500.
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔃		53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54	
55	Overpa	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	>	55	2,500.
56		he amount of line 55 you want: Credited to 2020 estimated tax 🕨 2,500.	Refunded	56	0.
Part	: VI	Statements Regarding Certain Activities and Other Information (see in	structions)		
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other author	ority		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	file		["] . \
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count			
	here	•			<u>X</u>
58	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?		X_
		" see instructions for other forms the organization may have to file.	•		
59		he amount of tax-exempt interest received or accrued during the tax year > \$			4
		nder penalties of periuly. I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my knowled	dge and b	pelief, it is true,
Sign		orrect, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any known FOUNDER & PA	wleade —		
Here		110/12/2000 PRESIDENT BO	■ IVI		S discuss this return with granter shown below (see
		Signature of officer Date Title			s)? X Yes No
		Signature of officer		f PTI	
		Print/Type preparer's name 2020. 1014 0	aslf ampleued	" ' ''	1₹
Paic		MARINEW BRADY 10:11:18 -04'00) Sell- ellibroked	D	00858551
•	oarer	MATTHEW BRADI			6-0574444
Use	Only	Firm's name ► CHERRY BEKAERT LLP 222 CENTRAL PARK AVE., STE. 1400	Firm's EIN ▶		<u> </u>
		, , ,	Dhona no 7	57_	456-2400
		Firm's address ► VIRGINIA BEACH, VA 23462	Tenone no. 7	<u> </u>	Form 990-T (2019)
923711	01-27-20				rorm 330" (2019)

•									
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > COS	T				
1 Inventory at beginning of year	1	76,112.	6	Inventory at end of year	r		6_	72,	<u>549.</u>
2 Purchases	2	95,872.	7	Cost of goods sold. Su	ıbtract l	ine 6			
3 Cost of labor	3	50,496.		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	149,	<u>931.</u>
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			_
5 Total. Add lines 1 through 4b	5	222,480.		the organization?					X
Schedule C - Rent Income ((see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)								-	
(4)									
	2. Rent receiv	red or accrued						•	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connection (b) (ted with the income attach schedule)	in
(1)									
(2)									
(3)				-					
(4)									
Total	0.	Total		<u></u>	0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-rinanceu	income (see i	nstru	ctions)		2 Dadustions directly con	nootod	with or allocable	
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
(1)							_		
(2)		· · · · · · · · · · · · · · · · · · ·					1		
(3)						-			-
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)				%			\top		
(2)		 		%			\top		
(3)				%					
(4)			_	<u>~</u> %		, ·	1	-	
	1			· · · · · · · · · · · · · · · · · · ·		inter here and on page 1,	1	Enter here and on p	age 1.
						Part I, line 7, column (A)		Part I, line 7, colum	
Totals				.		0			0.
Total dividends-received deductions in	ncluded in colum	n 8)	-		0.
					_				

				Exempt (Controlled O	rganızatıd	ons	,			
1. Name of controlled organization		2. Emple identifica numbe	tion	3. Net unr (loss) (see	related income 4. To pay		yments made incli		Part of column 4 that is cluded in the controlling ganization's gross income		6. Deductions directly connected with income in column 5
(1)						-					
(2)											<u> </u>
(3)											
(4)					·						
Ionexempt Controlled Organi	zations										
7. Taxable Income		elated income e instructions)	(loss)	9. Total	of specified payr made	nents	10 Part of colu in the controll gross	mn 9 that ing organ s income	is included ization's		ductions directly connecte income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, 6		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.		0
Schedule G - Investme (see inst	ent Incom ructions)	e of a Se	ection (501(c)(7	'), (9), or (17) Org	anization		,		<u> </u>
1. Desc	cription of incom	е			2. Amount of	income	 Deduction directly connected (attach scheool) 	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											ļ <u> </u>
(3)											
(4)											
					Enter here and a Part I, line 9, co		4	- "			Enter here and on page Part I, line 9, column (B
otals				<u> </u>	<u> </u>	0.] 0
Schedule I - Exploited (see instru	-	Activity I	ncome	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2. Gro unrelated b income trade or bu	usiness from	3. Expo directly co with prod of unre business	onnected duction slated	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)						I					
(3)						I					<u> </u>
(4)	Enter here page 1, F	Parti,	Enter here page 1,	Part I,				*			Enter here and on page 1, Part II, line 25
	line 10, c	``	line 10, d				•			•	0
otals ► Schedule J - Advertisi	na Incom	0.	etn iotion	0.	<u>.</u>		· · · · · · · · · · · · · · · · · · ·				
Part I Income From					solidated	Basis					
Name of periodical		2. Gross advertising income		. Direct			5. Circula		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						,					
(2)] `						,
(3)					٦,						
(4)			1		٦ ·						
			\top								
					1					I	

Page 5

Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis.)	

	<u> </u>		<u></u>				
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)		•					
(4)							
Totals from Part I	•	0.	0.		. 1/4 to 18/1		0.
	-	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.			<u> </u>	0.
Schodula K - Compa	neatio	of Officers I	Directors and	Trustees (coo.	antructions)		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		▶	0.

Form 990-T (2019)

TAX YEAR LOSS SUSTAINED

NOL CARRYOVER AVAILABLE THIS YEAR

13,152.

12/31/17

FORM 990-T

STATEMENT 1

DESCRIPTION	N			AMOUNT
PROFESSION	- AL FEES			720
ADVERTISING				2,092
OFFICE EXP				7,157
COMPUTER SU				330
OCCUPANCY				2,985
TRAVEL				2,445
INSURANCE				3,450
BANK FEES				3,756
DUES & SUBS				3,316
FREIGHT & S	SHIPPING			73
UNIFORMS				4,626
MISCELLANE				327
HR EXPENSES	S DRAL, TRAINING & E	DUGAMION		4,868 875
	Jidia, Ildialilio a 2			5,5
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27		37,020
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
ı		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	6,097.	0.	6,097.	6,097.
NOL CARRYO	VER AVAILABLE THIS	YEAR	6,097.	6,097.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3

LOSS

PREVIOUSLY

APPLIED

10,378.

LOSS

REMAINING

2,774.

2,774.

OTHER DEDUCTIONS

AVAILABLE

THIS YEAR

2,774.

2,774.