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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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

•	4 F	or the	2013 Calendar year, or tax year beginning and	enaing							
E	3 C	heck if	C Name of organization		D Employer ident	ification number					
		Address change									
	늗	Name change	Doing Business As	35-	1905588						
	┢]initial return	Number and street (or P 0 box if mail is not delivered to street address)	E Telephone num	· · · · · · · · · · · · · · · · · · ·						
		Termin-	4772 RAY BOLL BLVD		12-372-4356						
		Amende	······································	G Gross receipts \$	263,075.						
		Applica-		H(a) Is this a group	· ·						
		pending	tes? Yes X No								
			F Name and address of principal officer:WENDELL ROSS SAME AS C ABOVE	es included? Yes No							
_	ιT	ax-exer	mpt status: X 501(c)(3)	or 527	-1	a list. (see instructions)					
_	JV	/ebsite	E: ► WWW.ATTERBURYBAKALARAIRMUSEUM.ORG	H(c) Group exemp	tion number						
1	< F	orm of o	organization X Corporation Trust Association Other	L Year	of formation 1994	M State of legal domicile IN					
	Pa	rt f	Summary								
2016	ايو	Briefly describe the organization's mission or most significant activities: THE ATTERBURY-BAKALAR AIR MUSEUM PRESERVES HISTORY, EDUCATES AND HONORS THOSE IN UNIFORM WHO SERVE									
8	a	Ē	PRESERVES HISTORY, EDUCATES AND HONORS T	HOSE 1	N UNIFORM	WHO SERVE					
€ 7	Activities & Governance	2 C	Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net						
&	١٥		lumber of voting members of the governing body (Part VI, line 1a)		<u> </u>	3 7					
NOP	ಷ ∣		lumber of independent voting members of the governing body (Part VI, line 1b)		├	7					
	ies		otal number of individuals employed in calendar year 2013 (Part V, line 2a)		├ ~	5 0					
	፮∣		otal number of volunteers (estimate if necessary)		F	6 40					
Z	A		otal unrelated business revenue from Part VIII, column (C), line 12		<u> </u>	7a 0.					
SCANNED		p V	let unrelated business taxable income from Form 990-T, line 34								
Ü			Seature (March 2011)	—	Prior Year 45,541	Current Year 233,818.					
ଷ୍	Revenue		Contributions and grants (Part VIII, line 1h)	43,341							
	Ver		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>ŏ</u>							
	۳ ا		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,973							
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,514							
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0 2 , 0 2 2							
			Benefits paid to or for members (Part IX, column (A), line 4)	0							
	ဟွ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0						
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0	0.					
	g		otal fundraising expenses (Part IX, column (D), line 25)	0.							
	ω		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,232						
		18 T	otal expenses. Add lines 13-17 (must equal Part IX column (A) line 25)		22,232						
_		19 R	Revenue less expenses. Subtract line 18 from line 12		<u>29,282</u>	. 213,567.					
Š	Assets of Balances			Be	eginning of Current Yea						
•	alai	20 T	otal assets (Part X, line 16) Otal liabilities (Part X, line 26) MAY 2 1 2014	<u> </u>	103,620						
*	Fund F		()(!		0.					
			Net assets or fund balances. Subtract line 21 from line 20 CON US	<u> </u>	103,620	607,937.					
-			Oignature block								
		•	ties of periury. I declare that I have examined this return, including accompanying schedule			i my knowledge and belief, it is					
Ī	rue,	correct,	and complete Declaration of preparer (other than officer) is based on all information of wi	ilicii prepare	I has any knowledge	12/14-					
	Sigr	.	Signature of officer		Date	1 0 /					
	-ler		WENDELL ROSS, TREASURER								
•			Type or print name and title	,							
-			Print/Type preparer's name Preparer's signature		Date Check	PTIN					
ı	aid			CPA ()5/13/14 self-em	P00014296					
		~	Firm's name LARRY NUNN & ASSOCIATES, CPAS,								
ι	Jse		Firm's address 2545 FOXPOINTE DRIVE, SUITE A								
			COLUMBUS, IN 47203-3299		Phone no 8	12-376-3061					
- 1	May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

	n 990 (2013) ATTERBURY-BAKALAR AIR MUSEUM, INC. 55-1905:	DOO Page Z
Pai	ort III Statement of Program Service Accomplishments	[T 2]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	THE ATTERBURY-BAKALAR AIR MUSEUM PRESERVES HISTORY, EDUCATES AND)
	HONORS THOSE IN UNIFORM WHO SERVE AND HAVE SERVED.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990 EZ?	Yes X No
	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?	X Yes No
3	If "Yes," describe these changes on Schedule O	1103
_		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions	enses, and
	revenue, if any, for each program service reported	4 042
4a		1,013.
	THE ATTERBURY-BAKALAR AIR MUSEUM PRESERVES HISTORY, EDUCATES AND	O HONORS
	THOSE IN UNIFORM WHO SERVE AND HAVE SERVED.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$)
		
4.1	Other program convens (Decembe in Schodule O.)	
4d		
	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ▶ 22,121.	
0000		Form 990 (2013)
33200 10-29		

	•		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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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 temporarily restricted endowments, permanent			
	endowments, or 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	Х	
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		_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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	3			
	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	-	<u> X</u>
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	:		77
	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	40		v
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		Λ
19	complete Schedule G, Part III	40		v
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	1 100 to mio 20a, dio trio organization attacin a copy of its addited intalicial statements to this fetom?		990 (2012)
				~~ (U)

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

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

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2013)

34

35a

35b

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X

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Х

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34

Part V. line 1

Par	rt 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		1.0
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ŏ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return	ol		ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	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		X
ь	If "Yes," enter the name of the foreign country. ▶		Ì	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	_		
5a		5a		X
Ь		5b		X
С	14 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M 2 M	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	ļ	X
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	7 <u>7h</u>	ļ	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			İ
а	Did the organization make any taxable distributions under section 4966?	9a		↓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders 11a	<u></u>		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ŀ		i
	amounts due or received from them.)		1	
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
b		\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13 <u>a</u>	-	
	Note. See the instructions for additional information the organization must report on Schedule O			
b			1	
	organization is licensed to issue qualified health plans Enter the amount of records on head	\dashv		
140	• • • • • • • • • • • • • • • • • • • •	+	 	v
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a	+	X

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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 in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			···-	_	X
sec	tion A. Governing Body and Management				1	
	1				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> 1a</u>		ł		
	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 in Schedule O.		_			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	-		
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_		_X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision	_		
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			77
	more members of the governing body?			<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 ch	apter	s, amiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ beto	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990					7.7
	Did the organization have a written conflict of interest policy? If "No," go to line 13		a	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done			12c		77
13	Did the organization have a written whistleblower policy?			13	_	X
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	ı by ır	aependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-		v
	The organization's CEO, Executive Director, or top management official			15a		X
O	Other officers or key employees of the organization			15b		
16	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		uth a			
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ient v	nın a	40-		v
	taxable entity during the year?			16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	iizatio	ns	466		
200	exempt status with respect to such arrangements?		······	16b		
	tion C. Disclosure					
17 10	List the states with which a copy of this Form 990 is required to be filed IN	(Sa-1	ion 501/a)/2\= a=1-1	nuodet	lo	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(OBCI	ion ao n(c)(a)s oniy)	avallat	il C	
	for public inspection. Indicate how you made these available. Check all that apply	10 Cc1	radula (1)			
40	Own website Another's website X Upon request Other (explain		•	d 6	voial.	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	HILL	interest policy, ar	u iinar	icial	
20	statements available to the public during the tax year	.al	مالا و ماسم	-		
20	State the name, physical address, and telephone number of the person who possesses the books ar	ia rec	oras of the organiza	non.	_	-
	WENDELL R ROSS - 812-372-4356					
	4772 RAY BOLL BLVD, COLUMBUS, IN 47203					

332006 10-29-13

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ATTERBURY-BAKALAR AIR MUSEUM, INC.

35-190558<u>8</u>

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

Check if Schedule O contains a respons	e or note to any	Ine in this Part VII
--	------------------	----------------------

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 instructions for definition of "key employee."

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization r	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	l	Positio do not check moi lox, unless persoi					Reportable	Reportable	Estimated
Traine and Thie	hours per	box				ıs bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	0 or d	<u> </u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	rustee	l trust		83	ii de		(44-2/1099-141130)		and related
	organizations below	d land	tiona		ege.	Highest compensated employee				organizations
	line)	P P	Institutional trustee	Officer	Key employee	Emple Plant	Former 1			J. 5
(1) GORDON LAKE	2.00									
SECRETARY		X		X				0.	0.	0.
(2) JIM REID	2.00									
VICE PRESIDENT		X		X				0.	0.	0.
(3) NICK FIRESTONE	2.00									
BOARD MEMBER		X						0.	0.	0.
(4) WENDELL ROSS	2.00									
TREASURER		X	L	X		ļ		0.	0.	0.
(5) JAMES SELLARS	2.00	1								
PRESIDENT		X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(6) JIM PORTER	2.00				Į.					
MEMBER		X	ļ. <u>.</u>		_	<u> </u>	ļ	0.	0.	0.
(7) DICK GAYNOR	2.00									
BOARD MEMBER	ļ	X	ļ			ļ	ļ	0.	0.	0.
		4								
		<u> </u>	-	1		ļ	ļ			
		-								
	 		┼				-			-
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Par	rt VII	┙.						
	•	Check if Schedule O cont	ains a respons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	4,605.				
Am (S	С	Fundraising events	1c					
를 를	d	Related organizations	1d					
im.	е	Government grants (contribut	ions) <u>1e</u>					
를 함	f	All other contributions, gifts, gran	its, and					
혈취		similar amounts not included abo	ve 1f	229,213.				
اع ق	9		1a-1f \$	3,000.				
<u>0</u> <u>0</u>	h	Total. Add lines 1a-1f		<u> </u>	233,818.			
				Business Code	500			
ğ	2 a		ıES	453220	783.			-
le e	b			453220	209.	209.	· - · · · · · · · · · · · · · · · · · ·	
S E	C							
Re	d							1
Program Service Revenue	e •	All other program service reve	NO.					
_	1	Total. Add lines 2a-2f	inue	•	992.			
	3	Investment income (including	dividends, inte					
	•	other similar amounts)		▶	21.	21.		
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	•	· •				
		•	(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities					
		assets other than inventory	28,244	•		1		
	b	Less cost or other basis						
		and sales expenses	27,387					
		Gain or (loss)	857	<u>•l</u>	0.5.5			0.5.7
		Net gain or (loss)		P	857.		.	857.
e e	8 a	Gross income from fundraisin	•					1
Ş.		including \$						
å		contributions reported on line	-					
Other Revenue	.	Part IV, line 18 Less: direct expenses		a b				
ō		Net income or (loss) from fund		-				
		Gross income from gaming as	=				· ·	
i		Part IV, line 19		a				
	b	Less direct expenses		ь				
	С	Net income or (loss) from gan	ning activities					
		Gross sales of inventory, less						
		and allowances		а				
	b	Less. cost of goods sold		b				
	С	Net income or (loss) from sale	s of inventory	>				
		Miscellaneous Revenu	ie	Business Code				
	11 a							<u> </u>
	b							
	C					ļ		<u> </u>
	d	All other revenue			-			
	_	Total. Add lines 11a-11d		>	225 626	1 010		
33200	12 9	Total revenue. See instructions.		>	235,688.	1,013.	0.	
10-29	-13							Form 990 (2013)

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		, ,		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	·- ·- ·- ·-			
11	Fees for services (non-employees) ⁻				
а	Management				
b	Legal				
С	Accounting	657 <u>.</u>	657.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,307.	3,307.		
13	Office expenses	831.	831.		
14	Information technology				
15	Royalties		E 5.00		
16	Occupancy	5,568.	5,568.		
17	Travel			-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	· · · · · · · · · · · · · · · · · · ·			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses, Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	REPAIRS AND MAINTENANCE	6,238.	6,238.		
b		2,615.	2,615.		
С		1,219.	1,219.		
d	MERCHANDISE SUPPLIES	534.	534.		
е	All other expenses	1,152.	1,152.		
25	Total functional expenses. Add lines 1 through 24e	22,121.	22,121.	0.	0.
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)				1

	990 (2013) ATTERBURY-BAKALAR AIR MUSEUM, INC.	35-1	905588	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		688.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,121.
3	Revenue less expenses Subtract line 2 from line 1	3		3,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	103	<u>,620.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	290	<u>,750.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	607	<u>7,937.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate 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	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both]	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule 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 Audıt	:	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2013)

SCHEDULE A

Department of the Treasury

Internal Revertue Service

(Form 990 or 990-EZ)

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.

2013

Open to Public Inspection

Name of the organization

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

		ATTERBU	<u>RY-BAKALAR A</u>	<u>IR MU</u>	<u>SEUM,</u>	INC.			3	<u>5-1905</u>	<u> 588 </u>
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.		•	
he orga 1 2 3 4	A church, con A school des A hospital or	nvention of churche cribed in section 17 a cooperative hospi	because it is. (For lines 1 s, or association of churc (0(b)(1)(A)(ii). (Attach Soltal service organization coperated in conjunction of	ches descr hedule E) described i	nbed in se	ction 170 170(b)(1)((b)(1)(A)(i) (A)(iii).		i). Enter	the hospital	's name,
5 <u> </u>	section 170 A federal, sta	ion operated for the (b)(1)(A)(iv). (Complete, or local government	ent or governmental unit	t described	in sectio	n 170(b)(1	I)(A)(v).				
7 LX 8 _ 9 _											
10 <u> </u>	An organizati An organizati more publicly describes the	ion organized and op y supported organiza e type of supporting	perated exclusively to test perated exclusively for the ations described in section organization and completed	ne benefit o on 509(a)(1 ete lines 1	of, to perfo l) or section le through	orm the fur on 509(a)(2 o 11h	nctions of,	or to carr ction 509(a)(3). Ch	eck the box	that
e	foundation m If the organiz supporting o	this box, I certify that nanagers and other t ation received a writ rganization, check th	at the organization is not than one or more publicly tten determination from t nis box	y supporte the IRS tha	directly o d organiza at it is a Ty	r indirectly itions desc pe I, Type	cribed in s II, or Type	more disection 509	qualified 9(a)(1) or	persons oth	
g h	(i) A perso the gove (ii) A family (iii) A 35%	on who directly or incomments of the someone of a person controlled entity of a	organization accepted an lirectly controls, either al- upported organization? In described in (i) above? In person described in (i) of about the supported org	one or togo	ether with	-		-		, 11g(i) 11g(ii) 11g(ii)	Yes No
	me of supported rganization	(ii) EIN	above or IRC section	(iv) Is the o in col. (i) lis governing (sted in your	(v) Did you organizat (i) of your	ion in col.	(vi) ls organizati (i) organiz U.S	on in col. red in the	· ·	t of monetary
			(see instructions))	Yes	No	Yes	No	Yes	No		
otal											

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 ATTERBURY-BAKALAR AIR MUSEUM, INC. 35-1905588 Page 2

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)

Sec	ction`A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	79,532.	27,211.	43,441.	45,541.	233,818.	429,543.
2	Tax revenues levied for the organ-						
	ızatıon'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						
4	Total. Add lines 1 through 3	79,532.	27,211.	43,441.	45,541.	233,818.	429,543.
5	The portion of total contributions		į	j			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			ļ			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						238,679.
	Public support. Subtract line 5 from line 4						190,864.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	79,532.	27,211.	43,441.	45,541.	233,818.	429,543.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	269.	3.	5.	40.	21.	338.
9	Net income from unrelated business			· · 	· - 		
	activities, whether or not the		ļ				
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				243.	209.	452.
11	Total support. Add lines 7 through 10						430,333.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	7,712.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage	.		r	
14	Public support percentage for 2013 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	44.35 %
	Public support percentage from 2012	·	•			15	68.74 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				▶ [X]
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	lorganization		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	neck this box and	stop here. Explair	n in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	jualifies as a public	cly supported orga	anization	▶□
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	, check this box a	and see instruction	s 🕨
					Sche	edule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Calendary year (or fiscal year beginning in) Gift, grants, contributions, and memberahip, fees inceived. (Co not include any "unusual grants")	Sec	etion A. Public Support	elow, please com	piete Fait II)				
membership fees received. (Do not included any "unusual grants") 2. Gross receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is related to the original and the origi	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization take exempt purpose 3. Gross recepts from activities that are not an unrelated trade or business under section 513. 4. Tax revinues leviad for the organization'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. 7. A Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 3. received the relative of 1, 2, and 3. received from disqualified persons by Amounts included on lines 1, 2, and 1, 3. Public support sense in 2, and 1, 3. Public support sense in 2, and 1, 3. Public support sense in 2, and 1, 3. Public support sense in 2, and 2, 3. Public support sense in 2, and 3, 4. Amounts from line 6. 10a. Gross income from innerest, dividendis, payments received on and income from similar sources by United and 1, 3, and	1	membership fees received. (Do not						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 1, 2, and 3 received from disqualified persons be acceed to the greater of \$5.00 or 10	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
tration's benefit and either paid to or expended on its behalf 5. The value of services of facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7.a Amounts included on lines 1, 2, and 3 received from disqualified persons. 5. Amounts included on lines 2 and 3 received some disqualified persons. 5. Amounts included on lines 2 and 3 received some disqualified persons. 6. Add lines 1 and 3 received some disqualified persons. 7. A public support (Balachier 2 the size). 8. Public support (Balachier 2 the size). 8. Public support (Balachier 2 the size). 8. Public support (Balachier 2 the size). 9. Amounts from line 6. 10.a Gross income from interest, experimental sources. 10.a Gross interest interes	3	are not an unrelated trade or bus-						
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 b Amounts included on lines 1, 2, and 3 received from disqualified persons 5 b Amounts included on lines 1, 2, and 3 received secret the gradient of \$3.000 or 1% of the amount on line 1 50 the year control of the secret of the gradient of \$3.000 or 1% of the amount on line 1 50 the year control of the secret of the gradient of \$3.000 or 1% of the amount on line 1 50 the year control of the year of the gradient of \$3.000 or 1% of the amount on line 1 50 the year control of the year of the gradient of \$3.000 or 1% of the amount on line 1 50 the year of the gradient of \$3.000 or 1% of	4	ization's benefit and either paid to						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 a received from other than disqualified persons that exceed the greater 03,000 or 15 of the amount on line 13 for the year C Add lines 7 and 7 b 8 Public support (sibinative / themilies) Section B. Total Support Callendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10 and on the state of the state	5	furnished by a governmental unit to						
3 received from disqualified persons b Amounts included on line 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 to the year. c Add lines 7a and 7b 8 Public support (Selentatire 7chail line 8) Section B. Total Support Calendar year (or fiscal year beginning in)	6	Total. Add lines 1 through 5						
tom other than diagualitied persons that exceed the grater of \$5.000 or 1% of the amount on line 13 for the year c C Add lines 7a and 7b 8 Public support (Subminitier 7c tom line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smillar sources b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add times 9, 10c, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f) 15 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 18 % 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	7 a	, ,						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from smillar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (Add lines 1,0, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 19 a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 53 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □	to	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b 11 Net income from unrelated business activities not included din line 10b, whether or not the business is regularly carried on 120 Chrein income from unrelated business activities not included gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, eard lines 1, 10, 1, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 19 a 33 1/3% support tests - 2013. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage for 2018 check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage for 2018 check this box and stop here. The organization qualifies as a publicly supported organization 10 Investment income percentage for 2018 check this box and stop here. The organization qualifies as a publicly supported organization	c	Add lines 7a and 7b						
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9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources b Unrelated business taxable income (less section 51 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business artivities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 17 Investment income percentage from 2013 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check he box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2012. If the organization did not check he box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	ction B. Total Support		·	T	,		
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line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			•	-	•	· · · · · ·		▶
	t		=					
	20			-			=	

Part IV	(Form 990 or 990-EZ) 2013 ATTERBURY – BAKALAR Supplemental Information. Provide the explanations re	equired by Part II line 10 Part II line 17	35-1905588 Page 4 a or 17b, and Part III, line 12
	Also complete this part for any additional information (See inst	ructions)	
	7,000 domplete time part for any additional information (ode into	radional	
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		-	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ATTERBURY-BAKALAR AIR MUSEUM, INC.	35-1905588
Par		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historica	lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
þ	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(Yes No
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
Pai	conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
rai	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art
Ia	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items	pasie corrido, provido, in rain rain,
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	gg
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	► \$ ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	•
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	► \$ ► \$
	·	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		<u>RY-BAKALAR</u>							<u>05588</u>		<u> </u>
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (continu	ıed)	_
3	Using the organization's acquisition, accessi	on, and other record	is, checl	k any of the	following tha	t are a sig	gnificant	use of its	collection	items	
	(check all that apply)										
а	X Public exhibition	d			hange progra	ıms					
b	X Scholarly research	е	,	Other							_
C	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exen	npt purpo	ose in Par	XIII		
5	During the year, did the organization solicit o					er sımılar	assets	_	_		
	to be sold to raise funds rather than to be ma								Yes	X No	<u>_</u>
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered '	'Yes" to F	orm 990	, Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not i	ncluded				-
	on Form 990, Part X?		y ,						Yes		,
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowina t	table							
~	ii 100, Oxplaii iio anangomoni iii an xiii	and complete inche							Amount		_
С	Beginning balance						1c		, , , , , <u>, , , , , , , , , , , , , , </u>		_
	Additions during the year						1d				_
e	Distributions during the year						1e				_
f	Ending balance						1f				_
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				····-		Yes	□ No	,
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	provided in I	Part XIII					
Par) .				_
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three y	ears back	(e) Four	ears back	
1a	Beginning of year balance										
b	Contributions										_
С	Net investment earnings, gains, and losses										_
d	Grants or scholarships										
е	Other expenditures for facilities	_									
	and programs										
f	Administrative expenses										
g	End of year balance										_
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	e organiz	zation	_		_
	by								\	Yes No	_
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations								3a(ii)		_
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b_		_
4	Describe in Part XIII the intended uses of the		owment	funds							_
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a. S	See Form 990						
	Description of property	(a) Cost or o		,,	t or other		cumulate		(d) Book	value	
		basis (investr	nent)	basis	(other)	dep	reciation				_
1a	Land										_
b	Buildings				4 222		 			0.00	_
С	Leasehold improvements			21	4,003.				214	,003	•
d	Equipment										_
	Other			<u> </u>					01.4	.003	_
Total	LAdd lines 1a through 1e (Column (d) must e	oual Form 990. Part	X colur	nn (R) line 1	1 <i>U(C</i>))				2.14		

Schedule D (Form 990) 2013

332053 09-25-13

Schedule D (Form 990) 2013	ATTERBURY-BAKALAR AI	R MUSEUM,	INC.	35-1905588 Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Info	rmation (continued)			
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

ATTERBURY-BAKALAR AIR MUSEUM, INC. Employer identification number 35-1905588

Par	t I Types of Property								
		(a) Check if	(b) Number of	(c) Noncash contril		(d) Method of de	etermini		
		applicable	contributions or	amounts report Form 990, Part VII		noncash contribi	ution an	nount	S
1	Art · Works of art		Troma commodica	1 0 000, 1 01. 11.	1, 1110				
2	Art · Historical treasures								
3	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								
13	Qualified conservation contribution -	ļ	•						
	Historic structures	ļ							
14	Qualified conservation contribution - Other	<u> </u>							
15	Real estate · Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy	7.5		3 (000	DOMENA MED.	37 D	030	
22	Historical artifacts	X		3,1	000.	ESTIMATED F	SY BO	JAR	<u>n</u>
23	Scientific specimens								
24	Archeological artifacts Other ► ()								
25 06					· ·				
26	Other	<u> </u>			· -				
27 28	Other ()				-				
29	Number of Forms 8283 received by the organi	zation durin	n the tay year for o	contributions					
23	for which the organization completed Form 82				29				
	which the organization completed form oz	00,1 01114,	Bonee Actinomica,	gement [20			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	ported in Part I. line	s 1 · 28. t	hat it must hold for		100	
	at least three years from the date of the initial	-							
	the entire holding period?		,			,pr pa,peess is.	30a		х
b	If "Yes," describe the arrangement in Part II						000		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standar	d contrib	utions?	31		х
	Does the organization hire or use third parties								
	contributions?		J	, , , , , , , , , , , , , , , , , , , ,			32a		x
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colum	ın (a) ıs ch	ecked,			
-	describe in Part II		21 - 1- 3p		, ,	,			ĺ
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

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Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

Open to Public Inspection

Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.	irs.gov.	<u>/form990</u>	Inspection
Name of the organization	ATTERBURY-BAKALAR AIR MUSEUM, INC.			r identification number .905588
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZATION	MIS	SION:	
AND HAVE SERVE	D.			
				
FORM 990, PART	III, LINE 3, CHANGES IN PROGRAM SERVIC	ES:		
EXPLANATION: C	ONSTRUCTION BEGAN ON AN EXPANSION OF TH	IE AR	EA FOR	
DISPLAYS, STOR	AGE, AND RESTORATION. THE EXPANSION WI	LLM	ORE TH	AN
DOUBLE THE ARE	A FOR EXHIBITS AND WILL INCLUDE MEETING	; AND	LIBRA	RY
ROOMS. EXPANSI	ON OPEN TO THE PUBLIC IN 2014.			
FORM 990, PART	VI, SECTION B, LINE 11:			
EXPLANATION: T	REASURER REVIEWS AND APPROVES FORM 990	BEFC	RE FIL	ING, AND
MAKES COPIES A	VAILABLE TO THOSE BOARD MEMBERS WHO SO	REQU	EST.	
	VI, SECTION C, LINE 19:			
	HE ORGANIZATION MAKES ITS GOVERNING DOC			
STATMENTS AVAI	LABLE TO THE PUBLIC UPON REQUEST.			