Form	990-T		Exempt Organization Business Inco	me Tax Returr	,	OMB No. 1545-0047
	(and proxy tax under section 6033(e))				•	OMB 140: 1545-0047
		For cale	mdor			2023
Departs	ment of the Treasury		ndar year 2023 or other tax year beginning, 2023, and	l ending, 20		
	Revenue Service	a	Go to www.irs.gov/Form990T for instructions and to not enter SSN numbers on this form as it may be sent in the	he latest information.	ĺ	Open to Public Inspection for 501(c)(3)
	Check box if		o not enter SSN numbers on this form as it may be made public if Name of organization (Check box if name changed and see instructions.	your organization is a 501		Organizations Only
	address changed.	Print	EVERGREEN AVIATION AND SPACE MUSEUM	,	i	er identification number
_	npt under section	or	Number, street, and room or suite no. If a P.O. box, see instructions.		93-10 E Group	69203 exemption number
	501(c)(3)	Type	500 NE CAPT MICHAEL KING SMITH WAY			structions)
=	108(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code			
_	108A 530(a)		MCMINNVILLE, OR 97128		F Ch	eck box if
	29(a) 529A		lue of all assets at end of year	4,292,765		amended return.
G C	heck organization ty	/pe 🔀	501(c) corporation	Other trust State	college/u	ıniversity
H CI	heck if filing only to	ala:	6417 (d)(1)(A) Applicable entity			
			Credit from Form 8941 Refund shown on Form 24	39 📗 Elective paym	ent amou	nt from Form 3800
J Er	iter the number of a	attached 9	on filing a consolidated retum with a 501(c)(2) titleholding corpo		· · · · ·	<u></u>
			Schedules A (Form 990-T)	· · · · · · · · · · · · · · · · · · ·	· · · · ·	1
lf '	"Yes," enter the nan	ne and id	entifying number of the parent corporation	ry controlled group?		. Yes 🗷 No
L Th	e books are in care	of KR	STINE HEPPNER 500 NE CAPT MICHAEL KING	Olf clark on a new horse	(500) (
Part	Total Un	related	Business Taxable Income	sm elephone number ((503)4.	34-4185
1			s taxable income computed from all unrelated trades or busines	ses (see instructions)	. 1	
2	Reserved		* * * * * * * * * * * * * * * * * * * *	ooo (ooo maa aanana)	. 2	
3	Add lines 1 and 2		• • • • • • • • • • • • • • • • • • • •			
4	Charitable contrib	utions (se	ee instructions for limitation rules)		. 4	
5	Total unrelated bu	usiness ta	exable income before net operating losses. Subtract line 4 from	fine 3	. 5	
6	Deduction for net	operating	loss. See instructions		. 6	
7	Total of unrelated	business	taxable income before specific deduction and section 199A dec	duction.		
	Subtract line 6 fro	m line 5			. 7	
8	Specific deduction	ı (general	ly \$1,000, but see instructions for exceptions)		. 8	
9	Trusts. Section 1	99A dedi	uction. See instructions		. 9	
10	Total deductions	s. Add line	es 8 and 9		. 10	
11			ple income. Subtract line 10 from line 7. If line 10 is greater that	an line 7,		
Part	enter zero		<u> </u>		. 11	0
<u>ган.</u> 1						
2	Truste tavable el	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)		. 1	0
2	Part I, line 11 from	ttrustra:	tes. See instructions for tax computation. Income tax on the an	nount on		
3	•	etruction	Tax rate schedule or Schedule D (Form 1041)	• • • • • • • • • • • • •	. 2	
4	Other tax amounts	See ind	tructions		. 3	
5						
6			ility income. See instructions			
7			6 to line 1 or 2, whichever applies			
Part	III Tax and	Pavme	ents		. '	
1a				1a		
b	Other credits (see		· · · · · · · · · · · · · · · · · · ·	1b	7	
C	General business	credit. At	<u></u>	1c	.	
ď			m tax (attach Form 8801 or 8827)	1d		
е			through 1d		1e	
2	Subtract line 1e fro	om Part II	, line 7		2	
3a				3a .		
ь				3b	<u> </u>	
C	Amount due from I	om 869	7	3c		
d			<u> </u>	3d]	
e	Other amounts due			3e	_]	
f			es 3a through 3e		3f	
4			3 (see instructions).			
	section 1294. Er	nter tax ar	mount here		4	
5	Current net 965 tax	k liability j	paid from Form 965-A, Part II, column (k)		5	

Par	190-T (2023) EVERGREEN AVIATION AND SPACE MUSEUM	93~1069203	Page
6a			
b	Payments: Preceding year's overpayment credited to the current year 6a		
, D	Current year's estimated tax payments. Check if section 643(g) election	-	
c	applies	·	
d	Tax deposited with Form 8868		
e	Foreign organizations: Tax paid or withheld at source (see instructions)		
f	Backup withholding (see instructions) 6e		
-	Credit for small employer health insurance premiums (attach Form 8941) 6f		
9 h	Elective payment election amount from Form 3800		
;,	Payment from Form 2439		
;	Credit from Form 4136		
7			
8	Total payments. Add lines 6a through 6J	7	
9	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due, If line 7 is smaller than the total of line 4.5	📙 📙	
10	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
11	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid Enter the amount of line 10 you want: Credited to 2024 estimated tax Refund	10	
Part	IV Statements Regarding Cortain Activities and Other Information	ded 11	
Part	IV Statements Regarding Certain Activities and Other Information (see instruction	ns)	
Part 1	IV Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other autho	ns) rity	Yes No
	IV Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to	rity file	Yes No
	IV Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country.	rity file	
	IV Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countries.	ns) rity file ttry	x
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2	Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year	ns) rity file itry reign trust?	x
2	Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other autho over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$	ns) rity file try reign trust? \$ carryover	x
2	Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here Do not include any post-2017 NOL shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported or	ns) rity file try reign trust? \$ carryover	x
2	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$	ns) rity file titry reign trust? \$	x
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2 3 4	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here Do not include any post-2017 NOL shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported or Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't rethe amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction	ns) rity file titry reign trust? \$ carryover carryover caduce cons.	x
2 3 4	Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$	ns) rity file titry reign trust? \$ carryover carryover caduce cons.	x
2 3 4	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$	ns) rity file titry reign trust? \$ carryover carryover caduce cons.	x
2 3 4	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here Solon to include any post-2017 NOL shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported or Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reter amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction Business Activity Code Available post-2017 Solon to the tax year. See instruction for the tax year.	ns) rity file titry reign trust? \$ carryover carryover caduce cons.	x
2 3 4	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authorover a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$	ns) rity file titry reign trust? \$ carryover carryover caduce cons.	x

b Reserved for future use

Part V Supplemental Information

Provide any additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	
Here	BOARD MEMBER	No. 100 diamenti
		May the IRS discuss this return with the preparer shown below

Date** 07 2/ (see instructions)? X Yes N Signature of officer Print/Type preparer's name Date Check if Preparer's_signature self-employed Paid P00029120 ROY R ROGERS 11-01-2024 Preparer Firm's name Firm's EIN PAULY, ROGERS & CO. 93-1263395 **Use Only** 12700 SW 72ND AVENUE Firm's address Phone no. 503-620-2632 TIGARD OR 97223

Name(s) as shown on return EVERGREEN AVIATION AND SPACE	Federal Supporting	g Statements	2023 Tax ID Num	ber
	SCHEDULE A PART	II - LINE 14		tatement #9
DESCRIPTION FILM FEES OVERHEAD THEATER EXPENSES TOTAL			***************************************	AMOUNT 10,328 6,834 6,048
FORM 990	FOR YOUR RECONTINUES THE THE TOTAL PROPERTY OF THE TOTAL PROPERTY	PART VI - LINE	C 1E st	PG01 ATEMENT #D1E
DESCRIPTION OF INVESTMENT THEATRE FILM LICENSES OPERATING RIGHT TO USE ASSET	COST/BASIS (INVESTMENT) 0 0	COST/BASIS (OTHER) 510,116 1,964,342	DEPR 422,140 0	BOOK VALUE 87,976 1,964,342
TOTAL	0	2,474,458	422,140	2,052,318

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection for

Department of the Treasury Internal Revenue Service

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization 501(c)(3) Organizations Only B Employer identification number EVERGREEN AVIATION AND SPACE MUSEUM 93-1069203 C Unrelated business activity code (see instructions) 512000 D Sequence: 1 of 1 E Describe the unrelated trade or business GIANT SCREEN THEATRE Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 23,029 2 Cost of goods sold (Part III, line 8) 2 2,437 3 Gross profit. Subtract line 2 from line 1c 3 20,592 20,592 Capital gain net income (attach Schedule D (Form 1041 or 4a 4a Net gain (loss) (Form 4797) (attach Form 4797). See b 4b C 4c 5 Income (loss) from a partnership or an S corporation (attach 5 6 Rent income (Part IV) 6 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 29 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 10 11 Advertising income (Part IX) 11 Other income (see instructions; attach statement) 12 12 13 13 20,592 20,592 Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income. 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 2 6,789 3 3 4 Bad debts 4 5 Interest (attach statement). See instructions 6 6 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 86 8a 9 9 10 Contributions to deferred compensation plans 10 11 11 12 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) Statement #9 14 23,210 15 15 29,999 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) (9,407)17 17 Deduction for net operating loss. See instructions (9,407)

	le A (Form 990-T) 2023 EVERGREEN AVIATION			93-1	069203	Page 2
Part	III Cost of Goods Sold Enter	method of inventory valu	ation Lower of	Cost or	Market	
1	Inventory at beginning of year				1	
	Purchases				2	2,437
3	Cost of labor				3	
4	Additional section 263A costs (attach statement)	. <i></i>		<i>.</i>	4	
	Other costs (attach statement)				5	
	Total. Add lines 1 through 5				6	2,437
	Inventory at end of year				7	
	Cost of goods sold. Subtract line 7 from line 6. Enter h				8	2,437
	Do the rules of section 263A (with respect to property pro					Yes X No
Part					v)	
	Description of property (property street address, city, state					
	A \(\)	5, Zii code). Oncok ii a c	dal-usc. CCC mor sono.			
	ь <u>П</u>		· · · · · · · · · · · · · · · · · · ·			
	c Π					
	D 📗		В	С		D
		A	В			
2	Rent received or accrued	-				
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
•	Add lines 2a and 2b, columns A through D					· · · · · · · · · · · · · · · · · · ·
			on Bort Lline 6 colum	ın (Δ)		
3	Total rents received or accrued. Add line 2c, columns A to	nrough D. Enter here and	on Part I, line o, colui			
4	Deductions directly connected with the income.				ļ	
~	in lines 2a and 2b (attach statement)					
	11 11 100 24 01 11 25 (21 11 11 11 11 11 11 11 11 11 11 11 11 1					
5	Total deductions. Add line 4, columns A through D. En	ter here and on Part I, lir	ne 6, column (B)		• •	
Part	V Unrelated Debt-Financed Income (see	instructions)				
L	Description of debt-financed property (street address, city	state 7IP code) Check	if a dual-use. See inst	ructions.		
1		7,3210,211 0000/101100				
	A					
	B					
	c 🔲				4	
	D 🗌		В	С		D
		Α	<u> </u>			
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable				ļ	
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
c	Total deductions (add lines 3a and 3b,					
·	columns A through D)					
	Amount of average acquisition debt on or allocable					
4	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)	%	%		%	%
6	Divide line 4 by line 5	70				
7	Gross income reportable. Multiply line 2 by line 6		<u></u>			
8	Total gross income (add line 7, columns A through D)	. Enter here and on Part	I, line 7, column (A)			
J						
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A thr	ough D. Enter here and	on Part I, line 7, colum	n (B)	<u> </u>	
10						
11	Total dividends - received deductions included in lin	e 10	<u> </u>	· · · · · · ·	Schedule A	(Form 990-T) 2023
					COLCUSE P	, ,

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Part	ie A (Form 990-T) 2023 EVER	GREEN HATE	TTOM MAD SE	MCE.		93-10	69203 Page 3	
	VI Interest, Annuiti	es, Royaltie	s, and Rents	fron		anizations (see instruc	ctions)	
	Exempt Controlled Organizations							
	Name of controlled organization	Employer identification number	3. Net unrela income (los (see instruction	s)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5	
(1)								
(2)				**				
(3)								
(4)	- MM							
			Nonexem	nt Co	ntrolled Organization	ns	·l	
	7. Taxable income	inco	t unrelated me (loss) structions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)								
(2)								
(3)								
(4)								
Tota Part				 7) (9		Add columns 5 and 10. Enter here and on Part I, line 8, column (A). ation (see instructions	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
I CIL	Description of income		int of income	0	3. Deductions lirectly connected	Set-asides (attach statement)	5.Total deductions	
/41					attach statement)		and set-asides (add columns 3 and 4)	
(1)		· · · · · · · · · · · · · · · · · · ·			attach statement)		and set-asides	
(1)	A. 44 - 48/A/RASHITTER OF THE STREET				attach statement)		and set-asides	
(2)					(attach statement)		and set-asides	
(2)					attach statement)		and set-asides	
(2) (3) (4)		Enter here line 9,	nts in column 2. e and on Part I, column (A).		attach statement)		and set-asides	
(2) (3) (4)	ıls	Enter here line 9,	e and on Part I, column (A).				and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4)	VIII Exploited Exer	Enter here line 9,	e and on Part I, column (A).	er Th		ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part	VIII Exploited Exer Description of exploited ac	Enter here line 9, . npt Activity tivity:	e and on Part I, column (A).		nan Advertising I	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota	E VIII Exploited Exer Description of exploited ac Gross unrelated business	Enter here line 9, npt Activity tivity: income from trace	e and on Part I, column (A). Income, Oth	nter he	nan Advertising I	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part	Description of exploited ac Gross unrelated business Expenses directly connected	Enter here line 9, mpt Activity tivity: income from traced with production	e and on Part I, column (A). Income, Oth le or business. E n of unrelated bu	nter he	nan Advertising I	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2	Description of exploited ac Gross unrelated business Expenses directly connected line 10, column (B)	Enter here line 9, mpt Activity tivity: income from traced with production	e and on Part I, column (A). Income, Oth le or business. En of unrelated bu	nter he	nan Advertising I	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2	Description of exploited ac Gross unrelated business Expenses directly connecte line 10, column (B) Net income (loss) from unr	Enter here line 9, mpt Activity tivity: income from traced with production	e and on Part I, column (A). Income, Oth le or business. En of unrelated business. Subtract	nter he	nan Advertising I	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2 3	Description of exploited ac Gross unrelated business Expenses directly connected line 10, column (B) Net income (loss) from unrelines 5 through 7	Enter here line 9, mpt Activity tivity: income from traced with production	e and on Part I, column (A). Income, Oth le or business. En of unrelated business. Subtrace	nter he usiness et line 3	nan Advertising II ere and on Part I, line 10 s income. Enter here ar	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2 3	Description of exploited exeromoscopic of exploited exeromoscopic of exploited action of exploited actions unrelated business expenses directly connected line 10, column (B) Net income (loss) from unrelines 5 through 7 Gross income from activity	Enter here line 9, mpt Activity tivity: income from traced with production related trade or better that is not unrelated.	e and on Part I, column (A). Income, Oth le or business. En of unrelated business. Subtract	nter he	nan Advertising II ere and on Part I, line 10 s income. Enter here ar	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2 3	Description of exploited exer Description of exploited ac Gross unrelated business Expenses directly connected line 10, column (B) Net income (loss) from unrelines 5 through 7 Gross income from activity Expenses attributable to in	Enter here line 9, mpt Activity tivity: income from traced with production related trade or but that is not unrelated come entered or	e and on Part I, column (A). Income, Oth le or business. En of unrelated business. Subtract	nter he usiness et line 3 	nan Advertising II ere and on Part I, line 10 s income. Enter here ar	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	
(2) (3) (4) Tota Part 1 2 3 4	Description of exploited exeromoscopic of exploited exeromoscopic of exploited action of exploited actions unrelated business expenses directly connected line 10, column (B) Net income (loss) from unrelines 5 through 7 Gross income from activity	Enter here line 9, mpt Activity tivity: income from traced with production related trade or but that is not unrelated come entered or Subtract line 5 f	e and on Part I, column (A). Income, Oth le or business. E in of unrelated business. Subtract in the susiness incompliance of the sum of the	nter he usiness	nan Advertising Interest and on Part I, line 10 is income. Enter here are 3 from line 2. If a gain, on the amount of the amount	ncome (see instructio	and set-asides (add columns 3 and 4) Add amounts in column 5. Enter here and on Part I, line 9, column (B).	

	le A (Form 990-T) 2023 EVERGREEN AVIATION	AND SPACE MUS	EUM	9	3-1069203 Page 4
Part	X	***************************************			
1	Name(s) of periodical(s). Check box if reporting t	wo or more periodica	ls on a consolidated t	oasis.	
	A				
	В				
	С Ц				******
	D				
Enter a	amounts for each periodical listed above in the corre	esponding column.			
		A	В	С	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part	t I, line 11, column (A)			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Part	t I, line 11, column (B)			
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater Part II, line 13				• • •
Part	X Compensation of Officers, Direct	ors, and Trustee	es (see instruction	ons)	
T CIT	1. Name		Title	Percentage of time devoted to business	
(4)					%
(1)					%
(2) (3) (4)					%
(9)					%
(4)					
		•			
	I. Enter here and on Part II, line 1		 	<u> </u>	-
Par	XI Supplemental Information (see	instructions)			
			•		
				······································	
	4				
	1				Schedule A (Form 990-T) 202
EEA	•				Schedule A (Losin 550-1) FDE

Form 990-T	Exempt Organiza	ation Business Inc	nme Tay Paturn	.	l
- -	(and pro)	y tax under section	euss(9))	1	OMB No. 1545-0047
•			0033(e))		2023
Department of the Treasury	or calendar year 2023 or other tax ye		nd ending, 20		2025
Internal Revenue Service	Go to www.irs.gov/	Form990T for instructions and	the latest information.		Open to Public Inspection
A Check box if		his form as it may be made public ck box if name changed and see instruction	if vour organization is a con-		for 501(c)(3) Organizations Only
address changed.		AND SPACE MUSEUM	s.)		yer identification number
B Exempt under section	Number, street, and room or suite no	If a P.O. box, see instructions		93-10	
X 501(c)(3)	/pe 500 NE CAPT MICHAI				exemption number structions)
408(e) 220(e)	City or town, state or province, countr	y, and ZIP or foreign postal code			
408A 530(a)	MCMINNVILLE, OR 97		İ	F Ch	eck box if
G Check organization to	Book value of all assets at end of year .			hours	amended return.
G Check organization to	501(c) corporation	501(c) trust 401(a) trust	Other trust State	college/u	 Iniversity
H Check if filing only to	6417 (d)(1)(A) Applicable 6				·····
		Refund shown on Form 2	2439 🔲 Elective paymo	ent amou	int from Form 3800
J Enter the number of a	anization filing a consolidated return	n with a 501(c)(2) titleholding corp	naratia		
K During the tax year w	ched Schedules A (Form 990-T)		· · · · · · · · · · · · · · · · · · ·		1
•,, ,,	the corporation a subsidiary in an a and identifying number of the parer	liillated droup or a parent-cubeid	iary controlled group?		. Yes 🗷 N
L The books are in care	KPICTINE HEDDNED 500	it corporation			770
Part I Total Un	KRISTINE HEPPNER 500 lated Business Taxable In	NE CAPT MICHAEL KING	SM elephone number (503)43	34-4185
1 Total of unrelated	siness taxable income computed for	om all unrelated trades or his-in-		1	
2 Reserved	· · · · · · · · · · · · · · · · · · ·	on an unrelated trades or busine	sses (see instructions) .	- 1	
3 Add lines 1 and 2	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	. 2	
4 Charitable contrib	ons (see instructions for limitation ru	es)		. 3	
5 Total unrelated but	ness taxable income before net ope	rating losses. Subtract line 4 from	······································	5	_
6 Deduction for net	erating loss. See instructions	· · · · · · · · · · · · · · · · · · ·	TIMICO	. 6	
7 Total of unrelated	siness taxable income before spec	fic deduction and section 199A de	eduction.		
Subtract line 6 from	ne5	• • • • • • • • • • • • • • • • • • • •		. 7	1
 Specific deduction 	enerally \$1,000, but see instructions	for exceptions)		. 8	
9 Trusts, Section 1.	A deduction. See instructions	· · · · · <i>· - · · · · · · · · .</i>		. 9	
10 lotal deductions	dd lines 8 and 9			. 10	
11 Unrelated busine	taxable income. Subtract line 10	from line 7. If line 10 is greater th	nan line 7,		
enter zero	4.4		<u></u>	. 11	0
Tarin Tax Com	itation				
1 Organizations ta:	ole as corporations. Multiply Part	l, line 11 by 21% (0.21)		. 1	0
2 I rusts taxable at	st rates. See instructions for tax of	computation. Income tax on the a	mount on		
Part I, line 11 from: 3 Proxy tax, See in:	Tax rate schedule or	Schedule D (Form 1041)		. 2	
4 Other tax amounts	octions	••••••	• • • • • • • • • • • • • • • • • • • •	. 3	
Other tax amounts Alternative minimum	ee instructions		• • • • • • • • • • • • •	. 4	
6 Tax on noncomp	ax	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • •	. 5	
7 Total. Add lines 3	nt facility income. See instructions	5		. 6	
Part III Tax and	ough 6 to line 1 or 2, whichever ap	piles		. 7	
	porations attach Form 1118; trusts	attach Form 1116)	1a		
b Other credits (see		auacii Fuiii i i i i i i i i i i i i i i i i	1b	-	
	dit. Attach Form 3800 (see instruction	ine)	10	-	
d Credit for prior year	inimum tax (attach Form 8801 or 88	327)		-	
e Total credits. Add	es 1a through 1d		iu j	1e	
2 Subtract line 1e fro	Part II, line 7			2	
3a Amount due from F	1 4255		3a		
	1 8611		3b	┨	
c Amount due from F	8697		3c	1	
	1 8866		3d		
e Other amounts due			3e	7	
	ld lines 3a through 3e		- t	3f	
4 Total tax. Add line:	and 3 (see instructions).	Check if includes tax previously	deferred under		
section 1294. Ent	tax amount here			4	
5 Current net 965 tax	oility paid from Form 965-A, Part II.	column (k)		5	

Part						, age &
6a	Payments: Preceding year's overpayment credited	to the current year	6a			
b	Current year's estimated tax payments. Check if se					
	applies		6b			
С	Tax deposited with Form 8868		6c			
ď	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	6d			
e	Backup withholding (see instructions)	or (cos mor donoris)	6e			
f	Credit for small employer health insurance premiun	s (attach Form 8041)	6f			
g	Elective payment election amount from Form 3800	10 (2120) 1 0/11 0041)				
h	Payment from Form 2439	************	6g 6h			
i	Credit from Form 4136		6i			
i						
7	Total payments. Add lines 6a through 6J		6j	,		
8	Estimated tax penalty (see instructions). Check if F					
9	Tax due. If line 7 is smaller than the total of lines					
10	Overpayment. If line 7 is larger than the total of lines					
11	Enter the amount of line 10 you want: Credited to	2024 estimated tox	Refunded			
Part	IV Statements Regarding Certain A			111		
1	At any time during the 2023 calendar year, did the			·	Yes	No
-	over a financial account (bank, securities, or other)				163	INO
	FinCEN Form 114, Report of Foreign Bank and Fin					
	here	ancial Accounts. It is es, enter the hal	ne or the loreign country			x
2	During the tax year, did the organization receive a c	lightipution from or was it the granter of	or transferor to a foreign	n trust?	-	x
_	If "Yes," see instructions for other forms the organization		, or transferor to, a foreig	ii udda		
3	Enter the amount of tax-exempt interest received or	•	\$			
4	Enter available pre-2018 NOL carryovers here	=	**	77.403.405	-	l
4		\$ Do not includ		i yuvei	The American	
*	shown on Schedule A (Form 990-T). Don't reduce t			ryover	Add Additional and Advantage of the Control of the	
	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6.	he NOL carryover shown here by any	deduction reported on			
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act	he NOL carryover shown here by any ivity Code and available post-2017 NC	deduction reported on	œ		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the	deduction reported on L carryovers. Don't reductary year. See instructions	œ :		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	œ :		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code	deduction reported on L carryovers. Don't reduct tax year. See instructions Available post-2017 NO	œ :		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code	deduction reported on L carryovers. Don't reduct tax year. See instructions Available post-2017 NO	œ :		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	œ :		
5	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a b	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a b Part v	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use Supplemental Information	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a b Part v	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a b Part v	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use Supplemental Information	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
5 6a b Part v	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use V Supplemental Information e any additional information. See instructions.	he NOL carryover shown here by any ivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover		
6a b Part V	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity amounts shown below by any NOL claimed on Business Activity Reserved for future use V Supplemental Information any additional information. See instructions.	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code S S S S S S S S S S S S S S S S S S	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover	wledge an	ıd
6a b Part \(\text{Provide} \)	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use V Supplemental Information e any additional information. See instructions.	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code s s s the description of the code and the code are companying schedule and the companying schedule are companying schedul	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	ce L carryover	wledge an	d
6a b Part \(\text{Provide} \)	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity amounts shown below by any NOL claimed on Business Activity Reserved for future use V Supplemental Information any additional information. See instructions.	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code S S S S S S S S S S S S S S S S S S	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	o the best of my knoer has any knowledg	cuss this retu	urn
6a b Part \(\text{Provide} \)	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Act the amounts shown below by any NOL claimed on Business Activity Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of preserved to the part of the penalties of perjury.	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	Ce L carryover Or the best of my knowledger has any knowledger May the IRS disk	cuss this retu	DW DIM
6a b Part \(\text{Provide} \)	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity the amounts shown below by any NOL claimed on Business Activity Reserved for future use Reserved for future use V Supplemental Information e any additional information. See instructions. Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of proceedings of the process of the perjury of the penalties of perjury. Signature of officer	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code standard Schedule A, Part II, line 17 for the Code standard Schedule A, Part II, line 17 for the Code standard Schedule A, Part II, line 17 for the IV schedule A,	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO	o the best of my knowledge has any knowledge with the preparer (see instructions)	cuss this retu	DW DIM
6a b Part v Provide Sign Here	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity the amounts shown below by any NOL claimed on Business Activity Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of proceedings of the print/Type preparer's name	the NOL carryover shown here by any sivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code S s s the difference of this return, including accompanying scheeparer (other than taxpayer) is based on all BOARD ME	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO dules and statements, and to information of which prepare MBER Date	o the best of my knowledge with the preparer (see instructions)	e. cuss this return shown below Yes	urn ow No
6a b Part \footide Sign Here	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity the amounts shown below by any NOL claimed on Business Activity Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions Under penalties of perjury, I declare that I have examine belief, it is true, correct, and complete. Declaration of proceedings of print/Type preparer's name ROY R ROGERS	tivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code S S S S BOARD ME Date Preparer's signature	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO dules and statements, and to information of which prepare	Ce L carryover o the best of my knowledger has any knowledge with the preparer (see instructions) Check if self-employed	e. cuss this return below the shown below the	No
6a b Part V Provide Sign Here	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity the amounts shown below by any NOL claimed on Business Activity Reserved for future use	tivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code standard this return, including accompanying scheeparer (other than taxpayer) is based on all BOARD ME Date Title Preparer's signature	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO dules and statements, and to information of which prepare MBER Date	o the best of my knoer has any knowledge May the IRS diswith the preparer (see instructions) Check if self-employed 1 Firm's EIN 93-1	e. cuss this return shown below Yes	No
6a b Part \(\)	shown on Schedule A (Form 990-T). Don't reduce to Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity the amounts shown below by any NOL claimed on Business Activity Reserved for future use	tivity Code and available post-2017 NC any Schedule A, Part II, line 17 for the Code standard this return, including accompanying scheeparer (other than taxpayer) is based on all BOARD ME Date Title Preparer's signature	deduction reported on L carryovers. Don't reductax year. See instructions Available post-2017 NO dules and statements, and to information of which prepare MBER Date	o the best of my knoer has any knowledge with the preparer (see instructions) Check if self-employed 1 Firm's EIN 93-1 Phone no.	e. cuss this return below the shown below the	No.

Name(s) as shown on return	ederal Supporting Statements	202 3 PG01
1		Tax ID Number
EVERGREEN AVIATION AND SPACE MU	JSEUM	93-1069203
990-T Schedule A: GIANT SCH	CHEDULE A PART II - LINE 1 OTHER DEDUCTIONS REEN THEATRE	
DESCRIPTION	~	AMOUNT
FILM FRES	<i>(</i>	AMOUNT 10,328
OVERHEAD		6,834
THEATER EXPENSES		6,048
TOTAL		23,210
FORM 990 -	FOR YOUR RECORDS ONLY SCHEDULE D - PART VI - LI INVESTMENTS - OTHER	PG01 INE 1E STATEMENT #D1E
	TIVE CITER	
DESCRIPTION	COST/BASIS COST/BASIS	воок
OF INVESTMENT	(INVESTMENT) (OTHER)	DEPR VALUE
THEATRE FILM LICENSES	0 510,116	422,140 87,976
OPERATING RIGHT TO USE ASSET	0 1,964,342	0 1,964,342
TOTAL	0 2,474,458	422,140 2,052,318

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service A Name of the organization

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)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

RVER	COPEN ATTAMENT ATTAMENT			B Employer id	entificatio	n number
	RGREEN AVIATION AND SPACE MUSEUM			93-1069203		
C Ur	nrelated business activity code (see instructions)	· · · ·	512000	D Sequence:	1	of 1
E De	escribe the unrelated trade or business GIANT SCREEN TH					
		EATRE				
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a	Gross receipts or sales 23,029					
b	Less returns and allowances c Balance	1c	23,029			
2	Cost of goods sold (Part III, line 8)	2	2,437	· · · · · · · · · · · · · · · · · · ·		
3	Gross profit. Subtract line 2 from line 1c	3	20,592			20,592
4a	Capital gain net income (attach Schedule D (Form 1041 or			·		20,332
	Form 1120)). See instructions	4a			İ	
b	Net gain (loss) (Form 4797) (attach Form 4797). See					
	instructions	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5		}		
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	20,592			20,592
Par		for lim	itations on deduc	tions. Deduction	ns must b	e
_	directly connected with the unrelated business income.					
1	Compensation of officers, directors, and trustees (Part X)				1	
2	Salaries and wages				2	6,789
3	Repairs and maintenance				3	
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions		7	***	_	
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	
14	Other deductions (attach statement)				14	23,210
15	Total deductions. Add lines 1 through 14				15	29,999
16	Unrelated business income before net operating loss deduction. Subtract					
	column (C)				16	(9,407)
17	Deduction for net operating loss. See instructions				17	
18	Unrelated business taxable income. Subtract line 17 from line 16	<i>.</i>		·	18	(9,407)

	dule A (Form 990-T) 2023 EVERGREEN AVIATION	N AND SPACE MUSE	NU	93-1069	9203 Page 2
	rt III Cost of Goods Sold Ente	r method of inventory va	luation Lower	of Cost or Man	
1 2	Inventory at beginning of year			1	·
3	Purchases	• • • • • • • • • • • • • • • • • • • •		2	2,437
4	Cost of labor	• • • • • • • • • • • • • • • • • • • •			
5	Additional section 263A costs (attach statement) Other costs (attach statement)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	4	
6	Other costs (attach statement) Total. Add lines 1 through 5		· · · · · · · · · · · · · · ·	5	
7	Inventory at end of year	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • • • • • •	6	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I line 2	· · · · · · · · · · · · · · · · · · ·		
9	Do the rules of section 263A (with respect to property pr	oduced or acquired for r	esale) apply to the org	anization?	2,437 Yes X No
Par	TIV Rent Income (From Real Property an	d Personal Proper	rty Leased with F	Real Property)	
1	Description of property (property street address, city, sta	te, ZIP code). Check if a	dual-use. See instruct	ions.	
	A				
	В 📗				
	C				
	D []				
2	Rent received or accrued	Α	В	С	D
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				E
b	From real and personal property (if the	· · · · · · · · · · · · · · · · · · ·			
-	percentage of rent for personal property exceeds		,		
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D		<u></u>		<u> </u>
3	Total rents received or accrued. Add line 2c, columns A t	hrough D. Enter here an	d on Part I, line 6, colur	mn (A)	
4	Deductions directly connected with the income				
•	in lines 2a and 2b (attach statement)				
5	· · · · · · · · · · · · · · · · · · ·	4	(D)		
	Total deductions. Add line 4, columns A through D. En		ne 6, column (b)		
Pari					
1	Description of debt-financed property (street address, city	, state, ZIP code). Chec	k if a dual-use. See ins	structions.	
	A		***************************************		
	В []				
	р П				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
_	property				
3	Deductions directly connected with or allocable				
	to debt-financed property		,		
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable				
•	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A) .		
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and o	on Part I, line 7, colum	n (B)	
11	Total dividends - received deductions included in line	10	<u></u>		
					dula A (Entre 000 T) 2022

Part VI Interest, Annu	ities, Royaltie	s, and Rent	s fror	n Controlled Org	anizations (see instru	ıctions)
d Name of the control				Exempt Co	ontrolled Organizations	
Name of controlled organization	2. Employer identification number	3. Net unrel income (lo (see instructi	ss)	Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
-		Nonexem	pt Co	ntrolled Organizatior	1s	
7. Taxable income	inco	unrelated me (loss) structions)		. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)					·	
(4)						
Totals	come of a Sec	tion 501(c)(7) (9)	or (17) Organiza	Add columns 5 and 10. Enter here and on Part I, line 8, column (A). ation (see instructions	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
1. Description of income		nt of income	7, (9)	3. Deductions	4. Set-asides	5.Total deductions
	2.741100	it of income		irectly connected attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
(1)						
(2)						
(3)						
(4)					··	
_	Enter here	s in column 2. and on Part I, column (A).				Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	-					<u> </u>
		ncome, Oth	er Th	an Advertising In	come (see instruction	ns)
= ====================================	Description of exploited activity: Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)					
						2
3 Expenses directly connect			siness	income. Enter here and	on Part I,	
line 10, column (B)						3
4 Net income (loss) from un				•	•	
-						4
5 Gross income from activity						5
6 Expenses attributable to in						6
7 Excess exempt expenses.						_
4. Enter here and on Part	II, line 12		· · · ·			7

1	t IX Advertising Income		23.	-1069203 P
		4.		· · · · · · · · · · · · · · · · · · ·
	Name(s) of periodical(s). Check box if repor	Ting two or more periodicals on a consolida	ited basis.	
	В			
	С			
	D [
nter	amounts for each periodical listed above in the	Corresponding column		
		A A		
2	Gross advertising income		В С	D
а				
-	Add columns A through D. Enter here and on	Part I, line 11, column (A)	· · · · · · · · · · · · · · · · · · ·	· •
3	Direct advertising costs by periodical			
а	Add columns A through D. Enter here and on	Don't live del color (D)		
	the colonial of the colonial the colonial coloni	ranti, line 11, column (B)	• • • • • • • • • • • • • • • • • • • •	-
4	Advertising gain (loss). Subtract line 3 from lin	ne		
	2. For any column in line 4 showing a gain,			
	complete lines 5 through 8. For any column in	1		
	line 4 showing a loss or zero, do not complete	e		
	lines 5 through 7, and enter -0- on line 8			
5	Readership costs			
6	Circulation income			
7	Excess readership costs. If line 6 is less than			
	line 5, subtract line 6 from line 5. If line 5 is les		ı	
	than line 6, enter -0-			
8	Excess readership costs allowed as a			
	deduction. For each column showing a gain o	in .		
	line 4, enter the lesser of line 4 or line 7 . Add line 8, columns A through D. Enter the gre			
	1. Name	2. Title	3. Percentage of time devoted to business	 Compensation attributable to unrelated business
			to business	unrelated business
`				
)			%	
)			%	
)			% %	APTITITITIS ARRIVAN IN THE STATE OF THE STAT
)			%	1 4 2 1 1 -
	Enter home and an Dort II. live of		% %	
tal.	Enter here and on Part II, line 1		% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
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tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
)	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
otal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
otal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
otal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	
tal.	Enter here and on Part II, line 1 XI Supplemental Information (s	ee instructions)	% %	