



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection

## A For the 2013 calendar year, or tax year beginning

, 2013, and ending

## B Check if applicable

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C  
 AMERICAN HELICOPTER SOCIETY GROUP  
 2701 PROSPERITY AVENUE #210  
 FAIRFAX, VA 22031

## D Employer identification number

52-1164466

## E Telephone number

703-684-6777

G Gross receipts \$ 139,855.

F Name and address of principal officer MICHAEL HIRSCHBERG  
 2701 PROSPERITY AVENUE #210 FAIRFAX, VA 22031

H(a) Is this a group return for subordinates? ☒ Yes ☐ NoH(b) Are all subordinates included? ☒ Yes ☐ No  
If "No," attach a list (see instructions)I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) ( 6 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number 3201

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1943

M State of legal domicile CT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: FURTHER VERTICAL FLIGHT TECHNOLOGY BY HAVING MEETINGS WITH INDUSTRY MEMBERS ON A LOCAL & REGIONAL BASIS. NEW INFORMATION IS PRESENTED & DISCUSSED.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	173
4	Number of independent voting members of the governing body (Part VI, line 1b)	173
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
6	Total number of volunteers (estimate if necessary)	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		
9 Program service revenue (Part VIII, line 2g)	248,520.	139,661.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	263.	194.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	248,783.	139,855.

Expenses	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	282,793.	173,129.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	282,793.	173,129.
19 Revenue less expenses. Subtract line 18 from line 12	-34,010.	-33,274.

Net Assets or Fund Balances	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	317,120.	283,846.
21 Total liabilities (Part X, line 26)	0.	0.
22 Net assets or fund balances Subtract line 21 from line 20	317,120.	283,846.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Michael J. Hirschberg Signature of officer Date 11-10-14  
Michael J. Hirschberg, Executive Director Type or print name and title

Paid Preparer Use Only: Preparer's name TIMOTHY R CURTIS Preparer's signature [Signature] Date 11/03/14 Check ☒ if self-employed PTIN P00169057  
 Firm's name TIMOTHY R CURTIS CPA  
 Firm's address 763 OSPREY LANE FRONT ROYAL, VA 22630-8338 Firm's EIN 46-4107683 Phone no 703-560-0597

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/08/13

Form 990 (2013) 16

913

SCANNED DEC 18 2014

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

FURTHER VERTICAL FLIGHT TECHNOLOGY BY HAVING MEETINGS WITH INDUSTRY MEMBERS ON A  
LOCAL & REGIONAL BASIS. NEW INFORMATION IS PRESENTED & DISCUSSED.

**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 ☒ 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? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4 a** (Code: ) (Expenses \$ 136,502. including grants of \$ ) (Revenue \$ 139,661.)

PROVIDE VARIOUS MEETINGS AND CONFERENCES LOCALLY AND REGIONALLY  
TO PROVIDE A MEDIUM FOR EXCHANGE OF TECHNICAL AND DEVELOPMENT  
INFORMATION REGARDING VERTICAL FLIGHT.

**4 b** (Code: ) (Expenses \$ 32,242. including grants of \$ ) (Revenue \$ )

PROVIDE SCHOLARSHIPS AND AWARDS TO DESERVING INDIVIDUALS AND ORGANIZATIONS IN THE  
VERTICAL FLIGHT INDUSTRY.

**4 c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4 d** Other program services. (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4 e** Total program service expenses ▶ 168,744.

**Part IV Checklist of Required Schedules**

	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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4 <b>Section 501(c)(3) organizations.</b> 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		
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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		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		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.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
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		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII		X
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
<b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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		
<b>36</b> <b>Section 501(c)(3) organizations</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2013)

**Part 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
<b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1 a</b> 0	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1 b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1 c</b>	
<b>2 a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2 a</b> 0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions).	<b>2 b</b>	
<b>3 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3 a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O.	<b>3 b</b>	
<b>4 a</b> 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)?	<b>4 a</b>	X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5 a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5 b</b>	X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<b>5 c</b>	
<b>6 a</b> 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?	<b>6 a</b>	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6 b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7 a</b>	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	<b>7 b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7 c</b>	
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	<b>7 d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7 e</b>	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7 f</b>	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7 g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7 h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9 a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9 b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10 a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10 b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders.	<b>11 a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11 b</b>	
<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12 a</b>	
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	<b>12 b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13 a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13 b</b>	
<b>c</b> Enter the amount of reserves on hand.	<b>13 c</b>	
<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14 a</b>	X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	<b>14 b</b>	

**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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. 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.	173	
<b>1 b</b> Enter the number of voting members included in line 1a, above, who are independent	173	
<b>2</b> 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?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7 a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7 b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?		X
<b>b</b> Each committee with authority to act on behalf of the governing body?		X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>10 b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11 b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13		X
<b>12 b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12 c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		
<b>13</b> Did the organization have a written whistleblower policy?		X
<b>14</b> Did the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16 b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: NONE

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► AMERICAN HELICOPTER SOCIETY 217 N WASHINGTON ST, ALEXANDRIA, VA 22314 703-684-6777

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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.'

- 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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE O										
(1) SEE ATTACHED SCHEDULE	0							0.	0.	0.
(2) OF OFFICERS SERVING	0							0.	0.	0.
(3) WITHOUT COMPENSATION	0							0.	0.	0.
(4) MICHAEL HIRSCHBERG EXECUTIVE DIR.	40			X				0.	153,000.	0.
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1 b Sub-total</b>								0.	153,000.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	153,000.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>	X	

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line 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
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f					
<b>PROGRAM SERVICE REVENUE</b>	2 a MEETINGS	Business Code 541900	139,661.	139,661.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		139,661.			
	<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		194.		
4 Income from investment of tax-exempt bond proceeds.						
5 Royalties						
6 a Gross rents		(i) Real (ii) Personal				
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)						
7 a Gross amount from sales of assets other than inventory.		(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		139,855.	139,661.	0.	194.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	4,385.		4,385.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	136,502.	136,502.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered 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 O)				
a SCHOLARSHIPS	32,242.	32,242.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	173,129.	168,744.	4,385.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash – non-interest-bearing	282,801.	1	118,231.
	2 Savings and temporary cash investments	34,319.	2	165,615.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	317,120.	16	283,846.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	317,120.	27	283,846.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	317,120.	33	283,846.
	34 <b>Total liabilities and net assets/fund balances.</b>	317,120.	34	283,846.

BAA

Form 990 (2013)

**Part 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	139,855.
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,129.
3	Revenue less expenses Subtract line 2 from line 1	3	-33,274.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	317,120.
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	
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	283,846.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2 a Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2 a		X
2 b		X
2 c		
3 a		X
3 b		

BAA

Form 990 (2013)

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

AMERICAN HELICOPTER SOCIETY GROUP

Employer identification number

52-1164466

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?  
**b** Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?  
**b** Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

**9** If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2013

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
MICHAEL HIRSCHBERG	(i)	(ii)	(iii)				
1 EXECUTIVE DIR.	0. 153,000.	0. 0.	0. 0.	0. 0.	0. 0.	0. 153,000.	0. 0.
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

AMERICAN HELICOPTER SOCIETY GROUP

52-1164466

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

TAX RETURN PREPARER REVIEWS FORM 990 AND THE SIGNER IS PROVIDED A COPY FOR REVIEW.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

ANY INTERESTED PARTY HAS THE RIGHT TO REVIEW THE DOCUMENTS.

**FORM 990, PART VII - COMPENSATION EXPLANATION**

MICHAEL HIRSCHBERG

FULL TIME EXECUTIVE DIRECTOR - 40 OR MORE HOURS A WEEK.

COMPENSATION DETERMINED BY BOARD.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.
- Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization

AMERICAN HELICOPTER SOCIETY GROUP

Employer identification number

52-1164466

**Part I Identification of Disregarded Entities** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) AMERICAN HELICOPTER SOCIETY, INC. 2701 PROSPERITY AVENUE #210 FAIRFAX, VA 22031 13-1953506	HELICOPTER EDUCATION	VA	501(C) 3	YES	N/A	X
(2) VERTICAL FLIGHT FOUNDATION 2701 PROSPERITY AVENUE #210 FAIRFAX, VA 22031 23-6428319	SCHOLARSHIPS	VA	501(C) 3	YES	N/A	X
(3) -----						
(4) -----						

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
-----												
-----												
(2) -----												
-----												
-----												
(3) -----												
-----												
-----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
-----									
-----									
(2) -----									
-----									
-----									
(3) -----									
-----									
-----									

**Part V Transactions With Related Organizations** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN HELICOPTER SOCIETY, INC.	P	5,635	CASH TRANSFER
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
-----													
-----													
-----													
(2) -----													
-----													
-----													
-----													
(3) -----													
-----													
-----													
-----													
(4) -----													
-----													
-----													
-----													
(5) -----													
-----													
-----													
-----													
(6) -----													
-----													
-----													
-----													
(7) -----													
-----													
-----													
-----													
(8) -----													
-----													
-----													
-----													

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).



541440427	SUB	AMERICAN HELICOPTER SOCIETY 217 N WASHINGTON ST ARIZONA CHAPTER	ALEXANDRIA	VA 22314-2520171	12
541440434	SUB	AMERICAN HELICOPTER SOCIETY 217 N WASHINGTON ST PATUXENT RIVER CHAPTER	ALEXANDRIA	VA 22314-2520171	12
912074823	SUB	AMERICAN HELICOPTER SOCIETY 217 N WASHINGTON ST CONNECTICUT VALLEY CHAPTER	ALEXANDRIA	VA 22314-2520171	12

~~541440429 SUB AMERICAN HELICOPTER SOCIETY delete~~  
~~N. WASHINGTON STR~~  
~~217 WASHINGTON STR~~  
~~CHERRY POINT CHAPTER~~  
~~ALEXANDRIA VA 22314-2520171~~

521272350 SUB AMERICAN HELICOPTER SOCIETY

217 N. WASHINGTON STR. ALEXANDRIA VA 22314 - 2520171  
 STRATFORD - NORTH EAST REGION CHAPTER

45 5499034 SUB AMERICAN HELICOPTER SOCIETY

217 N. WASHINGTON STR. ALEXANDRIA VA 22314 - 2520171  
 SOUTH FLORIDA CHAPTER



131953506 SUBSIDIARY ORGANIZATION OF AMERICAN HELICOPTER SOCIETY INTERNATIONAL INC  
GEN NUMBER 3201 SUBSIDIARY TOTAL IS

~~18~~  
18



CYCLE 201326

000476

## Chapter Officers

---

Ensuring that the goals of the Society are attained requires a great deal of commitment and coordination among all members. This begins with the Board of Directors and the Headquarters staff and continues through each individual chapter of the Society

AHS Chapters sponsor a wide range of informational and social events, enabling members to get to know one another and have a forum to exchange their knowledge and views. Volunteer chapter officers seldom receive adequate recognition for their hard work but the Society recognizes that they are furthering the professional goals of their peers and the continued development of the industry. The following is a list of AHS chapters and their officers

### **Arizona Chapter** – Represents Arizona

friedrich k straub@boeing com  
(480) 891-7671

#### **President**

##### **Dino Cerchie**

The Boeing Company  
Program Manager

Dino a cerchie@boeing com  
(480) 891-0223

#### **Deputy Technical Director**

##### **Srikanth Saripalli**

Arizona State University  
Assistant Professor

Srikanth saripalli@asu edu  
(480) 727-0023

#### **Vice President**

##### **Lou Scherer**

The Boeing Company  
International Support Programs New Business Manager

gunguy64d@cox net  
(480) 891-0034

#### **Publicity Director**

##### **J. Kristin Little**

The Boeing Company  
AH6 and Apache Crew Station  
kristin little@boeing com  
(480) 891-1246

#### **Secretary**

##### **Kendra L. Befort**

The Boeing Company  
Human Factors Engineer

kendra l befort@boeing com  
(480) 891-1979

#### **Deputy Publicity Director**

##### **Laurie Stiff**

The Boeing Company  
Staff Analyst

Laurie s stiff@boeing com  
(480) 891-5175

#### **Treasurer**

##### **Alexander G. Harris**

BAE Systems, Land & Armaments, Mobility & Protection  
Systems

Program Manager  
alex harris@baesystems com  
(602) 643-7216

#### **Program Director**

##### **Andrew Augenstein**

The Boeing Company  
Integration Engineer

andrewaugenstein@aol.com  
(602) 793-6801

#### **Membership Chair**

##### **Kitty M. Pope**

Honeywell  
Staff Engineer, Design Integration  
kitty pope@honeywell.com  
(602) 231-4782

#### **Deputy Program Director**

##### **Mike Burgess**

The Boeing Company  
Embedded Software Engineer  
soccerwave@yahoo com  
(480) 891-4544

#### **Membership Chair**

##### **Ginger Shao**

Honeywell  
ginger.shao@honeywell.com  
(520) 469-6242

#### **Chapter Board Member**

##### **Scott Swinsick**

The Boeing Company  
Operations Research Analyst  
Scott swinsick@boeing com  
(480) 891-8429

#### **Technical Director**

##### **Friedrich Straub**

The Boeing Company  
Boeing Technical Fellow

#### **Chapter Board Member**

##### **Ram D. JanakiRam**

The Boeing Company

**Manager**

ram.d.janakiram@boeing.com  
(480) 891-6057

**Chapter Board Member**

**Rob Richardson**

Honeywell

Sr Manager, Product Marketing

Robert.richardson@honeywell.com  
(602) 436-3665

**Chapter Board Member**

**John Schibler**

The Boeing Company

Apache Chief Engineer

john.e.schibler@boeing.com  
(480) 891-7171

**Atlanta Chapter** – Represents Georgia, zip codes  
30000-30399

**President**

**Marilyn J. Smith**

Georgia Institute of Technology

Professor

marilyn.smith@ae.gatech.edu  
(404) 894-3065

**Vice President**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Membership Chair**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Treasurer**

**Massimo Ruzzene**

ruzzene@gatech.edu

(404) 894-3078

**Speaker Coordinator**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Australia Chapter** – Represents Australia

**President**

**Arvind Sinha**

Helicopter Systems Division, Defence Materiel

Organisation

Director of Engineering

arvind.sinha1@defence.gov.au  
61-39-256-3673

**Vice President**

**Hood, Robert**

GKN Aerospace

Chief Designer

61-3-86450267

**Treasurer**

**Robert Hood**

GKN Aerospace

Chief Designer

61-3-86450267

**Secretary**

**Subhash Sharma**

Central Queensland University

Lecturer

61 74-970-7388

**Atlanta Chapter** – Represents Georgia, zip codes  
30000-30399

**President**

**Marilyn J. Smith**

Georgia Institute of Technology

Professor

marilyn.smith@ae.gatech.edu  
(404) 894-3065

**Vice President**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Membership Chair**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Treasurer**

**Massimo Ruzzene**

ruzzene@gatech.edu

(404) 894-3078

**Speaker Coordinator**

**Mark F. Costello**

Georgia Institute of Technology

Sikorsky Associate Professor

mark.costello@ae.gatech.edu  
(404) 385-4303

**Bangalore Chapter** – Represents Bangalore, India

**President**

**Balaji Rajagopal**

Bell Helicopter Textron, India

Technical Specialist

brajagopal@textron.com  
919-8806-14261

**Secretary**

**Mukundhan Chakram**

Bell Helicopter Textron, India  
mchakram@textron.com

**Treasurer**

**Kumar Rajan**

Bell Helicopter Textron, India  
Senior Engineer  
rkumar@textron.com  
916-740-9769

**Membership Chair**

**Raghavendra Venkatramu**

Bell Helicopter Textron, India  
rvenkatramu@textron.com

**Program Chair**

**Krishna Dubasi**

Bell Helicopter Textron, India  
Senior Engineer, CFD-CSD  
dkishoaero@gmail.com  
984-531-7202

**Cherry Point Chapter** – Represents North Carolina

**President**

**Anna Howard**

North Carolina State University  
Teaching Assistant Professor  
annahoward@annahoward.com  
(919) 513-4019

**Connecticut Valley Chapter** – Represents Connecticut  
zip codes 06000-06299

**President**

**Clifford Gunsallus**

Kaman Aerospace Corporation  
Vice President of Engineering  
Cliff.gunsallus@kaman.com  
(860) 286-4186

**Vice President**

**Paul Keary**

Kaman Aerospace Corporation  
Chief, Structural Analysis  
paul.keary@kaman.com  
(860) 286-4126

**Secretary**

**Curtis Orkin**

Timken  
Engineering Manager / Sr Design Engineer Specialist  
curtis.orkin@timken.com  
(860) 645-4363

**Treasurer**

**Curtis Orkin**

Timken  
Engineering Manager / Sr Design Engineer Specialist  
curtis.orkin@timken.com  
(860) 645-4363

**Dayton Chapter** – Represents Indiana, Kentucky,  
Michigan, Ohio, and West Virginia

**President**

**Raymond L. Robb**

U S. Air Force  
Security Manager  
whirlyguns@yahoo.com  
(937) 904-6069

**Vice President**

**Bruce D. Pursel**

U S. Air Force  
Aerospace Engineer  
bruce.pursel@wpafb.af.mil  
(937) 255-0797

**Treasurer**

**William B. Blake**

U S. Air Force  
Senior Aerospace Engineer  
william.blake2@wpafb.af.mil  
(937) 904-4006

**Secretary**

**Antony Susainathan**

U S. Air Force  
Program Manager  
antony.susainathan@wpafb.af.mil  
(937) 904-4431

**Membership Chair**

**William B. Blake**

U S. Air Force  
Senior Aerospace Engineer  
william.blake2@wpafb.af.mil  
(937) 904-4006

**East New England Chapter** – Represents Maine,  
Vermont, New Hampshire, Massachusetts and Rhode  
Island

**President**

**Harry Nahatis**

G E. Aviation  
Program Manager  
Harry.nahatis@ge.com  
(781) 594-9079

**Treasurer**

**Michael P. Sousa**

G E Aviation  
Manager Market Development - Turboshaft  
(781) 594-7662

**Secretary**

**Ron Hutter**

G.E. Aviation  
Vice President, Turboshaft Engine Sales  
(781) 594-4628

**Membership Chair**

**Rocco Scenna**

G.E. Aviation (Ret.)

Director, Turboshift Advanced Programs  
rocsc@comcast.net

**Program Chair**  
**Scott Williams**  
G E Aviation  
(781) 594-5292

**Empire State Chapter** – Represents New York zip codes 12700-1499 and 12000-12399

**President**  
**Milan M. Dedek**  
BAE Systems  
Director Rotorcraft Avionics  
milan.m.dedek@baesystems.com  
(607) 770-2630

**Vice President**  
**Thomas Spura**  
Lockheed Martin Corporation  
Senior Systems Engineer  
thomas.spura@lmco.com  
(607) 751-2008

**Treasurer**  
**Cheryl Kressly**  
Lockheed Martin Corporation  
Program Manager  
cheryl.kressly@lmco.com  
(607) 751-2502

**Membership Chair**  
**Herbert Hoefflerle**  
Sikorsky Aircraft Corporation  
Director of Engineering  
Herbert.Hoefflerle@sikorsky.com  
(607) 378-6383

**Program Chair**  
**Steven Colby**  
Lockheed Martin Corporation  
Test Pilot and BD Analyst  
steven.d.colby@lmco.com  
(607) 972-9883

**Technical Chair**  
**Chris Weaver**  
BAE Systems  
Principal Systems Engineer  
chris.weaver@baesystems.com  
(607) 770-2960

**University Coordinator**  
**Stephen Felter**  
Lockheed Martin Corporation  
Systems Engineer  
stephen.felter@lmco.com  
(607) 751-4668

**Student Affairs**  
**Nathan Meehan**  
Lockheed Martin Corporation  
Software Engineer

nathan.meehan@lmco.com  
(607) 751-1937

**Scholarship Chair**  
**Nathan Meehan**  
Lockheed Martin Corporation  
Software Engineer  
nathan.meehan@lmco.com  
(607) 751-1937

**Federal City Chapter** – Represents the District of Columbia, Virginia zip codes 22000-22499 and Maryland excluding zip codes 20600-20699

**President**  
**David Wildes**  
Textron  
Director, Government Affairs  
dwildes@dc.textron.com  
(202) 637-3828

**Vice President**  
**Daniel Wolfe**  
Universal Solutions International, Inc  
daniel.g.wolfe@usi-inc.net  
(571) 482-5211

**Treasurer**  
**Joseph Mudd**  
EADS  
Director of Army Aviation Business Development  
joseph.mudd@eads-na.com  
(703) 466-5776

**Secretary**  
**Michelle F. Yarborough**  
Cypress International  
Dir, Army Aviation Programs  
syarborough@cypressintl.com  
(703) 549-5880

**Membership Chair**  
**Randy Rotte**  
The Boeing Company  
Army Aviation Systems  
randolph.rotte@boeing.com  
(703) 465-3253

**Program Chair**  
**Joe Back**  
System Studies & Simulation  
Contractor  
joe.back@s3inc.com  
(703) 614-9080

**Awards & Scholarships Chair**  
**William W. Beletsky**  
The Boeing Company  
Manager, Army Programs  
william.w.beletsky@boeing.com  
(703) 465-3430

**University of Maryland Student Coordinator**

**Gregory P. Gass**

• GE Aviation  
• Government Programs Executive  
• gregory.gass@ge.com  
(202) 637-4248

**Technical Advisor**

**Inderjit Chopra**

University of Maryland  
Alfred Gessow Professor  
chopra@eng.umd.edu  
(301) 405-1122

**Student President**

**Juergen Rauleder**

University of Maryland  
Research Assistant  
juergenr@umd.edu  
(202) 374-4325

**Germany Chapter** – Represents Germany

**President**

**Erich Brand**

Eurocopter  
Reliability, Safety  
erich@fam-brand.de  
+49 89 611 2593

**Membership Chair**

**Erich Brand**

Eurocopter  
Reliability, Safety  
erich@fam-brand.de  
+49 89 611 2593

**Hampton Roads Chapter** – Represents Virginia  
excluding zip codes 22000-22499

**President**

**David C. Meyer**

The Boeing Company  
Business Development  
david c meyer@boeing.com  
(757) 873-5114

**Vice President**

**Shawn Heffner**

U S Army  
Aerospace Engineer  
Shawn.heffner@us.army.mil  
(757) 878-2374

**Secretary**

**Mia Carin Copeland**

Eagle Aviation Technologies, Inc  
VP of Contracts  
mcpeland@eagleaviationtech.com  
(757) 224-6269 ext. 210

**Treasurer**

**Edward E. Austin**

Retired  
Retired

edwardaustin@cox.net  
(757) 596-8785

**Membership Chair**

**Thomas H. Watson**

U.S. Army  
Aerospace Engineer  
thomas h watson14.civ@mail.mil  
(757) 878-3773

**Program Chair**

**Shawn Heffner**

U S Army  
Aerospace Engineer  
Shawn.heffner@us.army.mil  
(757) 878-2374

**Publicity Chair**

**Mia Carin Copeland**

Eagle Aviation Technologies, Inc  
VP of Contracts  
mcpeland@eagleaviationtech.com  
(757) 224-6269 ext. 210

**Technical Director**

**Oliver D. Wong**

NASA Langley Research Center  
Research Scientist  
Oliver D Wong@nasa.gov  
(757) 864-9556

**Sports Coordinator**

**John Zimmerman**

U.S. Army  
Pilot  
john.m.zimmerman@us.army.mil  
(757) 878-6584

**Military Coordinator**

**Evan J. Brown**

U S Army  
Test Pilot  
ejbvmi@gmail.com  
(757) 561-0352

**Industry Coordinator**

**David C. Meyer**

The Boeing Company  
Business Development  
david c meyer@boeing.com  
(757) 873-5114

**Sports Coordinator**

**John Zimmerman**

U.S. Army  
Pilot  
John.m.zimmerman@us.army.mil  
(757) 878-6584

**Education Coordinator**

**Henry E. Jones**

Retired  
Research Scientist  
henryjones@cox.net

(804) 693-7607

**Member at Large**

**Gene Birocco**

Retired

Retired

Gene.birocco@us.army.mil

**Member at Large**

**Karen E. Jackson**

NASA Langley Research Center

Aerospace Engineer

Karen.E.Jackson-1@nasa.gov

(757) 864-4147

**Jake Fortner Chapter** – Represents Alabama excluding zip codes 35000-35999 and 36200-36299, Arkansas excluding zip codes 71600-72999, Georgia excluding zip codes 30000-30399, Louisiana, Mississippi excluding zip codes 38600-38990 and 39700-39799, South Carolina and Tennessee excluding zip codes 37000-38599

**President**

**COL. Rick Stockhausen**

U.S. Army

Director of Combat Developments

Richard.stockhausen@us.army.mil

(334) 255-3203

**Vice President**

**Glenn Harrison**

U.S. Army

Deputy Director CRD

glenn.d.harrison.civ@mail.mil

(334) 255-2703

**Treasurer**

**Shay Collins**

Sikorsky Aircraft Corporation

Combat Flight Hour Award Program Manager

sfcollins@sikorsky.com

(334) 503-9664

**Secretary**

**Jessie Farrington**

The Boeing Company

Manager

(334) 503-6002

**Membership Chair**

**Mike Simmons**

Bell Helicopter Textron

jsimmons@bh.com

(334) 598-9459

**Program Chair**

**Joseph B. Jellison**

U.S. Army

Director Concepts and Requirements

Joseph.b.jellison@gmail.com

(334) 255-3203

**Publicity Chair**

**Darrell D. Allman**

**DYNCORP**

Project Manager

Darrell.allman@us.army.mil

(334) 255-2539

**Awards & Scholarships Chair**

**Stephen Dwyer**

Sikorsky Aircraft Corporation

Manager

Stephen.dwyer@sikorsky.com

(334) 503-9664

**Japan Chapter** – Represents Japan

**President**

**Naohiro Iboshi**

National Defense Academy

Professor

iboshi@nda.ac.jp

81-46-841-3810

**Vice President**

**Misao Takikawa**

Fuji Heavy Industries

Aircraft Design Dept. Lead of Rotary Wing Aircraft Design Gen.

takikawa.misao@subaru-fhi.co.jp

81-28-684-7545

**Vice President**

**Kazunori Ojio**

Kawasaki Heavy Industries

Associate Officer and Senior Manager, Helicopter Project

Ojio\_Kazunori@khi.co.jp

81-58-382-5712

**Membership Chair**

**Misao Takikawa**

Fuji Heavy Industries

Aircraft Design Dept. Lead of Rotary Wing Aircraft Design Gen.

takikawa.misao@subaru-fhi.co.jp

81-28-684-7545

**Auditor**

**Yasutada Tanabe**

Japan Aerospace Exploration Agency

Associate Senior Researcher

tan@chofu.jaxa.jp

81-42-240-3230

**Regional Director**

**Takashi Hiramoto**

Teikyo University

Head of Department

Uhh55483@nifty.com

81-28-627-7169

**Regional Vice President**

**Shigeru Saito**

Japan Aerospace Exploration Agency

Advisor for International Affairs

ssaito@chofu.jaxa.jp

81-50-3362-3152

**Korea Chapter** – Represents Korea

**President**

**Duck-Joo Lee**

Korea Advanced Institute of Science & Technology  
Professor

djlee@kaist.ac.kr  
82-042-350-3716

**Vice President**

**Sejong Oh**

Pusan National University  
Professor

tazo@pusan.ac.kr  
82-51-510-2435

**Secretary**

**Sung N. Jung**

Konkuk University  
Professor

heljung@gmail.com  
+8 22 45 03 449

**Membership Chair**

**Chang-Jeon Hwang**

Korea Aerospace Research Institute  
Head of Dept., Principal Researcher  
chwang@kari.ac.kr  
82-42-860-2363

**Los Angeles Chapter** – Represents Nevada zip codes 89000-89399 and California excluding zip codes 92000-92198 and 93900-96099

**President**

**Michael Clancy**

Robinson Helicopter Co  
Quality Assurance DMIR; DAR  
Engineering@RobinsonHeli.com  
(310) 539-0508

**Vice President**

**Kurt Robinson**

Robinson Helicopter Co.  
President  
(310) 539-0508 ext. 210

**Secretary**

**Michael Brescia**

Retired  
(310) 539-0508 ext. 164

**Treasurer**

**Michael Brescia**

Retired  
(310) 539-0508 ext. 164

**Membership Chair**

**James Strom**

Robinson Helicopter Co  
Purchasing Mgr  
(310) 539-0508

**Program Chair**

**Michael Clancy**

Robinson Helicopter Co  
Quality Assurance DMIR, DAR  
Engineering@RobinsonHeli.com  
(310) 539-0508

**Arrangement Chair**

**Dennis L. Dyer**

Robinson Helicopter Co  
Engineer  
dld@robinsonheli.com  
(310) 832-9362

**Montreal/Ottawa Chapter** – Represents Canada

**President**

**Michael Nault**

Bell Helicopter Textron, Canada  
Chief, Technical Services - Light Helicopters  
mnault@bh.com  
(450) 971-6500 ext. 6137

**Vice President**

**Michel Dion**

Bell Helicopter Textron, Canada  
R & D Project Lead  
mdion@bh.com  
(450) 971-6500

**Secretary**

**Alberto Hoyle**

Bell Helicopter Textron, Canada  
Chief Engineer - Propulsion & Mechanical  
Systems  
ahoyle@bh.com  
(450) 971-6500

**Treasurer**

**James Corrigan**

Bell Helicopter Textron, Canada  
Chief, Commercial PowerPlant & Fluid System Design  
jcorrigan@bellhelicopter.com  
(450) 971-6500 ext. 6060

**Regional Director**

**Somen Chowdhury**

Manager, International Research  
somenchowdhury@videotron.ca  
(514) 630-9189

**Pacific Northwest Chapter** – Represents Washington, Oregon and Idaho

**President**

**Michael D. Pagliarini**

The Boeing Company  
Engineering Manager  
michael.d.pagliarini@boeing.com  
(425) 971-6913

**Membership Chair**

**Michael D. Pagliarini**

The Boeing Company



Engineering Manager  
michael.d.pagliarini@boeing.com  
(425) 971-6913

**Patuxent River Chapter**— Represents Maryland zip codes 20600-20699

**President**

**Scott Bruce**

Peduzzi Associates, Ltd  
Aerospace Consultant  
sbruce@avericon.com  
(301) 904-5143

**Vice President**

**John Brennan**

U.S. Navy  
Materials Engineer  
john.brennan1@navy.mil  
(301) 995-2028

**Treasurer**

**Michael Mosher**

U.S. Navy  
Test Pilot School Instructor  
mike.mosher@navy.mil  
(301) 757-4136

**Secretary**

**John Brennan**

U.S. Navy  
Materials Engineer  
john.brennan1@navy.mil  
(301) 995-2028

**Membership Chair**

**John A. Ball**

Engineer  
ball.john.a@gmail.com  
(301) 342-5826

**Philadelphia Chapter**— Represents Delaware, Pennsylvania and New Jersey zip codes 07700-08599

**President**

**Erik Fehrenbach**

Fehrenbach Associates, Inc.  
erik@fai-inc.com  
(610) 581-7767

**Vice President, Dinner Meetings**

**Erik Fehrenbach**

Fehrenbach Associates, Inc.  
erik@fai-inc.com  
(610) 581-7767

**Vice President, Tech Meetings**

**Joseph D. Gillman**

The Boeing Company  
Engineer  
Joseph.Gillman@gmail.com  
(610) 591-2190

**Treasurer**

**Jennifer A. Biddle-Janas**

The Boeing Company  
Product Data Management Engineer  
jennifer.a.biddle@boeing.com  
(610) 591-5974

**Secretary**

**George Stulb**

The Boeing Company  
Engineer  
george.m.stulb@boeing.com  
(610) 591-4153

**Membership Chair**

**Charles Beebee**

Siorsky Global  
steven.matthews@pageng.com  
(484) 785-4572

**Deputy Membership Chair**

**Ed Brouwers**

The Boeing Company  
Aerodynamics/Propulsion Engineer  
edward.w.brouwers@boeing.com  
(610) 591-9817

**Publicity Chair**

**Scott M. Slomowitz**

Caesar Rivise Bernstein Cohen & Pokotilow, Ltd  
Patent Attorney  
smslomowitz@crbcp.com  
(610) 764-0489

**Lichten Competition Chair**

**Robert F. Thomas**

The Boeing Company  
Engineer  
robert.f.thomas@boeing.com  
(610) 591-6110

**Student Affairs Coordinator**

**Sherron A. Trio**

American Helicopter Museum & Education Center  
Dir. of Administration  
adm@helicoptermuseum.org  
(484) 343-0329

**Director**

**John Romanski**

Piasecki Aircraft Corporation  
Senior Structural Engineer  
romanski\_jw@piasecki.com  
(610) 521-5700 ext. 118

**Director**

**Ret Butler**

Sikorsky Aircraft Corporation  
Project Manager  
retler@yahoo.com  
(610) 883-4506

**Director**

**Patrick Donnelly**

The Boeing Company

Program Director - Domestic Chinook Programs  
patrick.donnelly@boeing.com  
(610) 591-3023

**Director**

**Gregory Kopansky**

Eaton Aerospace  
Engineer

gregorykopansky@eaton.com  
(610) 522-4000

**Director**

**Kimberly Piersig**

AgustaWestland

Community Relations Manager

kpiersig@awnainc.com  
(703) 373-8000

**Director**

**Stephen Showalter**

Eaton Aerospace

Chief Engineer

stephenshowalter@eaton.com  
(610) 522-4956

**Poland Chapter**— Represents Poland

**President**

**Janusz Narkiewicz**

Warsaw University of Technology

Associate Professor

jnark@meil.pw.edu.pl  
48-22-660-7445/7884

**Membership Chair**

**Janusz Narkiewicz**

Warsaw University of Technology

Associate Professor

jnark@meil.pw.edu.pl  
48-22-660-7445/7884

**Redstone Chapter**— Represents Alabama zip codes 35000-35999 and 36200-36299, Arkansas zip codes 71600-72999, Mississippi zip codes 38600-38990 and 39700-39799, and Tennessee 37000-38599

**President**

**Gregory Oelberg**

Camber Corporation

Vice President & Manager

goelberg@camber.com  
(256) 922-3710

**Vice President**

**Edwin Martin**

U.S. Army

Supervisory Aerospace Engineer

edwin.martin2@us.army.mil  
(256) 842-1240

**Secretary**

**Timothy Kraatz**

Teledyne Brown Engineering, Inc.

Deputy Director, Aviation Systems

tim.kraatz@tbe.com  
(256) 726-3684

**Treasurer**

**Richard J. Ausfahl**

SAIC

Scientist

joe.ausfahl@us.army.mil  
(256) 876-3957

**Membership Chair**

**Thomas E. Hutt**

te.hutt3@gmail.com

(266) 922-4730

**Membership Committee Member**

**Dave Cripps**

U.S. Army

Deputy Director of Aviation Engineering

david.cripps@us.army.mil  
(256) 313-8403

**Membership Committee Member**

**Art Gribensk**

U.S. Army

Aviation Maintenance Officer / Fleet Mgmt CBM

arthur.gribensk@us.army.mil  
(256) 975-9737

**Program Chair**

**Laura Bequette**

MCR, LLC - Aerodyne

Director, Aviation and Missile Programs

lbequette@mcri.com  
(256) 270-1657

**Program Committee Member**

**Philip Freeze**

Dynetics, Inc.

Business Development

Phil.freeze@dynetics.com  
(256) 964-4991

**Program Committee Member**

**Patrick M. Gomez**

Rockwell Collins

Capture Team Lead, AH-6i Intl

pgomez@knology.net  
(256) 327-5302

**Program Committee Member**

**Patrick Gomez**

Rockwell Collins

Systems Architect

pgomez@knology.net  
(256) 327-5302

**Technical Chair**

**Marvin A. Moulton**

U.S. Army

Aerospace Engineer

marvin.moulton@us.army.mil  
(256) 313-9024

### **Technical Committee Members**

#### **James Hale**

U S Army  
James.hale@peoavn.army.mil  
(256) 842-0713

### **Technical Committee Members**

#### **George L. Wiggins**

U.S. Army  
Sr. Principal Engineer  
grant.bradshaw@dynetics.com  
(256) 964-4625

### **Technical Committee Members**

#### **Edwin Martin**

U S Army  
Aerospace Engineer  
George.l.wiggins2.civ@mail.mil  
(256) 313-9034

### **Publicity Chair**

#### **Larry Thomas**

Science and Engineering Services, Inc  
Senior Program Manager  
larry.thomas@ses-i.com  
(256) 258-4335

### **Awards and Scholarships Chair**

#### **Raymond Handy**

The Boeing Company  
Capture Team Lead, AH-6i Intl  
raymond.handy@boeing.com  
(56) 461-3152

### **University Coordinator**

#### **Robert L. King**

U S Army  
System Simulation and Development Directorate  
Robert.l.king74.civ@mail.mil  
(256) 842-5060

### **Student Chapter Chair**

#### **Sue K. O'Brien**

Univ. of Alabama in Huntsville  
Acting Director Rotorcraft Center  
obriens@uah.edu  
256.824.6133

**San Francisco Chapter**— Represents Colorado, Idaho, Montana, Wyoming, California zip codes 93900-96099, and Nevada zip codes 89400-89899

### **President**

#### **Mohammadreza H. Mansur**

U.S. Army  
Aerospace Engineer  
mohammadreza.mansur@us.army.mil  
(650) 604-6037

### **Vice President**

#### **Carl Russell**

NASA Ames  
Carl.r.russell@nasa.gov  
(650) 604-0744

### **Secretary**

#### **Gary R. Fayaud**

U S Army  
Mechanical Engineer  
gary.fayaud@us.army.mil  
(650) 604-2061

### **Treasurer**

#### **Gary R. Fayaud**

U S Army  
Mechanical Engineer  
gary.fayaud@us.army.mil  
(650) 604-2061

### **Membership Chair**

#### **Shirley Burek**

NASA Ames Research Center  
Mechanical Engineer  
Shirley.m.burek@nasa.gov  
(650) 604-5941

### **Technical Chair**

#### **Brian Fujizawa**

U.S. Army  
Aerospace Engineer  
lawrence.ben@hotmail.co.uk  
(650) 604-3117

### **Publicity Chair**

#### **Ben Lawrence**

San Jose State University Research Foundation  
Senior Research Associate  
eduardo.solis@nasa.gov  
(650) 604-4023

### **Community Outreach Chair**

#### **Ashley Pete**

U.S. Army  
Mechanical Engineer  
Ashley.e.pete@us.army.mil  
(650) 604-1130

### **Arrangement Chair**

#### **Ding-Jen Liu**

NDTI  
Principle Simulation Engineer  
Windsurf\_dean@yahoo.com  
(650) 604-0755

### **Member At Large**

#### **Colin Theodore**

NASA Ames Research Center  
Senior Research Engineer  
colin.theodore@nasa.gov  
(650) 604-1180

### **Member At Large**

#### **Mark V. Fulton**

U.S. Army  
Aerospace Engineer  
Mark.v.fulton@us.army.mil  
(650) 604-1180

**Member At Large**

**Matthew S. Whalley**

U S Army  
Engineer

Matt whalley@us army.mil  
(650) 604-1180

**Past President**

**Carlos A. Malpica**

NASA Ames Research Center  
Aerospace Engineer

carlos a malpica@nasa gov  
(650) 604-1663

**South Florida Chapter**– Represents Southern Florida

**President**

**Philip J. Alldridge**

Sikorsky Aircraft Corporation  
Flight Test / ODA Lead

palldrige@sikorsky.com  
(561) 775-5179

**Vice President**

**Jacquelyn Banas**

Sikorsky Aircraft Corporation  
Flight Test Engineer

jdbanas@gmail.com  
(954) 649-2092

**Treasurer**

**Steven Cizewski**

Sikorsky Aircraft Corporation  
Program Manager - X2 Technology Demonstrator

scizewski@sikorsky.com  
(561) 775-5255

**Secretary**

**Michael D. Scheppa**

Sikorsky Aircraft Corporation  
Flight Test Engineer

Schep170@gmail.com  
(561) 775-5576

**Membership Chair**

**Max Koessick**

Sikorsky Aircraft Corporation

Maximilian.koessick@sikorsky.com  
(561) 775-5563

**Lichten Award Coordinator**

**Nicole Blanchette**

Sikorsky Aircraft Corporation  
Flight Test Engineer

Nicole blanchette@sikorsky.com  
(561) 775-5393

**Chapter Historian**

**Rosandra N. Abeyta**

Rosandra abeyta@gmail.com  
(561) 775-5319

**Southwest Chapter**– Represents New Mexico, Oklahoma and Texas

**President**

**Aaron D. Brieger**

Sikorsky Aircraft Corporation  
Senior Engineer

Aaron Brieger@sikorsky.com  
(817) 713-0409

**Vice President**

**Kyla R. Marshall**

Bell Helicopter Textron, Inc

Engineering Specialist - Reliability & Maintainability  
kmarshall@bellhelicopter textron.com  
(817) 280-4807

**Treasurer**

**Christos Bais**

Bell Helicopter Textron, Inc

Engineering Specialist  
cbais@bellhelicopter textron.com  
(817) 280-6969

**Secretary**

**George Havrilla**

Bell Helicopter Textron, Inc

Senior Structural Engineer  
ghavrilla@bellhelicopter textron.com  
(817) 280-4483

**Membership Chair**

**Raven Honsaker**

Bell Helicopter Textron, Inc

Business Ventures Specialist  
rhonsaker@bh.com  
(817) 280-1543

**Technical Chair**

**Hong Xin**

Sikorsky Aircraft Corporation

Handling Qualities Lead Engineer  
Hong xin@sikorsky.com  
(817) 377-7504

**Program Chair**

**Christos Bais**

Bell Helicopter Textron, Inc

Engineering Specialist  
cbais@bellhelicopter textron.com  
(817) 280-6969

**Webmaster**

**Nathan Pelletier**

Pellen02@gmail.com

**St. Louis Chapter**– Represents Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin

**President**

**Dale Pitt**

The Boeing Company  
Technical Fellow

dale.m.pitt@boeing.com  
(314) 233-8631

**Secretary**

**Swaminathan Karunamoorthy**

St. Louis University

Professor

karunamoors@slu.edu

(314) 977-8442

**Treasurer**

**David Peters**

Washington University

Professor & Chairman

dap@me.wustl.edu

(314) 935-4337

**Membership Chair**

**Dale Pitt**

The Boeing Company

Technical Fellow

dale.m.pitt@boeing.com

(314) 233-8631

**Stratford Chapter**— Represents Connecticut zip codes

06300-06899, New York zip codes 11000-12799 and

New Jersey zip codes 07000-07699

President

**Usman Asif**

Sikorsky Aircraft Corporation

Airframe Design Engineer

usman.asif@sikorsky.com

(203) 386-6487

**VP Programs**

**Dina Fusco**

U.S. Professional Services, Inc.

Business Development Executive

dinafusco@yahoo.com

(203) 671-6321

**Treasurer**

**Stephen M. Makinen**

Sikorsky Aircraft Corporation

Senior Engineer

smakinen@sikorsky.com

(203) 386-4875

**Secretary**

**Stephen T. Ierubino**

Sikorsky Aircraft Corporation

Assistant Project Manager

sierubino@gmail.com

**Membership Chair**

**Maryam Khoshlahjeh**

Sikorsky Aircraft Corporation

Senior Engineer

Khoshlahjeh.maryam@gmail.com

(203) 386-6586

**Public Relations Chair**

**Maryam Khoshlahjeh**

Sikorsky Aircraft Corporation

Senior Engineer

Khoshlahjeh.maryam@gmail.com

(203) 386-6586

**Charitable Events Chair**

**Marianne Davenport**

Sikorsky Aircraft Corporation

Process Compliance Analyst

mdavenport@sikorsky.com

(203) 386-5733