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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**

**Open to Public Inspection**

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: The Spaatz Association, Inc.  
 Number and street (or P O box, if mail is not delivered to street address): 12381 Ridge Circle  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: Los Angeles, CA 90049

**D** Employer identification number: 63-1183842

**E** Telephone number: 310-440-2670

**F** Group Exemption Number: ▶ \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ www.spaatz.org

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

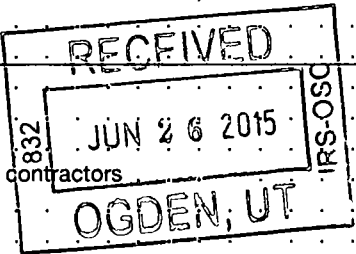
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	47210
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	4602
4	Investment income	6347
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7366
6c	Less: direct expenses from gaming and fundraising events	7945
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	(579)
7a	Gross sales of inventory, less returns and allowances	5
7b	Less: cost of goods sold	2276
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	(2271)
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	55309
10	Grants and similar amounts paid (list in Schedule O)	31442
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	1251
17	<b>Total expenses.</b> Add lines 10 through 16	32693
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	22616
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	247199
20	Other changes in net assets or fund balances (explain in Schedule O)	22114
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	269313

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90-8



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		✓
35b		✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
35c		✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
36		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b Did the organization file Form 1120-POL for this year? . . . . .		✓
37b		✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
38a		✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
38b		
39 Section 501(c)(7) organizations. Enter: . . . . .		
a Initiation fees and capital contributions included on line 9 . . . . .		
39a		
b Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
40b		✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
40e		✓
41 List the states with which a copy of this return is filed ▶ _____		
42a The organization's books are in care of ▶ <u>Dr. Bruce Krell, Treasurer</u> Telephone no. ▶ <u>310-440-2670</u> Located at ▶ <u>12381 Ridge Circle, Los Angeles, CA 90049</u> ZIP + 4 ▶ _____		
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)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .		✓
42b		✓
c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
42c		✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____ <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44a		✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
44b		✓
c Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
44c		✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
44d		✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45a		✓
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		
45b		

	Yes	No
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
<b>47</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 . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	✓

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

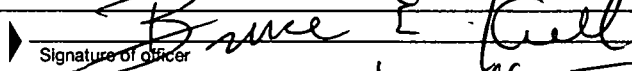
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A ▶  Yes  No

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

<b>Sign Here</b>		Date
	Type or print name and title <b>Dr. Bruce Krell, Treasurer</b> <span style="float:right;">6/23/2015</span>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2014**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>The Spaatz Association, Inc.</b>	Employer identification number <b>63-1183842</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6099	9275	5927	45835	51812	118948
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	15031	10787	16369	6199	7371	55757
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.	21130	20062	22296	52034	59183	174705
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						174705

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6.	21130	20062	22296	52034	59183	174705
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	7272	3181	6347	6347	23147
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.	0	7272	3181	6347	6347	23147
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	21130	27334	25477	58381	65530	197852
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	88.3 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	16	89.3 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	11.7 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	18	10.7 %

- 19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Department of the Treasury  
Internal Revenue Service

**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

**2014**

**Open to Public  
Inspection**

Name of the organization

**The Spatz Association, Inc.**

Employer identification number

**63-1183842**

**990-EZ, Part 1, Line 10: Grants, Aerospace Leadership Scholarships, \$31442, See Statement 2**

**990-EZ, Part 1, Line 15, Other Expenses:**

**Web Site Fees: \$ 221**

**CC Fees: \$ 484**

**Supplies: \$ 546**

**Total Other Expenses: \$ 1251**

**990-EZ, Part 1, Line 20, Change in Net Assess or Fund Balances:**

**Grants and Gifts: \$ 47210**

**Dividends and Capital Gains: \$ 6346**

**Flight Scholarships: (\$ 12556)**

**Grants: (\$ 18886)**

**Net Gain(Loss) in Fund Balance: \$ 22114**

Form 990-EZ

Part IV – List of Officers, Directors,  
Trustees, and Key Employees

Statement 1

---

Name And Address	Title, Avg Hrs/Wk	Compensation	Emp. Ben Plan Contrib	Expense Account
Ted Bowlds 1809 N. Randolph St. Arlington, VA 22207	President, 5	0	0	0
Janon Ellis 21 Arell Court Alexandria, VA 22304	Vice President, 5	0	0	0
Dr. Bruce Krell 12381 Ridge Circle Los Angeles, CA 90049	Treasurer, 5	0	0	0
Mike Hower 19030 Burnt Leaf Way Monument, CO 80132	Secretary, 5	0	0	0
Totals Included On Form 990-EZ, Part IV		0	0	0

Form 990-EZ

NonCash Grants and Allocations

Statement 2

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Josiah Gourley	7301 Tucker Road Walnut Cove, NC 27052

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2137

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Miranda Ellinghaus	7313 Frost Lane Denton, TX 76210

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2207

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Joseph Bauerle	4949 Stella Drive Fenton, MI 48430

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2500

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Nathan Legaspi	2148 Hendricks Ave Monterrey Park, CA 91754

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2170

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<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	Antonio Jasso	34510 Cranberry Lane Cohasset, MN 55721

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	2476

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<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>
Scholarship	John Robertson	19215 Peninsula Shores Drive Cornelius, NC 28031

<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>
None	Cash	2500	1066

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Total Scholarships			12556
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The Spaatz Association, Inc. Form 990-EZ			Grants And Allocations			63-1183842 Statement 2
2014 Grant Program History						
Project	Payee	Street Address	City, State, Zip	Amount		
Nat Forum For Leadership, Character	Nat HQ, CAP	105 S. Hansell St, Bldg	Maxwell AFB, AL 36112	3,200.00		
Civic Leadership Academy	TN Wing	2441 E. General Aviation Drive	Alcoa, TN 37701	1,000.00		
Honor Guard	Luken Cadet SQ	296 Wilmer Ave	Cincinatti, OH 45226	500.00		
Cadet Officer School	Edwards AFB SQ	1518 Forbes Rd, Bldg 1850	Edwards AFB, CA 93523	450.00		
		Total		5,150.00		
Project	Payee	Street Address	City, State, Zip	Amount		
Leadership Bivouac	MO Wing	13735 Green Meadow Ct	Platte City, MO 64079	1,500.00		
School Based Cadet Program	Lorenzo ISD Hornet SQ	PO Box 520	Lorenzo, TX 79343	1,000.00		
Honor Guard	National Capital Wing	200 McChord St SW	Washington DC 20032	2,000.00		
Color Guard Equipment	Allentown Opt SQ	620 Hamilton St	Allentown, PA 18102	500.00		
		Total		5,000.00		
Project Funded	Payee	Street Address	City, State, Zip	Amount		
NCO School	MS Wing	1635 Airport Drive	Jackson, MS 39209	1,000.00		
LIG Robot School	Long Island Group	249 N. Main Street	Sayville, NY 11782	1,000.00		

The Spaatz Association, Inc.					63-1183842
Form 990-EZ			Grants And Allocations		Statement 2
2014 Grant Program History					
Project	Payee	Street Address	City, State, Zip	Amount	
Climbing To New Heights	Seacoast Composite Squadron	5 Granite St	Exeter, NH 03833	850.00	
FL Leadership Academy	FL Wing	4040 Crossfield Way, Suite 6	Lakeland, FL 33811	1,000.00	
NCO School	Wisconsin Wing	2400 Wright St	Madison, WI 53704	1,000.00	
		Total		4,850.00	
Project	Payee	Street Address	City, State, Zip	Amount	
Cadet Leadership Weekend	Tuskegee Cadet Squadron	602 E Tanttallon Drive	Ft Washington, MD 20744	636.42	
tional Character and Leadership Symposium	Nat HQ, CAP	105 S. Hansell St, Bldg	Maxwell AFB, AL 36112	3,250.00	
		Total	Total	3,886.42	
		Annual Total	Annual Total	18,886.42	

The Spaatz Association, Inc.

63-1183842

Form 990-EZ

Special Fundraising Events And Activities

Statement 3

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<u>Event Description</u>	<u>Gross Receipts</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
2014 Winter Dinner	7366	7366	7945	(579)
2015 Winter Dinner	-	-	1000	(1000)
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To Form 990-EZ, Line 6	7366	7366	8945	(1579)

- A. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... [ ] Yes [X] No
  
- B. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... [ ] Yes [X] No

The Spaatz Association, Inc				63-1183842
Form 990-EZ		Donations And Gifts		Statement
		2015 Donations And Gifts		
Purpose	Donor	Address	City, State, Zip	Amount
Scholarship Program	Carla Spaatz Thomas	3507 Thornapple St.	Chevy Chase, MD 20815	2500
Grant Program	Eastern Account System, Inc.	PO Box 837	Newtown, CT 06470	5000
Grant Program	Comcast Corp	1701 JFK Blvd	Philadelphia, PA 19103	5250
Grant Program	United Way	1709 Benjamin Franklin Pkwy	Philadelphia, PA 19103	460
Grant Program	Complete Recovery	291 W. 5400 S	Murray, UT 84107	2500
Grant Program	RUI Credit Services	225 Broadhollow Rd, St 310	Melville, NY 11747	15000
Grant Program	Richard Clark	104 Oak Haven Ct	Nashville, TN 37209	1500
Grant Program	Gwynn Group	600 E. Las Colinas Blvd, St 520	Irving, TX 75039	5,000
Grant Program	Sage Capital Recovery	PO Box 8504	Cherry Hill, NJ 08002	2500
Grant Program	Sands Family Foundation	5301 Great Meadow Rd	Dedham, MA 02026	5000
Grant Program	Realtime Results	12444 Powerscourt Dr, St 375	St. Louis, MO 63131	2500
	Total			47210

12:43 PM  
06/18/15  
Cash Basis

**TSA**  
**Profit & Loss**  
January through December 2014  
[General Fund]

	<u>Jan - Dec 14</u>
<b>Income</b>	
2014 Winter Dinner	7,366 53
Contributions, Gifts, Grants...	
Grants Received	<u>44,710 75</u>
Total Contributions, Gifts, Grants...	44,710 75
Membership Dues and Assessments	
2013 Dues	4,582 31
2014 Membership Fees	<u>20 00</u>
Total Membership Dues and Assessments	4,602 31
Other Income	
Sale of TSA Coins	<u>4 67</u>
Total Other Income	<u>4 67</u>
<b>Total Income</b>	<b>56,684 26</b>
<b>Expense</b>	
Coin production	2,275 92
Grant Program - 2014	18,886 42
Management and General	
ePN CC Fees	484 24
Supplies	<u>546 40</u>
Total Management and General	1,030 64
Website	
Domain Registration	161 93
Hosting Services	<u>59 40</u>
Total Website	221 33
Winter Dinner 2014	7,945 51
Winter Dinner 2015	<u>1,000 00</u>
Total Expense	<u>31,359 82</u>
<b>Net Income</b>	<b><u><u>25,324.44</u></u></b>

11.12.14  
06/16/15  
Cash Balance

**TSA**  
**Profit & Loss**  
January through December 2014  
[Scholarship Fund]

	<u>No item</u>	<u>TOTAL</u>
<b>Income</b>		
Contributions, Gifts, Grants...		
Gifts Received	2,500 00	2,500 00
<b>Total Contributions, Gifts, Grants...</b>	<u>2,500 00</u>	<u>2,500.00</u>
<b>Total Income</b>	2,500 00	2,500 00
<b>Expense</b>		
Aerospace Leadership Scholarshi		
2013-Ellinghaus	2,207 29	2,207 29
2013 - Gourley	2,137 89	2,137 89
2014 -- Joshua Bauerle	2,500 00	2,500 00
2014 -- Nathan Legaspi	2,170 45	2,170 45
2014 - Antonio Jasso	2,476 03	2,476 03
2014 - John Robertson	1,066 02	1,066 02
<b>Total Aerospace Leadership Scholarshi</b>	<u>12,557.68</u>	<u>12,557 68</u>
Bank Charge	180 00	180 00
Grant Program - 2014	0 00	0 00
<b>Total Expense</b>	<u>12,737 68</u>	<u>12,737 68</u>
<b>Net Income</b>	<u><u>-10,237.68</u></u>	<u><u>-10,237.68</u></u>

11.12 AM  
06/16/15  
Accrual Basis

**TSA**  
**Balance Sheet -This FY**  
As of December 31, 2014  
*[Corporate]*

Dec 31, 14

<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
BofA-GenFund-Auto	126 25
TSA General Fund	73,650 79
TSA Scholarship Fund	20,312 40
<b>Total Checking/Savings</b>	<u>94,089 44</u>
<b>Total Current Assets</b>	94,089 44
<b>Other Assets</b>	
RBC	169,000 00
<b>Total Other Assets</b>	<u>169,000 00</u>
<b>TOTAL ASSETS</b>	<u><u>263,089.44</u></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Opening Balance Equity	55 00
Retained Earnings	247,947 68
Net Income	15,086 76
<b>Total Equity</b>	<u>263,089 44</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><u>263,089.44</u></u>