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Form

Department of the Treasury

Return of Organization Exempt From Income Tax

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

Open to Public

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. 2016

OMB No 1545-0047

Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning , 2016, and ending 20 C Name of organization COAST GUARD AVIATION ASSOC В D Employer identification no Check if applicable 33-0161887 Address change Doing business as Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return 25 TROY ROAD P O BOX 940 (703)901-8430 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 280,733 TROY, VA 22974-0940 Amended return JAMES C VAN SICE H(a) is this a group return for subordinates? Yes Application pending Name and address of principal officer 1550 SHIPSVIEW ROAD, ANNAPOLIS, MD 21409-5740 H(b) Are all subordinates included? Yes No Tax-exempt status X 501(c)(3) 501(c)() **(**insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: 🕨 WWW.AOPTERO.ORG Group exemption number Form of organization Corporation Trust Association L Year of formation 1977 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT COAST GUARD AVIATION, ITS HISTORY AND ITS ARTIFACTS, AND TO PROVIDE SUPPORT AND RECOGNITION FOR ACTIVE DUTY COAST GUARD AVIATION Ŵ_ဦ AIR CREWS, MAINTENANCE PERSONEL, AND AVIATION SAFETY SPECIALISTS, AND TO ENRICH THE MORAL Activities & Governan OF COAST GUARD ACTIVE DUTY PERSONEL. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 105,167 241,067 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 4,068 1,118 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,667 11 9,171 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 128,902 251,356 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22,818 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0 Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-1/1d, 11f-24 265,612 138,397 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 265,612 161,215 Revenue less expenses Subtract line 18 from line 19 (136,71d) 90,141 ŏ OCT 1 1 2017 Ö Beginning of Current Year 20 Total assets (Part X, line 16) 89,480 180,194 21 Total liabilities (Part X, line 26) 3,27 3,846 22 Net assets or fund balances. Subtract line 21 from line 20 86,207 176,348 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of offigi EXECUTIVE DIRECTOR/TREASURER Here BENJAMIN J STOPPE Type or print name and title Date Check X Print/Type preparer's name 0-03-2017 Paid JOHN A TVELIA self-employed P01065726 **Preparer** JOHN A TVELIÁ CPA Firm's EIN Firm's name Use Only 1509 GERARD STREET Firm's address ROCKVILLE MD 20850-2904 301-529-2191 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

	rt III Statement of Program Service Accomplishments
Fall	•
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	SUPPORT COAST GUARD AVIATION, ITS HISTORY AND ITS ARTIFACTS, AND TO PROVIDE SUPPORT AND
	RECOGNITION FOR ACTIVE DUTY COAST GUARD AVIATION AIR CREWS, MAINTENANCE PERSONEL, AND
	AVIATION SAFETY SPECIALISTS, AND TO ENRICH THE MORAL OF COAST GUARD ACTIVE DUTY PERSONEL.
	Did the organization undertake any significant program services during the year which were not listed on the
2	
	pnor Form 990 or 990-EZ?
_	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?
_	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 are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	(Code:) (Expenses \$ 101,278 including grants of \$) (Revenue \$ 123,657)
4a	
	MOBILE ALABAMA ROOST (CONVENTION)
	(O. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
4b	(Code:) (Expenses \$2,819 including grants of \$) (Revenue \$110)
	FINISHED THE RESTORATION PROJECT OF THE H-52 COAST GUARD RESCUE HELICOPTOR FOR THE UDVAR-HAZY
	CENTER MUSEUM OF THE SMITHSONIAN INSITUTION
	(Code.) (Expenses \$ 11,603 including grants of \$) (Revenue \$)
4c	· · · · · · · · · · · · · · · · · · ·
	PRINTED NEWS LETTERS FOR THE MEMBERS
	Other program convices (Deceribe in Schodule O.)
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 135,700

6) COAST GUARD AVIATION ASSOC Checklist of Required Schedules 33-0161887 Page 3 Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	}	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	ì	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			}
	Part III	5		1
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		}	1
	"Yes," complete Schedule D, Part I	6	i.	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	}	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	1	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	9	ł	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	}	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			[
	complete Schedule D, Part VI	11a	Х	}
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footpote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			'
	Schedule D, Parts XI and XII	12a		_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	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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		ĺ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ <u>X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		[
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		ļ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	_	ļ	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا _ ا		٠.
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_	Į	
	If "Yes," complete Schedule G, Part III	19		_X

Part IV Checklist of Required Schedules (continued)

			103	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			}
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	[]		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ļ
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	l l		1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ļ
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	25b		X
26	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 "Yes," complete Schedule L, Part II	26		X
27	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			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			_=-
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	- {	Х
33	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	33	}	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	1	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{1}{X}$
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	35b	ļ	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			 -
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	х
37	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,	Į.		
	Part VI	37	ļ	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
J.J	19? Note . All Form 990 filers are required to complete Schedule O	38	x	
		50		2040

Form	1990 (2016) COAST GUARD AVIATION ASSOC 33-0161	887	F	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	d		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	{
2a	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 2a	d		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b]	х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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	1	}	ĺ
	account)?	4a	}	х
b	If "Yes," enter the name of the foreign country: ▶	- 73		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			ĺ
	(FBAR)			į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	j	х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 50		
Ψ	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
	gifts were not tax deductible?	6b		ı
7	Organizations that may receive deductible contributions under section 170(c).	55		
a	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?	7a	! [X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c	1	Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			 -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Ì	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
-	sponsoring organization have excess business holdings at any time during the year?	8	ſ	
9	Sponsoring organizations maintaining donor advised funds.			•
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	j	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	1]	[
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1 1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ĺ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,, , ,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	··· ··· f	
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	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			
c	Enter the amount of reserves on hand	1 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		~~~	000 /0	040

	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	<u></u>	<u>.                                    </u>	<u> </u>
Sec	tion A. Governing Body and Management			
			Yes	No
1a	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		, }	
	any other officer, director, trustee, or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct		ł	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		,	
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		-	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
þ	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		ŀ	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		[	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	<del></del>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46	1	3.5
	with a taxable entity during the year?	16a		X
ь	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 take steps to safeguard the	401	}	
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed • Alabama  Souther States with which a copy of this Form 990 is required to be filed • Alabama  Souther States with which a copy of this Form 1023 (or 1024 if applicable) 900 and 900 T (Souther 501(a)(2)s only)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:   BENJAMIN J STOPPE (703) 901-8430, 25 TROY ROAD P O BOX 940, TROY, VA 22974-0940			
	DEMUMBIN U STOPPE (/US/901-0430, 25 INOI ROAD F O BOX 540, INOI, VA 229/4-0940	_		

Form	aan	(201	(8)
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COAST GUARD AVIATION ASSOC

33-0161887

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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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

		}		(	(C)					
(A)	(B)			Pos	sition			(D)	(E)	(F)
Name and Title	Average					han one		Reportable	Reportable	Estimated
Name and Tibe	hours per	1				s both a r/trustee		compensation	compensation from	amount of
	week (list any hours for							from	related	other
	related	or c	sul	Qf	Ke	em Hig	For	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual or director	institutional trus	Officer	Key employee	ploy	mer	(W-2/1099-MISC)		organization
	below dotted line)	or a	onal		ploy	e con		1		and related organizations
	[	Individual trustee or director	trust		ee	pen		ĺ		organizations
			lee			Highest compensated employee				
	1	1				"				
(1) JAMES C VAN SICE	15.00									
PRESIDENT	15.00	X		_X				0	0	0
(2) MARK J D'ANDREA	10.00	ĺ								
EXECUTIVE VICE PRESIENT		X		X				0	0	0
(3) PAUL MILLIGAN	12.00									
EXECUTIVE SECRETARY		X		X				0	0	0
(4) BENJAMIN J STOPPE	35.00									
EXECUTIVE DIRECTOR/TREASURER		X		X				10,200	0	0
(5) RAY MILLER	5.00									
ASST TREASURER				X	_			a	0_	0
(6) PAUL L MILLIGAN	5.00			l					į	
EXECUTIVE SECRETARY				_X					0	0
(7) MARK D'ANDREA	5.00	1		ſ						
EXECUTIVE VICE PRESIDENT				X				d	0	0
(8) JOHN MOSELEY	5.00		- 1							
V P HISTORY AND HISTORIAN				X	_			d	0	0
(9) TERRY M CROSS	5.00		ı	l						
V P DEVELOPMENT				X				d	0	0
(10)JAY D CROUTHERS	5.00		]			1	<u> </u>			
V P NATIONAL ROOSTS				_X	_			q	0	0
(11)GARY GAMBLE	5.00		ļ				l			
V P COMMUNICATIONS				_X					0	0
(12)EDWARD GREINER	5.00			Ì	Ì		1	Í		
V P MEMBERSHIP				X				q	0	0
(13)JOHN P CURRIER	5.00									
CENTENNIAL CG AVATION CHAIR				X		L		d	0	0
(14)PAUL LANGLOIS	5.00		ļ	ł	1		.			
AT LARGE				X				q	0	0

Fait	4st   Section A. Officers, Directors, Trustees,	Trey Employ	/663, a	1110	<u>ng</u>	0000	//inperio	ated Employees	Continued		
	(A) Name and title	(B) Average hours per	box, u	uniess	pers		h an	(D) Reportable compensation	(E)  Reportable compensation from		(F) imated punt of
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other ensation om the nization related nizations
	EVE GOLDHAMMER ANCIENT SCRIBE	5.00	-		х				0		0
(16)CH	ARLES W RAY	5.00									<del></del>
(17)CL	AY HILL	5.00			X				0		0
	ENLISTED ANCIENT ALBATROSS				Х		+-		00		0
(20)							-				
		ļ					+				
(22)											
(23)							<u> </u>				
(24)			-								
(25)											
1b c	Sub-total						· <b>&gt;</b>				
d	Total (add lines 1b and 1c)	<u></u>						10,200	0		0
2	Total number of individuals (including but not limited reportable compensation from the organization	to those liste	ed abov	ve) w	vho	receive	ed more	e than \$100,000 of	0		
3	Did the organization list any <b>former</b> officer, director,	or trustee k	ev em	nlove	e 0	or biahe	est com	nensated		,	res No
4	employee on line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is the sum of rep	for such ind	ividual							3	X
•	organization and related organizations greater than and individual	\$150,000? <i>If</i>	"Yes,"	com	nplet	te Sche	edule J	for such		4	x
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," or	ompensation	from a	iny u	nrel	ated or	ganıza	tion or individual		5	X
Section	on B. Independent Contractors	complete Sci	ledule	<u> </u>	Suc	ii pers	<u> </u>	<u></u>	·· <u>·</u> ··		
1	Complete this table for your five highest compensation from the organization. Report compensation										
	year. (A)		<del></del>					(B)		(С	)
	Name and business address							Description of	services	Compe	sation
			<u> </u>		_						
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose l ▶	isted	d above	e) who				
EEA										Form 99	0 (2016)

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded from tax under sections 512-514 Related or Unrelated Total revenue exempt function revenue Federated campaigns . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts 1b 52,280 Membership dues . . . . . . . . . . Fundraising events 1c 1d 65,033 Government grants (contributions) . . All other contributions, gifts, grants, and similar amounts not included above 123,754 Noncash contributions included in lines 1a-1f: \$ 241,067 **Business Code** Program Service Revenue f All other program service revenue . . . . . . g Total. Add lines 2a-2f . . . 3 Investment income (including dividends, interest, 1,118 1,118 Income from investment of tax-exempt bond proceeds 6a Gross rents **b** Less rental expenses . . c Rental income or (loss) . d Net rental income or (loss) . (II) Other (ı) Secunties 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) . . . . d Net gain or (loss) . . . Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18 . . . . . . **b** Less. direct expenses . . . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . . . . . . . **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . . 38,476 **b** Less: cost of goods sold . . . . . 9,099 9,099 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a BOOK ROYALTIES 611710 d All other revenue 72 e Total. Add lines 11a-11d 251,356 10,289 12 Total revenue. See instructions .

#### 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 (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 22,818 22,818 Grants and other assistance to domestic 2 individuals See Part IV, line 22 . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . . . . Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 Payroli taxes . . . . . . Fees for services (non-employees): 10,200 10,200 2,045 2,045 Accounting . . . . . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 Investment management fees . . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 12 4,992 1,639 6,631 13 Office expenses . . . . 5,862 5,862 14 Information technology . . . . 15 Royalties . 36,083 36,083 16 Occupancy . 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 56,962 56,962 Conferences, conventions, and meetings . . . . 19 20 Interest . . 21 Payments to affiliates . . . . . 22 Depreciation, depletion, and amortization 948 948 23 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) 4,821 4,821 a BANK CHARGES 14,115 14,115 PRINTING 730 730 c DECORATIONS ď All other expenses 135,700 161,215 25,515 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720)

Page 11

**Balance Sheet** 

Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 13,785 18,360 Cash - non-interest-bearing . . 59,490 2 Savings and temporary cash investments . . . . . 146,695 2 3 4 Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 6 organizations (see instructions) Complete Part II of Schedule L 7 8,685 8 7,619 9 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . . 10a 7,520 10c 7,520 b 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 89,480 16 180,194 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 3,273 17 3,163 17 18 18 19 683 19 Deferred revenue . . 20 Tax-exempt bond liabilities . . . . 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L . . . . . Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D . . . . . . . 3,273 26 3,846 Total liabilities. Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 86,207 27 176,348 27 28 28 29 Permanently restricted net assets . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕒 🔲 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 86,207 33 176,348 33 89,480 34 180,194 Total liabilities and net assets/fund balances _ . . . _ _ . . . 34

Form	990 (2016) COAST GUARD AVIATION ASSOC	33-016188	7	P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>		<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		251,	356
2	Total expenses (must equal Part IX, column (A), line 25)	2		161,	215
3	Revenue less expenses. Subtract line 2 from line 1	3		90,	141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		86,	207
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		176,	348
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🔲 Accrual 🔲 Other				. ,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	[	2b	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			,,	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	_	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	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?		3a		
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	<u></u> .	3b		
===			Form	990 /	2016)

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

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

OMB No 1545-0047

Jame	of the	organization					Employer identific	ation number	************
	me of the organization Employer identification number								
	DAST GUARD AVIATION ASSOC 33-0161887								
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1	片	A church, convention of churches, or				I)(A)(I).			
2	님	A school described in section 170(b)							
3	닖	A hospital or a cooperative hospital so	•						
4	ليا	A medical research organization oper	ated in conjunction	with a nospital described	o in sectio	n 1/u(a)(1	)(A)(III). Enter the		
	_	hospital's name, city, and state:		<del> </del>			<del></del>		
5	Ш	An organization operated for the bene	-	niversity owned or opera	ted by a go	ovemment	al unit described in		
		section 170(b)(1)(A)(iv). (Complete I							
6	닏	A federal, state, or local government of	or governmental un	it described in section 1	70(b)(1)(A	)(v).			
7	$\Box$	An organization that normally receive	s a substantial part	of its support from a gov	emmental	unit or fror	n the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.	.)					
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)					
9		An agricultural research organization	described in <b>sectio</b>	on 170(b)(1)(A)(ix) opera	ated in conj	unction wil	th a land-grant colleg	е	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, ci	ty, and stat	te of the college or		
		university.							
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	contribution	ons, memb	ership fees, and gros	s	_
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons, and (2	) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	511 tax) f	rom businesses		
		acquired by the organization after Jun	ie 30, 1975. See <b>s</b> e	ection 509(a)(2). (Compl	ete Part III.	.)			
11		An organization organized and operat	ed exclusively to te	est for public safety. See	section 50	09(a)(4).			
12		An organization organized and operat	ed exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b> o	r section 5	509(a)(2). S	See section 509(a)(3	).	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd complet	te lines 12e, 12f, and	12g.	
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its s	upported o	rganızatior	n(s), typically by givin	g	
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	rectors or t	rustees of the		
		supporting organization. You mus	st complete Part I	V, Sections A and B.					
	ь	☐ Type II. A supporting organization	supervised or cor	ntrolled in connection with	ıts suppo	rted organi	zation(s), by having		
		control or management of the sup	porting organization	n vested in the same per	sons that	control or n	nanage the supported	•	
		organization(s). You must comp	lete Part IV, Section	ons A and C.					
	С	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	tionally integrated with	h,	
		its supported organization(s) (see	instructions) You	must complete Part IV	, Sections	A, D, and	E.		
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	n with its si	upported organization	(s)	
		that is not functionally integrated	The organization of	enerally must satisfy a d	ıstributıon ı	reguiremen	nt and an attentivenes	ss	
		requirement (see instructions). Yo		•		•			
	е	Check this box if the organization	-				Type II, Type III		
		functionally integrated, or Type III				•••	, , , , , , , , , , , , , , , , , , ,		
	f	Enter the number of supported organic	•						
	g	Provide the following information about						· 1	
		Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amou	nt of
				(described on lines 1-10	listed in you		support (see	other suppo	•
				above (see instructions))	docum	ent'	instructions)	ınstructı	ons)
					Yes	No			
A)									
<b>D</b> \							1		
B)									
٥,									
C)				<u> </u>					
D,					]				
D)					ļ				
E)					1				
				<u> </u>					
Γota	ıl				1				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . Total. Add lines 1 through 3 . 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) . . . . . . Public support. Subtract line 5 from line 4 . . Section B. Total Support (b) 2013 Calendar year (or fiscal year beginning in) ▶ (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . 11 Total support. Add lines 7 through 10 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2015 Schedule A, Part II, line 14 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. 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 **stop here**. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Sc

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

(Complete only i	f you checked the box o	n line 10 of Part I or if the organization failed to qua	alify under Part II.
If the organization	on fails to qualify under the	ne tests listed below, please complete Part II.)	

tion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	44,170	59,780	18,944	105,167	241,356	469,417
sold or services performed, or facilities furnished in any activity that is related to the	20, 069	18 500	39 102	21 894	9 171	108,736
Gross receipts from activities that are not an	20,003	10,300	33,202	21,033		100,730
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge		l				
Total. Add lines 1 through 5	64,239	78,280	58,046	127,061	250,527	578,153
Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 .						
Add lines 7a and 7b						
Public support. (Subtract line 7c from line 6)						578,153
tion B. Total Support						
ndar year (or fiscal year beginning in) 🕒 📗	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Amounts from line 6	64,239	78,280	58,046	127,061	250,527	578,153
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	5,575	5,821	6,011	4,068	1,118	22,593
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				,		
Add lines 10a and 10b	5,575	5,821	6,011	4,068	1,118	22,593
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	69,814	84,101	64,057	131,129	251,645	600,746
First five years. If the Form 990 is for the org organization, check this box and stop here	•		•		)	. ▶□
ction C. Computation of Public Su	pport Percent	age				
Public support percentage for 2016 (line 8, co	lumn (f) divided by	line 13, column (f)			15	96.24 %
			<u> </u>	<u> </u>	16	94.98 %
• -		-	ımn (f))		17	4.00 %
Investment income percentage from 2015 Sci	nedule A, Part III, Iir	ne 17			18	5.02 %
17 is not more than 33 1/3%, check this box a	and <b>stop here</b> . The	organization qualif	ies as a publicly su	ipported organizati	on	<b>&gt;</b> 🛚
line 18 is not more than 33 1/3%, check this b	oox and stop here.	The organization q	ualifies as a public	ly supported organ		• 🖺
	Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") 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.  Gross receipts from activities that are not an unrelated trade or business under section 513.  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5.  Amounts included on lines 1, 2, and 3 received from disqualified persons.  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.  Add lines 7a and 7b.  Public support. (Subtract line 7c from line 6).  **Etion B. Total Support**  Indar year (or fiscal year beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the org organization, check this box and stop here.  **Etion C. Computation of Public Support tests - 2016. If the organization in the sale of capital assets (Explain in Part VI.)  Total support tests - 2016. If the organization in the sale of capital assets (Explain in Part VI.)  Total support tests - 2016. If the organization is not more than 33 1/3%, check this box as 31/3% support tests - 2015. If the organization is not more than 33 1/3%, check this box as 31/3% support t	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose	Indiar year (or fiscal year beginning in)   Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')   Gross receipts from admissions, merchandise sold or services performed, or facilities with the design of the design of the design of the organization's tax-exempt purpose   Gross receipts from admissions, merchandise sold or services performed, or facilities organization's tax-exempt purpose   Gross receipts from admissions that are not an unrelated trade or business under section 513   Tax revenues leved for the organization's benefit and either paid to or expended on its behalf   The value of services or facilities furnished by a governmental unit to the organization without charge   Total. Add lines 1 through 5   Amounts included on lines 1, 2, and 3 received from disqualified persons   Amounts included on lines 2 and 3 received from disqualified persons   Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year   Add lines 7a and 7b   Public support. (Subtract line 7c from line 6)   Tition B. Total Support   Manounts from line 6   Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   5,575   5,821   Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regulative carried on   Other income. Do not include gain or loss from the sale of capital assets (Explain in Part II.)   Total support. (Add lines 9, 10c, 11, and 12.)   Total support percentage from 2015 Schedule A, Part III, line 15    Total computation of Investment Income Percentage Investment income percentage from 2015 Schedule A, Part III, line 17   33 1/3% support tests - 2016. If the organization did not check the box on line 14, line 18 is not more than 33 1/3%, check this box and stop here. The organization of line 10c in line 10c here. The organization of l	Giffs, grants, contributions, and membership fees received (Do not include any furnisusal grants )  Gross receipts from admissions, merchandses sold or services performed, or facilities furnished in any activity that is related to the organization's bare-exempt purpose	Indiar year (or fiscal year beginning in)   Grits, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross received from include any "unusual grants") Gross receipts from admissions, methanolaes burnshed in any actively that is related to the organizations have exempt purpose.  Gross receipts from admissions, methanolaes burnshed in any actively that is related to the organizations have exempt purpose.  Gross receipts from activities that are not an unrelated trade or burnshes under section 513.  Tax revenues levied for the organizations where the section 513.  Tax revenues levied for the organization without charge.  Thou value of services or facilities furnished by a governmental unit to the organization without charge.  Thouse and the section of the section of the year of 1% of the amount on line 15 for the year.  Add lines 7 and 7 b  Public support. (Subtract line 7 from line 6).  The first five years of 11 axes by from businesses are curied and nucled on incided in line 10b, wrether or not the business are required and nucled on lines 12 and 10b.  Cross income from interest, dividends, payments received on securities loans, rents, royales and nucled on incided in line 10b, wrether or not the business are required after June 30, 1975.  Add lines 10a and 10b.  Cross income from incided in line 10b, wrether or not the business are required carried on 10b, wrether or not the business or equired carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b, wrether or not the business are required carried on 10b,	andar year (or fiscal year beginning in) ► (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016  Gits, grants, contributors, and membership fees received (Do not niculos any Junusual grants )  Frequency (Do not niculos any Junusual grants )

Page 4

**Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S	èec	tion	A.	All	Suppo	ortina	Organ	nizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720. to determine whether the organization had excess business holdings.)

		Yes	No
	1		<u></u>
	2		
	-		<del>,,,,</del>
i	3a		
	3b		
)	3с		
	4a		
	<b>4</b> a		
	4b		
	7.5		<del></del>
	4c		<del>,</del>
	5a		
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	5b 5c		
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	8		
	9a		·
	9b		
	, ,		
	9c		<del></del>
	40-		
	10a		
• "	10b		
A (F	orm 99(	or 990.	EZ) 2016

Pa	rt IV   Supporting Organizations (continued)			
		<u>,</u>	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			Ė
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			İ
	below, the governing body of a supported organization?	11a		<del></del>
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	tion B. Type I Supporting Organizations	110		
Sec	uon B. Type i Supporting Giganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		Ì	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		Ì	
	supervised, or controlled the supporting organization.	2	Ī	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<del></del>
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	[	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	. 1	ŀ	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ļ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ſ	
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a		į	
	significant voice in the organization's investment policies and in directing the use of the organization's		ļ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
5-6	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	netru	ction	<u>c):</u>
1 a		HOU U	GUUII	<b>3</b> j.
b				
c		(see i	nstru	ctions
2	Activities Test. Answer (a) and (b) below.	·	$\overline{}$	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a	ſ	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	1	ŀ	
	reasons for the organization's position that its supported organization(s) would have engaged in these	1	ŀ	
		2b	Ī	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	The state of the s			
_		3a	İ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			<del>-</del>
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	3b		

Schedule A (Form 990 or 990-EZ) 2016 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) (B) Current Year **Section B - Minimum Asset Amount** (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b **b** Average monthly cash balances c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see 7

instructions).

	art v   Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continued	) rage
_	setion D - Distributions			Current Year
	- "" and to supported organizations to accomplish by	empt purposes		- June 11 Tear
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supporte	d	<del> </del>
	organizations, in excess of income from activity			
_3	exempt burbos	es of supported organiz	ations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6				
<del>-7</del> 8	Total annual distributions. Add lines 1 through 6.			
0	a removations to discritive supported organizations to which the	ne organization is respor	nsive	
9	(provide details in Part VI). See instructions.			
	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
	Distributable amount for 2016 from Section C, line 6			7404111 101 2010
4	Underdistributions, if any, for years prior to 2016		· · · · · · · · · · · · · · · · · · ·	
	(reasonable cause required - explain in Part VI). See			
3	instructions.			
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			
<u>a</u> b			· · · · · · · · · · · · · · · · · · ·	<del></del>
	From 2013			
	From 2014			<del></del>
_	From 2015	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		······································
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Total of lines 3a through e			***************************************
_ <u>y</u>	Applied to underdistributions of prior years Applied to 2016 distributable amount			<del></del>
<del>- ;;</del>	Carryover from 2011 not applied (			
÷	Carryover from 2011 not applied (see instructions)			
_ <u></u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.  Distributions for 2016 from			
•	0 " 5 " -		, , , , , , , , , , , , , , , , , , , ,	<del></del>
	Applied to underdistributions of prior years			_, .
_ <u>u</u>	Applied to 2016 distributable amount			,
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		1	
6	Remaining underdistributions for 2016. Subtract lines 3h	<del>, , , , , , , , , , , , , , , , , , , </del>		
_	and 4b from line 1. For result greater than zero, explain in			————— <u>————————————————————————————————</u>
	Part VI. See instructions.			
	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			····
_	Breakdown of line 7:			·····
а		<del></del>		
b	Excess from 2013			-;
	Excess from 2014	<del></del>		
	Excess from 2015			
	Excess from 2016		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	<u></u>			

### SCHEDULE D' (Form 990)

## **Supplemental Financial Statements**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2016

OMB No 1545-0047

Inspection

∠U I O
Open to Public

	of the organization	Employer identification number
	AST GUARD AVIATION ASSOC	33-0161887
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	<del></del>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat  Preservation of a certified his	·
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
-	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	
3		alion during the
4	Number of states where property subject to conservation easement is located	
	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	
_	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
6	State and volunteer hours devoted to monitoring, inspecting, narrolling or violations, and emolicing conservation	easements during the year
~	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	property during the year
7		ernents during the year
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	V()
8	and antien 470/hV/4VPVvV2	Yes □ No
	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	organization's accounting for conservation easements.	describes trie
Da	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets
rq	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	iei Oilinai Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	I halance shoot
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
<b>L</b>	•	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further than the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement and ball the statement	
		uiciance of
	public service, provide the following amounts relating to these items:	<b>.</b> •
	(i) Revenue included on Form 990, Part VIII, line 1	· · · · P D
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
<b>a</b>	Revenue included on Form 990, Part VIII, line 1	· ————————
b	Assets included in Form 990. Part X	▶ \$

Schedi	ule D (Form 990) 2016 COAST GUARD AV	IATION ASSOC				33-0161	887 Page 2
Pai	rt III Organizations Maintaining (	Collections of	Art, Historical	Treasures,	or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession,	and other records, o	check any of the foli	owing that are	a signific	ant use of its	
	collection items (check all that apply):						
а	Public exhibition	d 🗌 Loa	in or exchange prog	grams			
b	Scholarly research	e 🗌 Oth	er				
C	Preservation for future generations						
4	Provide a description of the organization's collection	ctions and explain ho	ow they further the o	organization's	exempt p	urpose in Part	
	XIII.						
5	During the year, did the organization solicit or re				mılar		_
	assets to be sold to raise funds rather than to be		of the organization'	s collection?	<del></del>	<u></u>	. 🗌 Yes 🗌 No
Par	rt IV Escrow and Custodial Arran	_	5 000 D				
	Complete if the organization ar	nswered "Yes" o	n Form 990, Pa	art IV, line 9	, or rep	orted an amoui	nt on Form
	990, Part X, line 21.	<del></del>					
1a	Is the organization an agent, trustee, custodian						П., П.,
	included on Form 990, Part X?						.    Yes    No
ь	If "Yes," explain the arrangement in Part XIII and	d complete the follow	ring table.			<del></del>	<del></del>
					-	Amo	unt
C	Beginning balance				1c	+	
d	3 ,				. 1d	+	
e					1e	+	
f 2-	Ending balance					<u> </u>	. Yes No
2a	If "Yes," explain the arrangement in Part XIII Ch				=		
	t V Endowment Funds.	neck fiele if the expit	madorr has been pr	OVIDED OIL F ALL		<del></del>	··· ·
F 441	Complete if the organization ar	nswered "Yes" o	n Form 990 Pa	art IV line 1	0		
	Complete il the organization di	(a) Current year	(b) Pnor year	(c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Content year	(b) Ther year	(c) Two year	3 Dack	(U) Three years back	(e) Four years back
b	Contributions		<del></del>				<del>                                     </del>
c	Net investment earnings, gains, and		<del>                                     </del>				<del>                                     </del>
•	losses		,	ļ			
d	Grants or scholarships		ļ — — — — — — — — — — — — — — — — — — —				
e	Other expenditures for facilities and						
-	programs		İ	1	1		
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, column (a)) h	neld as:			
а	Board designated or quasi-endowment	%					
b	Permanent endowment ► %						
С	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should	equal 100%.					
3а	Are there endowment funds not in the possession	on of the organization	n that are held and a	administered fo	or the		
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(.,						3a(ii)
þ	If "Yes" on 3a(II), are the related organizations li	· ·					3b
4	Describe in Part XIII the intended uses of the or		ent funds.			<del></del>	
Pai	t VI Land, Buildings, and Equipn		- F 000 D		4- 0-	5 000 D	
	Complete if the organization ar						
	Description of property	(a) Cost or oth	1 ' '	t or other basis	1	Accumulated	(d) Book value
		(investin		(other)	- de	preciation	
1a	Land						
b	Buildings				<del> </del>		
ر 2	Leasehold improvements	.			<del> </del>		
đ	Other	·	7,520		<del> </del>	<del></del>	7 500
e Total	Other			)c )	i		7,520
Total	. Add intes ta dirough re. (Column (d) mast equ	arr Umi 930, Fail A,	ocidinii (D), line 10	· · ·	<u>· · · · · </u>	<u> </u>	7,520

Page 3

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial o	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)			<u> </u>	
(C)				
(D)				
(E)				<del></del>
<u>(F)</u>				<del></del>
(G)				
<u>(H)</u>				<del></del>
	must equal Form 990, Part X, col (B) line 12)	L	<u>L </u>	<del></del>
Part VIII	Investments - Program Related.	d "Vee" on Ferm 000 De	and IV line 11e See Form 000 De	-4 V - Um 40
	Complete if the organization answere	tes on Form 990, Pa	in IV, line IIC. See Form 990, Pa	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				<del></del>
(3)				
(4)				
(5)				
<u>(6)</u>				<del></del>
				<del></del>
(8)		<del></del>	·	
(9)	<del></del>	<del> </del>		
Part IX	must equal Form 990, Part X, col (B) line 13 )  Other Assets.	<del> </del>	<del></del>	
FAILIA	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) [	Description		(b) Book value
(1)				<del></del>
(2)				<del></del>
(3)			<del></del>	
(4)				
(5)		<del></del>		<del></del>
(6)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 15	1		
Part X	Other Liabilities. Complete if the organization answere			90, Part X,
	line 25.	(h) Poels selve		
1. (1) Federal :	(a) Description of liability	(b) Book value	<del>-</del>	
(1) Federal II	ncome taxes		-	
(2)		<del>                                     </del>	<del>-</del> [	
(3)		<del></del>		
(4)			-	
(5) (6)		<del></del>	7	
	<del></del>	<del> </del>	_	
(8)				
(9)			_	
	must equal Form 990, Part X, col (B) line 25)		<del></del>	
	uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organiza	ation's financial statements that reports the	<del></del>
	liability for uncertain tax positions under FIN 48 (A			an [

ra	Complete if the organization answered "Yes" on Form 990, Pa		Keturn.
	Total revenue, gains, and other support per audited financial statements	it iv, line iza.	1
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	1	20	
a	Net unrealized gains (losses) on investments	2a  2b	
b		2c 2c	
C		2d	
d		<del></del>	1 2- 1
e	Add lines 2a through 2d		2e 3
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
4		40	
a		4a   4b	
b	Add lines 4a and 4b	استحساني سيستحلث	40
C	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 5
5 <b>P</b> a	* XII Reconciliation of Expenses per Audited Financial Statem		_ =  _
* 43	Complete if the organization answered "Yes" on Form 990, Pa		Jei Netuili,
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<del></del>
a		2a	
b	<del> </del>	2b	
C	· · · · · · · · · · · · · · · · · · ·	2c	
d	F=	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		4a	
ь	· · · · · · · · · · · · · · · · · · ·	4b	
c	Add lines 4a and 4b	<del></del>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	i	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4; Part	t X, line
2, Pa	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information.	
			_
			<del></del>
		<del></del>	<del>·</del>
			<del></del>

**≗** □ (h) Purpose of grant Open to Public or assistance OMB No 1545-0047 Inspection ⊠ Yes 2016 Employer identification number 33-0161887 (g) Description of noncash assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form . (f) Method of valuation (book, FMV, appraisal, other) 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. : 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. . . . . . . . . . Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Grants and Other Assistance to Organizations, (e) Amount of noncash assistance 5,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501-C-3 General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 04-2899862 (p) EIN (a) Name and address of organization COAST GUARD AVIATION ASSOC (1) COAST GUARD FOUNDATION STONINGTON, CT 06378 or government 394 TAUGWONK ROAD Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Part Part II (10) 8 ල € 3 9 3 8 6

Schedule I (Form 990) (2016)

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

Page 2 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 33-0161887 SCHEDULE I LINE 1 FILES ARE MAINTAINED TO DOCUMENT ANY GRANTS OR DONATIONS PROVIDED BY THE ASSOCIATION. (e) Method of valuation (book, FMV, appraisal, other) noncash assistance (d) Amount of (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients COAST GUARD AVIATION ASSOC (a) Type of grant or assistance Schedule I (Form 990) (2016) Part III Part IV S 9

Schedule I (Form 990) (2016)

# SCHEDULE O (Form 990 or 990-EZ)

#### 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

2016

Open to Public Inspection

Employer identification number

COAST GUARD AVIATION ASSOC 33-0161887 01. Members or stockholder classes and rights (Part VI, line 6) THE ORGANIZATION IS A NON STOCK CORPORATION, EACH MEMBER IS ENTITLED TO ONE VOTE FOR THE OFFICERS OF THE ORANIZATION AT ITS ANNUAL MEETING. IF NO QUORM IS PRESENT THEN AN EMAIL BALLOT IS HELD TO COMPLETE THE ELECTION. 02. Member election for additional members (Part VI, line 7a) THE ORGANIZATION IS A NON STOCK CORPORATION, EACH MEMBER IS ENTITLED TO ONE VOTE FOR THE OFFICERS OF THE ORANIZATION AT ITS ANNUAL MEETING. THERE IS NO PROVISION IN THE ORGANIZATIONS DOCUMENTS OR BYLAWS FOR THE ELECTION OF ADDITIONAL MEMBERS. 03. Form 990 governing body review (Part VI, line 11) THE EXECUTIVE DIRECTOR E-MAILED EACH GOVERNING BOARD MEMBER A COPY OF THE 990 FOR REVIEW BEFORE SIGNATURE 04. Conflict of interest policy compliance (Part VI, line 12c) THOUGH NOT WRITTEN, THE ORGANIZATION'S GOVERNING BODY REMINDS ITSELF AND MEMBERS TO AVOID CONFLICTS OF INTEREST. TREASURER HAS ATTENDED SEVERAL NON-PROFIT EDUCATION SEMINARS. 05. CEO, executive director, top management comp (Part VI, line 15a) THE EXECUTIVE BOARD ARE ALL VOLUNTEERS, THE EXECUTIVE DIRECTOR HAS A MUTUALLY AGREED UPON ANNUAL CONTRACT APPROVED BY THE PRESIDENT FOR NEGOTIATED FEE. 06. Other officer or key employee compensation (Part VI, line 15b

ALL OFFICERS AND DIRECTORS OF THE ORGANIZATION ARE VOLUNTEERS AND RECEIVE NO COMPENSATION.