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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning

and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

ARMY AVIATION ASSOCIATION OF AMERICA
INC. CORPUS CHRISTI CHAPTER

Number and street (or P.O. box, if mail is not delivered to street address)

D Employer identification number

51-0193163

593 MAIN ST

Room/suite

203-268-2450

City or town, state or province, country, and ZIP or foreign postal code

MONROE, CT 06468

E Telephone number

G Accounting Method: Cash Accrual Other (specify) ►

F Group Exemption

Number ►

I Website: ► WWW.QUAD-A.ORGH Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).J Tax-exempt status (check only one) — 501(c)(3) 501(c)(04) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 30814.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1 Contributions, gifts, grants, and similar amounts received	1	16096.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ 9196. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	14163.
c Less: direct expenses from gaming and fundraising events	6c	14163.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	555.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	16651.
10 Grants and similar amounts paid (list in Schedule O)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	16869.
17 Total expenses. Add lines 10 through 16	17	16869.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-218.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	18687.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	18469.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2016)

ARMY AVIATION ASSOCIATION OF AMERICA

Form 990-EZ (2016) INC. CORPUS CHRISTI CHAPTER

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Part II

Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	18687.	22 18469.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	18687.	25 18469.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18687.	27 18469.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations; optional for
others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO FOSTER AND PRESERVE A SPIRIT OF GOOD FELLOWSHIP AMONG MILITARY AND CIVILIAN PERSONS WHOSE PAST DUTIES AFFILIATED THEM WITH THE FIELD OF ARMY AVIATION.

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

0.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALLAN H. LANCETA PRESIDENT	1.00	0.	0.	0.
TAMMY H. TUTTLE SECRETARY	1.00	0.	0.	0.
MANUAL GUZMAN VP MEMBER ENROLLMENT	1.00	0.	0.	0.
JORGE L. AGUILAR VP BENEFITS	1.00	0.	0.	0.
CARRIE LYNN WITHERS TREASURER	1.00	0.	0.	0.
RITA A. BURKE VP MARKETING	1.00	0.	0.	0.
JIMMY B. JOHNSTON VP RETIRED AFFAIRS	1.00	0.	0.	0.
DAVID FLOREZ VP ACTIVITIES	1.00	0.	0.	0.
ROBERT STRAITON SENIOR VP	1.00	0.	0.	0.

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INC. CORPUS CHRISTI CHAPTER**

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<input type="checkbox"/> N/A
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	► 37a	0.
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	<input type="checkbox"/> N/A
39 Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/> N/A
a Initiation fees and capital contributions included on line 9	39b	<input type="checkbox"/> N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	section 4911 ► <input type="checkbox"/> N/A ; section 4912 ► <input type="checkbox"/> N/A ; section 4955 ► <input type="checkbox"/> N/A	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	► 0.	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	► 0.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ► <input type="checkbox"/> NONE		
42a The organization's books are in care of ► <input type="checkbox"/> CARRIE LYNN WITHERS	Telephone no. ► 203-268-2450	
Located at ► <input type="checkbox"/> 593 MAIN ST, MONROE, CT	ZIP + 4 ► 06468	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <input type="checkbox"/>		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ► <input type="checkbox"/>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43	<input type="checkbox"/> <input type="checkbox"/> N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

Form 990-EZ (2016)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

Yes	No
46	X

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

Yes	No
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47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

f Total number of other employees paid over \$100,000 ► _____

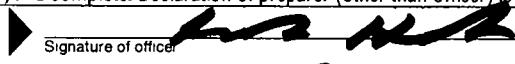
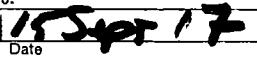
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

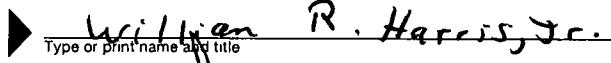
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

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

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

Sign Here ► 
Signature of officer 
Date 15 Sept 17

► 
Type or print name and title William R. Harris, Jr.

Paid Preparer Use Only	Print/Type preparer's name  DAVID ZIEFF	Preparer's signature DAVID ZIEFF	Date 08/30/17	Check <input type="checkbox"/> if self-employed	PTIN P01236646
	Firm's name ► CIRONEFRIEDBERG, LLP	Firm's EIN ► 06-1533315			
	Firm's address ► 875 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604	Phone no. 203-366-5876			

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

ARMY AVIATION ASSOCIATION OF AMERICA
INC. CORPUS CHRISTI CHAPTER

Employer identification number
51-0193163

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

<u>DESCRIPTION OF OTHER REVENUE:</u>	<u>AMOUNT:</u>
<u>INTEREST</u>	<u>12.</u>
<u>TRAVEL REIMBURSEMENT</u>	<u>543.</u>
<u>TOTAL TO FORM 990-EZ, LINE 8</u>	<u>555.</u>

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>SOCIALS & EVENTS</u>	<u>8331.</u>
<u>ADMINISTRATIVE</u>	<u>38.</u>
<u>MEMBERSHIP</u>	<u>1500.</u>
<u>SCHOLARSHIPS</u>	<u>7000.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>16869.</u>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO FOSTER AND PRESERVE A
SPIRIT OF GOOD FELLOWSHIP AMONG MILITARY AND CIVILIAN PERSONS WHOS PAST
DUTIES AFFILIATED THEM WITH THE FIELD OF US ARMY AVIATION

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.