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# Return of Organization Exempt From Income Tax

OMB No 1545-0047

**2016**

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

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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** Sundowners Inc  
 Doing business as \_\_\_\_\_  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
 P O Box 467  
 City or town State ZIP code  
 Estero FL 33912  
 Foreign country name Foreign province/state/county Foreign postal code

**D Employer identification number**  
59-1416686

**E Telephone number**  
(239) 849-8899

**G Gross receipts \$** 149,602

**F Name and address of principal officer**  
Stanley Mleczo

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I Tax-exempt status**  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**J Website:** www.sundownpatrol.org

**K Form of organization**  Corporation  Trust  Association  Other ▶

**L Year of formation** 1965 **M State of legal domicile** FL

**H(c) Group exemption number** ▶

Part I Summary		Prior Year	Current Year
<b>1</b>	Briefly describe the organization's mission or most significant activities	Promote flying, safety and related	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0
<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	6
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	37,713	37,820
	<b>9</b> Program service revenue (Part VIII, line 2g)	145,709	111,767
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8	15
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	183,430	149,602
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	152,866	133,472	
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	152,866	133,472	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	30,564	16,130	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 504,032	End of Year 511,640
	<b>21</b> Total liabilities (Part X, line 26)	16,704	5,244
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	487,328	506,396

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: *Stanley Mleczo* Date: 5/10/17  
 Stanley Mleczo President  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ PTIN: \_\_\_\_\_  
 SELF-PREPARED RETURN  
 Check  if self-employed  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED JUN 08 2017