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Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ 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

-		2016 calendar year, or tax year beginning and ending					
В	Check if applicab	e C Name of organization D	dentification number				
	Addre	ss change					
	Name	change ARIZONA BUSINESS AVIATION ASSOCIATION		025492			
Ļ	Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E	•				
<u> </u>	termi	nated PU BUX 25231		101926			
Ļ	Amer		Group Exe	•			
<u>_L</u>		to your direction of the state	Number >				
_				If the organization is			
u			•	d to attach Schedule B			
· —			(Form 990	, 990-EZ, or 990-PF).			
4		forganization: Corporation Trust X Association Other	· · · · · · · · · · · · · · · · · · ·				
_		es 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,	▶ ↑	110162.			
	columi art i	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction)	ons for Par				
یا ر	arti	Check if the organization used Schedule O to respond to any question in this Part I	10113 101 1 41	X			
₫ —	1 1	Contributions, gifts, grants, and similar amounts received	11				
	2	Program service revenue including government fees and contracts	2				
	3	Membership dues and assessments	3	15830.			
á	4	Investment income	4				
	5a	Gross amount from sale of assets other than inventory 5a					
	Ь	Less: cost or other basis and sales expenses	-				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c				
	6	Gaming and fundraising events					
a	a	Gross income from gaming (attach Schedule G if greater than					
Į.		\$15,000) 6a					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
1		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000) 6b 9217					
) c	Less: direct expenses from gaming and fundraising events 6c 5951	<u>8.</u>]				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	32655.			
	7a	Gross sales of inventory, less returns and allowances 7a					
	þ	Less: cost of goods sold 7b	—				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2150			
	8	Other revenue (describe in Schedule O) See Schedule O	8	2159. 50644.			
_	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	17500.			
	10	Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members	10	3414.			
	12	Salaries, other compensation, and employee benefits APR 28 2017	12	2414.			
ses	13	Professional fees and other payments to independent contractors	13	10500.			
Expenses	14	Y CO	14	10300.			
ŭ	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	15	86.			
	16	Other expenses (describe in Schedule O) See Schedule O	16	15726.			
	17	T. I	1.17	47226.			
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3418.			
sets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Ass		(must agree with end-of-year figure reported on prior year's return)	19	44176.			
Net Assets	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	47594.			
 L	A Fo	Paperwork Reduction Act Notice, see the separate instructions		Form 990-EZ (2016)			

Page 2

ARIZONA BUSINESS AVIATION ASSOCIATION

Part II Balance Sheets (see the instructions for Part II)

	Check if the organization used Schedule O to resp	ond to any question	in this Part II			X
	CHOCK II the organization about confederate to respect	(A) Beginning of year		(B) Ei	nd of year
22	Cash, savings, and investments		43626.	22		47296.
23				23		-
24			550.	24		550.
25	Total assets		44176.	25		47846.
26	Total liabilities (describe in Schedule 0) See Schedule O		0.	26		252.
27			44176.	. 27		47594.
Pa	art III Statement of Program Service Accomplishmen	its (see the instruction	ons for Part III)			penses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X	(Required	for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? See Schedule O					ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by expense	s In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant inform					
	Scholarships to Arizona residents w					
	career in business aviation. Funds					
	the student's educational instituti	<u>on or trainin</u>	g program.			
	(Grants \$) If this amount includes foreign g	rants, check here	•		28a	17000.
29						
	(Grants \$) If this amount includes foreign g	rants, check here	>	<u> </u>	29a	
30					ļ	
					1 1	
						
	(Grants \$) If this amount includes foreign of	rants, check here		\bigsqcup	30a	
31	Other program services (describe in Schedule O)					`
	(Grants \$) If this amount includes foreign of	rants, check here	<u> </u>	با	31a	15000
32	Total program service expenses (add lines 28a through 31a)				32	17000.
P	art IV List of Officers, Directors, Trustees, and Key E			see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res		1	/ d\		
		(b) Average hours	(C) Reportable	(U)He	aith benefits,	(e) Estimated
			1-1	contr	ributions to	
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	contr emple plans	oyee benefit and deferred	amount of other
			compensation (Forms	contr emple plans	oyee benefit	· ·
	LAN MILLER	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation	amount of other compensation
PF	YLAN MILLER RESIDENT	per week devoted to	compensation (Forms W-2/1099-MISC)	contr emple plans	oyee benefit and deferred	amount of other
PF JI	YLAN MILLER RESIDENT IM WEAVER	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation	amount of other compensation
PR JI DI	YLAN MILLER RESIDENT IM WEAVER IRECTOR	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation	amount of other compensation
DI MI	YLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD	per week devoted to position 5.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation 0.	amount of other compensation 0.
DI DI MI	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation	amount of other compensation
PR JI DI MI DI	CLAN MILLER RESIDENT IM WEAVER RECTOR RECTOR RECTOR RECTOR RECTOR RECTOR RECTOR	per week devoted to position 5.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred and deferred pensation 0.	amount of other compensation 0. 0.
DI MI DI MI DI	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR	per week devoted to position 5.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred apensation 0.	amount of other compensation 0.
DI MI DI MI DI AN	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IRECTOR	per week devoted to position 5.00 0.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	contr emple plans	oyee benefit and deferred and deferred pensation 0. 0.	amount of other compensation 0. 0. 0.
DI MI DI AN	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR	per week devoted to position 5.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contr emple plans	oyee benefit and deferred and deferred pensation 0.	amount of other compensation 0. 0.
PR JI DI MI DI AN DI RI	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR ICHECTOR	per week devoted to position 5.00 0.00 0.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	contr emple plans	oyee benefit and deferred pensation 0. 0. 0.	amount of other compensation 0. 0. 0. 0.
PR JI DI MI DI AN DI RI	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR O WOOTEN	per week devoted to position 5.00 0.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	contr emple plans	oyee benefit and deferred and deferred pensation 0. 0.	amount of other compensation 0. 0. 0.
DI MI DI AN DI RI CC	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR O WOOTEN O VICE-PRESIDENT	per week devoted to position 5.00 0.00 0.00 0.00 2.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	contr emple plans	O . O . O . O .	amount of other compensation O. O. O. O.
DI MI DI AN DI RI CC KE	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR D WOOTEN D VICE-PRESIDENT EN CASEY D VICE-PRESIDENT	per week devoted to position 5.00 0.00 0.00 0.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	contr emple plans	oyee benefit and deferred pensation 0. 0. 0.	amount of other compensation 0. 0. 0. 0.
PR JI DI MI DI AN DI RI CO KE	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR D WOOTEN D VICE-PRESIDENT EN CASEY D VICE-PRESIDENT RISH HAMRICK	per week devoted to position 5.00 0.00 0.00 0.00 2.00 2.00	0 . 0 . 0 . 0 . 0 .	contr emple plans	O . O . O . O . O .	amount of other compensation O. O. O. O. O.
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DI MI DI RI CC KE CC TF SE	CLAN MILLER RESIDENT IM WEAVER IRECTOR IKE ZONNEFELD IRECTOR ICHELLE DE LA FUENTE IRECTOR IGIE DOTY IRECTOR O WOOTEN O VICE-PRESIDENT EN CASEY O VICE-PRESIDENT RISH HAMRICK ECRETARY EFFREY DUNCAN	per week devoted to position 5.00 0.00 0.00 0.00 2.00 2.00 2.00	0 . 0 . 0 . 0 . 0 . 0 .	contr emple plans	O . O . O . O . O . O .	amount of other compensation O. O. O. O. O. O. O.
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Instructions for Part V) Check if the organization used Sch. Oto respond to any question in this Part V Sch. No. Did the organization engage in any significant activity not previously reported to the IRSP II Yes," provide a detailed description of each activity in Schedule 0 30. We see any significant changes made to the organizations same Cherwise, respin the change on Schedule O See instructions). 31. X. X. Schedule O. Did the organization same Cherwise, respin the change on Schedule O See instructions; 32. Did the organization bere unrelable flusiness gross income of \$1,000 or more during the year from business activities (such as those reported on less 2, 6), and 7, aming others? 32. Did the organization activity of the Cherwise of	Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
33		instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
and only in Schildule 33 X X Wes a way specificant changes made to the organization of powerining documents? It "vest, statch a conformed copy of the amended documents if they reflect a change is the organization of same. Otherwise, explain the change on Schiedule () (see instructions) 34 X X X 25 Did the organization have unrefleted business gross acrome of \$1,000 or more during the year from business activates (such as those reported on initial 2, 65, and 7a, among others) 35 X X 35 N A 35 N	22	Did the expensation engage in any constraint activity not provincely reported to the IDC2 If "Ver." provide a datalled description of each		Yes	NO
34	აა		33		x
34 DX 350 DM the organization is decreased to the organization shall be organization as the complete Schedule L. Plant 1 and enter the foot all the organization and schedule C. Plant 1 and the complete Schedule L. Plant 1 and enter the foot all the organization of the complete Schedule L. Plant 1 and enter the foot all signed from 990 Test the very 1 though 1 the complete Schedule C. Plant 1 and 1 the complete Schedule C. Plant 1 the complete Schedule C. Plant 1 and 1 the complete Schedule C. Plant 1 the complete Schedule	34	·	-		
3-8 b Ut the organization have unrelated business gross income of \$1,000 or more during the year from business activates (such as those reported on insex 2, 6, and 7a, among others?) b II "Yes" to line 35a, has the organization ided a Form 999-T for the year? If "No," provide an explanation in Schedule 0 c Was the organization a section 50 (Ic(4), 50 (Ic(5)), or 50 (Ic(6)) organization above to section 6033(e) notice, reporting, and proxy tix requirements foul unity to year? If "Yes," complete Schedule C, Part III and the organization in the form 174. Schedule 1 organization for form 174. Schedule 1 organization form (Ic(1)) organizations for organization for form 174. Port III and enter the total amount involved 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions 3 Ta Enter amount of political expenditures, direct or indirect, as described in the instruction of the indirect i	•		34		х
b If Yes' to liver 35s, has the organization fleed a Form 990-T for the year 2 If Ynd, "provide an explanation in Schedule D Was the organization a section 901(c)(4), 501(c)(6), or 901(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year 2 If Yes," complete Spicial Plans (1), 500 (c)(6), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year 2 If Yes," complete Spicial dependitures, direct or indirect, as described in the instructions 37 a. Enter amount of political dependitures, direct or indirect, as described in the instructions 38 b. Did the organization fee Form 112-POIL for this year? 39 b. Did the organization fee Form 112-POIL for this year? 39 b. Did the organization fee Form 112-POIL for this year? 39 Section 501(c)(7) organizations facility at the end of the tax year covered by the return? b. If Yes," complete Schedule I, Part II and enter the total amount involved 39 Section 501(c)(7) organizations facility at the end of the size of cubia facilities. 39 Section 501(c)(7) organizations facilities and social for the size of cubia facilities. 39 Section 501(c)(7) organizations facilities and social facilities. 39 Section 501(c)(7) organizations facilities and social facilities. 39 Section 501(c)(7), 501(c)(4), and 501(c)(2) organizations for the organization during the year under: 39 Section 501(c)(7), 501(c)(4), and 501(c)(2) organizations for the organization mapper any section 4959 to M/A 39 Section 501(c)(7), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax minused on any organization in the organization in the organization in the organization appare in a prior year that has not been reported on any or superior facilities. 40 If Vision in the organization is the facilities of the organization in the organization in part to a prior bladed tax sheller transaction of Vision (FBAR). 41 List the states with which a copy of this return is filled less that a prior to the organi	35 a				
c Was the organization a section \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section \$033(e) notice, reporting, and provy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 bit the organization undergo a flyudiation, desolution, it remination, or significant disposition of not assets during the year? If "Yes," and \$1.72 to \$2.72 to \$3.73 to \$3.74		on lines 2, 6a, and 7a, among others)?	35a		_
requirements during the year? If Yes, compilete Schedule C, Part III 56 Did the organization undergo a flegidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, compilete applicability parts of Schedule III 57 a First amount of political expenditures, direct or indered, as discribed in the instructions 50 bot the organization for form 1120-PCL for this year? 58 Did the organization for form 1120-PCL for this year? 58 Did the organization for orw from, or make any kans to, any officer, director, trustee, or key employee or were any such foans made in a prior year and still outstanding at the end of the tax year covered by the return? 59 Section 501(C)(7) organizations. Enter: 50 In Yes, complete Schedule L. Part II and enter the total amount involved 51 In Yes, complete Schedule L. Part II and enter the total amount involved 52 Section 501(C)(7) organizations. Enter amount of the organization during the year under: 53 section 4911 No. 10 No			35b	N/	A
to be due or ganization undergo a leguciation, desolution, termination, or significant disposition of net assets during the year? If Yes, a 5	C				₹.
27 a Enter amount of political expenditures, direct or indirect, as described in the instructions 28 Did the organization for form 192-POL for this year? 38 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 earl of the tax year covered by this return? b If "Yes," complete Schedule I, Part II and enter the total amount involved 38 Section 50 (16/13) organizations. Enter: a initiation fees and capital contributions included on line 9 38 Section 50 (16/13) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A : section 4912 ► N/A : section 4915 ► N/A Section 50 (16/13), 501(16/14), 501(16/14) and 501(16/129) organizations. Did the organization in a prior year that has not been reported on any of its prior Forms 990 or 990-£2? If "Yes," complete Schedule I, Part II c Section 501(6/13), 501(16/14), and 501(16/129) organizations. Enter amount of tax imposed on organization magnetis or disqualified presons during the year under sections 9912, 4955, and 4956 b Section 501(6/13), 501(16/14), and 501(16/129) organizations. Enter amount of tax imposed on organization magnetis or disqualified presons during the year under sections 9912, 4955, and 4956 b Section 501(6/13), 501(16/14), and 501(16/129) organizations. Enter amount of tax on line 40c reimbursed by the organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-1 Lat the states with which a copy of this return is filled ► AZ 22 The organization shooks are care of ► UEPFREY DUNCAN Telephone no. ► 214402289 3 Located at ► AZ The organization's blooks are care of ► UEPFREY DUNCAN Telephone no. ► 214402289 3 Located at ► AZ The organization shooks are care of ► UEPFREY DUNCAN Telephone no. ► 214402289 3 Located at ► AZ The organization shooks are care of ► UEPFREY DUNCAN Telephon			35C		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 5 bill the organization the Form 1120-POL for the year' 32a 5 bill the organization the Form 1120-POL for the year' 32b 5 bill the organization the Form 1120-POL for the year' 32b 5 bill the organization the Form 1120-POL for the year' 32b 5 bill the organization the Form 1120-POL for the year' 32b 5 bill 11'es; Complete Schedule I, Part I and enter the total amount involved 5 centre of 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: a intation fees and capital contributions included on line 9 5 cross recognite Schedule I, Part I and enter the total amount involved 5 cross recognite Schedule I, Part I and enter the total amount moved 5 cross recognise. Included on line 9 5 cross recognise. Included on line 9 5 provides the schedule I, Part I and enter the total amount of tax imposed on the organization during the year under: 5 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: 5 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization during the year. or did it engaging in an excess benefit transaction and prior year that has not been reported on any of its prior from \$990 are 790 capital and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualited persons differently the year of the crembursed by the organizations. Alary time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes; complete form 8886-1 1 List the states with which a cognitive group of this return is filed ▶ AZ 1 the organizations to books are in care of ▶ JEFFREY DUNCAN 1 telephone no. ▶ 21.440.22893 2 in the organization maintain any donor advised funds during the year? If Yes, form 990 must be completed instead of Form 990-EZ 5 At any time during the calendar year, did the or	36		36		x
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any losins 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? b If "Yes," complete Schedule IL, Part II and enter the total amount involved 38b N/A 38b	37 a				
38a			1		х
b If Yes,' complete Schedule L, Part II and enter the total amount involved 39 Section 50 (L(c)(7) organizations. Enter: a Initiation tess and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911 N/A ; section 4915 N/A ; section 4915 N/A ; section 4915 N/A ; section 4911 N/A ; section 4912 N/A ; section 4911 N/A ; section 4912 N/A ; section 4912 N/A ; section 4911 N/A ;					
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un Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 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			44c	 	X
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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	45 a		_	 	x
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		• • • • • • • • • • • • • • • • • • • •	170	 	
Form 990-EZ (2016		· · · · · · · · · · · · · · · · · · ·	45b		
			Form 9	90-EZ	(2016

Form 990-EZ (2	(016) ARIZONA BUSI	NESS AVIATION	I ASSOCIAT	rion		86-10254	92	Page 4
							Υe	s No
	ganization engage, directly or indirectly,	ın political campaign activitie	es on behalf of or in	opposition t	o candidates for pu	blic office?		
	omplete Schedule C, Part I	 -					46	<u> </u>
	Section 501(c)(3) organizat	•						
	All section 501(c)(3) organizations n				the tables for line	s 50 and 51		
	Check if the organization used Scho	edule O to respond to any	question in this l	Part VI				<u> </u>
					_	_	Ye	s No
	ganization engage in lobbying activities			-	っぱ "Yes," complete	Sch. C, Part II	47	
	anization a school as described in section						48	
	ganization make any transfers to an exe		rganization?			<u> </u>	49a	
	as the related organization a section 527	=					49b	ᆜ
	this table for the organization's five high			s, directors, i	trustees, and key er	nployees) who ea	ch receive	ed more
than \$ 100	0,000 of compensation from the organization				(-)	(d)	T 4-15-	
	(a) Name and title of each emp	ioyee	(b) Average h per week devo		(C) Reportable compensation (Forms	(d) Health benefits, contributions to		timated of other
	,	N/A	position		W-2/1099-MISC)	employee benefit plans, and deferred	1	ensation
		N/A	<u> </u>			compensation	 	
			-				l	
							├─	
			1					
				+			 	
	. 72.	-	†					
							 	
								
		· <u>v.u-</u> ·			***		 	
			1				ļ	
f Total nun	ber of other employees paid over \$100,	000	<u> </u>				*	
51 Complete	this table for the organization's five high	nest compensated independe	ent contractors who	each receive	d more than \$100,	000 of compensat	ion from	the
organizat	on. If there is none, enter "None."	N/A						
(a) N	ame and business address of each inde	pendent contractor		(b) T	ype of service	(c) C	ompensa	tion
		· · · · · · · · ·						
	 							
	——————————————————————————————————————							
	· · · · · · · · · · · · · · · · · · ·							
								
d Total nun	nber of other independent contractors ea	ook recovered over \$100,000						
	ganization complete Schedule A? Note:	•	rations must attach	•		<u>-</u>		
	d Schedule A	All Section 30 I(c)(3) organiz	alions must allacir	d			7 v	
	of perjury, I declare that I have examine	ad this return, including acco	mnanying echadular	e and etatem	ante and to the he	et of my knowleds	Yes	No
	nd complete. Declaration of preparer (oth						je and be	ilei, it is
1 00, 00, 00, 00,		Tor thair ornoor, to based our	an information of wil	nen preparei	nas any knowicug	1 H - 1D.	- 17	
Sign	Signature of difficer	-				Date		
Here	DYLAN MILLER, PR	ESIDENT						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN		
Paid					self- employ	yed		
Preparer Preparer								
Use Only	Firm's name				Firm's EIN			
Joe Only	Firm's address -				Phone no.			
			_			 		
May the IRS di	scuss this return with the preparer show	n above? See instructions					Ves	No

Form 990-EZ (2016)

Page 4

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ARIZONA BUSINESS AVIATION ASSOCIATION

Employer identification number

86-1025492

Part I	Fundraising Activities. required to complete this part	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
a b c d d d d d d d d d d d d d d d d d d	Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations ae organization have a written o mployees listed in Form 990, Pa	f Solicita g X Special r oral agreement with any individua art VII) or entity in connection with products or entities (fundraisers) purs	tion of tion of fundra I (includerofess	non-govern govern ising of fing of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or Yes	
•	e and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
						<u>-</u>	
			-				
			,				
	:		<u> </u>			-	
	-		-				
			1				
Total 3 List all or lice	-	n is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from re	egistration
AZ							
			-				
LHA For F	aperwork Reduction Act Note	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 ARIZONA BUSINESS AVIATION ASSOCIATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col (a) through Golf Outing col (c)) (event type) (event type) (total number) 92173. Gross receipts 92173. 2 Less Contributions 92173. 92173. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 38000. Rent/facility costs 38000. 19518. 19518. Food and beverages 8 Entertainment 2000. 2000. Other direct expenses 59518. 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) 32655. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes % Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 」 Yes

632082 09-12-16 Schedule G (Form 990 or 990-EZ) 2016

b If "Yes," explain

ch	edule G (Form 990 or 990 EZ) 2016 ARIZONA BUSINESS AVIATION ASSOCIATION 86-1025492 Page 3
1	Does the organization conduct gaming activities with nonmembers?
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
	Indicate the percentage of gaming activity conducted in The organization's facility 13a %
	The organization's facility An outside facility 13a % 13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records
• •	
	Name
	Address
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party > \$
c	: If "Yes," enter name and address of the third party
	Name
	Name
	Address >
16	Gaming manager information.
	Name
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to
•	retain the state gaming license?
1	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year 🕨 \$
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
_	
_	

<u>Schedule G</u>	3 (Form 990 or 990·EZ)	ARIZONA BUSINESS	AVIATION	ASSOCIATION	86-10 <u>25492 Page 4</u>
Part IV	Supplemental Info	rmation (continued)			
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	-				-
			-		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

86-1025492

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

Inspection Employer identification number

OMB No 1545-0047

Name of the organization ARIZONA BUSINESS AVIATION ASSOCIATION

ARIZONA BOSINESS AVIATION ASSOCI	LATION		1 00-	102343		
Form 990-EZ, Part I, Line 8, Other Revenue:		_				
Description of Other Revenue:		_		Amo	unt	::
SPONSORSHIP/MARKETING					2	2145.
INTEREST						14.
Total to Form 990-EZ, line 8						2159.
Form 990-EZ, Part I, Line 16, Other Expenses:						
Description of Other Expenses:				Amo	unt	:
INSURANCE		·			3	3000.
UMBRELLA LIABILITY						2349.
CREDIT CARD FEES						3786.
EQUIPMENT RENTAL						18.
BANK FEES						57.
REGISTRATION FEES						45.
BOOKKEEPING FEES						638.
CONTRIBUTIONS					4	1500.
WEBSITE FEES						L333.
Total to Form 990-EZ, line 16					15	5726.
Form 990-EZ, Part II, Line 24, Other Assets:						
Description	Beg.	of	Year	End	of	Year
ACCOUNTS RECEIVABLE			550.			550.
Form 990-EZ, Part II, Line 26, Other Liabilities	s:					
Description	Beg.	of	Year	End	of	Year
	_		0.			252.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		Sche	edule O (For	m 990 or 9	990-E	Z) (2016)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 2016 Open to Public Inspection

Name of the organization

ARIZONA BUSINESS AVIATION ASSOCIATION

Employer identification number 86-1025492

Form 990-EZ, Part III, Primary Exempt Purpose - The AZBAA is intended to
have a voice at the local, state, and regional level, allowing us to be
more proactive, and effective, when issues are presented. A major goal
of this organization is to be more in-tune to what is going on at the
local level, and there for, have the opportunity and resources to act
in a more efficient and effective manner. The resources and industry
positions of our members will allow us to achieve many goals in the
future when issues are presented that can adversely, or positively,
affect general and Business Aviation causes.
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.