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Form 990 ·

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 2016

> Open to Public Inspection

Department of the Treasury ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service

For the 2016 calendar year, or tax year beginning 2016, and ending 20 B Check if applicable C Name of organization KINGDOM AIR CORPS INC D Employer identification number 92-0168877 Address change Doing business as E Telephone number 88 (-1286 Name change Number and street (or P O. box if mail is not delivered to street address) Room/suite (405)9911 N GLENN HWY Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ G Gross 426,553 AK 99674 receipts \$ terminated Yes No Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending H(b) Are all subordinates included? Yes Tax-exempt status ∑ 501(c)(3) 501(c)(4947(a)(1) or If "No." attach a list (see instructions)) (insert no) H(c) Group exemption number ▶ J Website: ► N/A 2005 M State of legal domicile AK K Form of organization X Corporation Trust Association Other > L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities OUR VISION AND PURPOSE IS TO FULFILL A GREAT COMMISSION THAT HAS Activities & Governance BEEN INSTRUCTED BY GOD, WE MUST SPREAD TO THE NEGLECTED AND DISASTER EFFECTED PEOPLE OF THE WORLD THRU THE MESSAGE OF HOPE 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) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 ... 7b Prior Year **Current Year** 347,427 426,553 Contributions and grants (Part VIII, line 1h) Revenue RECEIVED Program service revenue (Part VIII, line 2g) 12,500 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, \$6,3c, 40c, and 11e) 11 Total revenue -- add lines 8 through 11 (must emusil Part VIII, column All line 359,927 426,553 12 Grants and similar amounts paid (Part IX, column (A) lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line (C) 14 11,166 17,445 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a 11,807 Total fundraising expenses (Part IX, column (D), line 25) 278,896 420,750 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 438,195 290,062 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -11,642Revenue less expenses Subtract line 18 from line 12 69,865 19 Beginning of Current Year **End of Year** 188,486 149,478 Total assets (Part X, line 16) 20 884 21 Total liabilities (Part X, line 26) 188,486 148,594 22 Net assets or fund balances. Subtract line 21 from line 20 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. Sian Signature of officer Date Here TREASURER PAM GREENING Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If Paid DEBORAH PALMER DEBORAH PALMER self-employed P00175212 Preparer ▶ HRB TAX GROUP INC Firm's EIN ▶ 431871840 Firm's name **Use Only** Firm's address ▶ 391 E PARKS Phone no WASILLA AK 99654 9073763555 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

orm **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016) KINGDOM AIR CORPS INC 92-0168877	Page 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	OUR VISION AND PURPOSE IS TO FULFILL A GREAT COMMISSION THAT HAS	
	BEEN INSTURCTED BY GOD. WE MUST SPREAD TO THE NEGLECTED AND	
	DISASTER EFFECTED PEOPLE OF THIS WORLD NOT ONLY THE MESSAGE OF H	OPE
	BUT LOVE AND COMPASSION.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990–EZ?	⊠ No
	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? Yes	⊠ No
	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	
4a	(Code) (Expenses \$)
	THE PARTY OF THE P	
46	10.1	
40	(Code) (Expenses \$	′
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$))
		 :
		• • •
		
	Other process (Passake in Cabatala C.)	
40	Other program services (Describe in Schedule O) (Expenses \$ Including grants of \$ Including gran	

Part IV Checklist of Required Schedules

	_		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_	_X_	
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			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		_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 N/A	5		
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			
	"Yes," complete Schedule D, Part I	6		<u>X</u>
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		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		X
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		X
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	X	
þ	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		X
С	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			١
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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 footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40:		37
	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	105		v
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a		14a		X
b				
	business, investment, and program service activities outside the United States, or aggregate foreign investments	14b		X
45	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140	<u> </u>	^_
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance	13		 ^ -
16	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10	 	1
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	-'' -		$+^{\alpha}$
18	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	۔ "		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
15	Mark III - La Calabia C Barrilla	19		Х
	If "Yes," complete Schedule G, Part III		000	

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X
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		<u>X</u>
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 organization's			
	current and former officers, directors, trustees, key employees, and highest compensated 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 \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 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? $\cdot \cdot N/A$	24b		
С	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? $\dots N/A$	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,"			
26	complete Schedule L, Part I	25b	_	<u>X</u>
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 entity or family member of			١
	any of these persons? If "Yes," complete Schedule L, Part III	27		<u> X</u>
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)			ν,
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	005		V
_		28b		X
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	200		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
00	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
	Schedule N, Part II	32		X
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
þ	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		
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		X
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, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
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Part V Statements Regarding Other IRS Filings and Tax Compliance

<u>-</u> -	Check if Schedule O contains a response or note to any line in this Part V			. П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
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 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . N/A .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O \mathbb{N}/\mathbb{A}	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 account)?	4a	_	Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5b		Χ
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? N/A	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	_		.,
h	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L.		
7	gifts were not tax deductible?	6b		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	-	Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-/5		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			- 71
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 0			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Х
h	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indeed to page 4 and	145		V
b		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b	200	<u> </u>

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" 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.

	Check if Schedule O contains a response or note to any line in this Part VI			\boxtimes
Section	on A. Governing Body and Management		_	
			Yes	No
1a		5		
	If there are material differences in voting rights among members of the governing body,	1		
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	•
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			11
	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Section	on 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		Х
b	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? N / A	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		Х
b	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		Χ
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,"			
	describe in Schedule O how this was done $\qquad \qquad \dots \qquad \qquad \mathbb{N}/\mathbb{A}$	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		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	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
	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			
	with a taxable entity during the year?	16a		X
b	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 organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s or supplies for public respectives, ladicate between grade these grandables for public respectives.	nly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	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 SEE ATTACHMENT #1			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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.

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

(A)	(B)		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E)	(F)
Name and Title	Average hours per week		(do not box, un officer:	POS: check: less pe and a di	ITION more th rson is rector/	an one both an trustee)		Reportable compensation	Reportable compensation	Estimated amount of
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAVID KING				X				0	0	(
PRESIDENT										
DWAYNE KING DIRECTOR OF				x				0	0	(
OPERATIONS										
PAM GREENING				x				0	0	C
TREASURER DEBRA KING				x				0	0	
SECRETARY										(
THOMAS COBB ADVISORY BOARD		x						0	0	C

Form 990 (2016)

Part	Section A. Officers	, Directors	s, Trust	ees, K	ey En	ploye	es, and	Highe	est Compensated E	mployees (contin	iued)			
	(4)	(7)	•		(C	tion							(F)	
	(A)	(B)			check	more th	nan one both an		(D)	(E)			mated	
	Name and title	Average hours per	<u> </u>	<u>officer</u>	and a d	rector	(trustee)	Τ	Reportable compensation	Reportable compensation			ount o	T
		week (list any hours	ndiv or di	or and letter to the compensation compensation compensation from from related organizations									ensati	ion
		for related	Individual truste or director	Institutional	er	Key employee	loye	ner	the	organizations			m the	
		organiza- tions	l trus	nal tr		loye	ет		organization	(W-2/1099-MIS	C)	orga	nızatıo	n
		below dotted	stee e	trustee		"	pens		(W-2/1099-MISC)				relate	
		line)		ñ		-	Highest compensated employee				\perp	organ	nizatio	ns
								!						
								ļ						
1b	Sub-total		l		•						+-			
c	Total from continuation sh	eets to Pa	rt VII, S	ection	n A			•						
d	Total (add lines 1b and 1c)						•	•						
2	Total number of individuals (from the organization ▶	including t	out not li	mited	to thos	se liste	d above) who	received more than	\$1 00 ,000 of repor	table c	:ompe	ensatio	on
		_							-	-			Yes	No
3	Did the organization list any on line 1a? If "Yes," complet									ed employee		3		Х
4	For any individual listed on li	ne 1a, is th	ne sum d	of repo	rtable	comp	ensation	and c	other compensation f					
5	organization and related org Did any person listed on line										-	4		X
Saction	services rendered to the org		If "Yes,"	comp	lete So	chedul	e J for s	uch p	erson			5		X
1	n B. Independent Contracto Complete this table for your		t compe	neato	d inde	nanda	nt contra	octors	that received more th	900 \$100 000 of				
	compensation from the orga										's tax	year		
	Name and	(A) I business	address						(B) Description of se	anvices.		(C	;) nsatioi	n
			400,000						Description of se	SIVICES .		mper	isatioi	
														_
	-							<u> </u>						
2	Total number of independent \$100,000 of compensation from				ut not	limited	to thos	e liste	d above) who receive	ed more than				
												$\overline{}$		

Part VIII Statement of Revenue

		Check if Schedule O contains a response or ne	ote to any line in this	Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
5 5	1a	Federated campaigns 1a			· · · · · · · · · · · · · · · · · · ·		
E 3		Membership dues · · · 1b					
Contributions, Gifts, Grants and Other Similar Amounts		· · · · · · · · · · · · · · · · · · ·					
Ţţ. Āģ		Fundraising events 1c					
قِق	d	Related organizations . 1d					
έE	е	Government grants (contributions) . 1e					
Š	f	All other contributions, gifts, grants, &					
골을		similar amounts not included above 1f	426,553				
<u> </u>	a	Noncash contributions included in lines 1a-1f \$	37,556				
25		Total. Add lines 1a-1f	. ▶	426,553			
-		Total / Total					-7.:
	0-	•	Business Code				
Program Service Revenue	2a						
ا م	b						
ωŽ	С						-
a a	d			=-			
තුය	е						
Ĕ	f	All other program service revenue					
	g		▶				
	3	Investment income (including dividends, interes					
		other similar amounts)	•				
	4	Income from investment of tax-exempt bond pr	oooodo .				
	4	·	oceeus				
	5	Royalties	P				
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
ļ	С	Rental income or (loss)					
	d	Net rental income or (loss)	>				
		(i) Securities	(II) Other				
	7a	Gross amount from sales	(.,,				
		of assets other than inventory					
		Less cost or other basis					
	D						
		and sales expenses					
		Gain or (loss)					
	d	Net gain or (loss)	>				
	8a	Gross income from fundraising events					
<u>o</u>		(not including \$					
Ž.		of contributions reported on line 1c).					
eve		See Part IV, line 18 . a					
Œ	b	Less direct expenses b					
Other Revenue		Net income or (loss) from fundraising events	•				
ō		Gross income from gaming activities. See					
	74	~ ~					
	_	Part IV, line 19 a					
		Less direct expenses . b					
		Net income or (loss) from gaming activities	. •				
	10a	Gross sales of inventory, less					
		returns and allowances a					
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory	>				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
					_ -		
	C	All other revenue				-	
	d						
		Total. Add lines 11a-11d	▶	40.5			
	12	Total revenue. See instructions	▶	426,553		L	

KINGDOM AIR CORPS INC 92-0168877

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 (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ... 4 5 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 15,903 15,903 persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 1,542 1,542 Payroll taxes 10 Fees for services (non-employees) Management b Legal .. 350 Accounting C d Lobbyina Professional fundraising services See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 5,337 5.337 Advertising and promotion 12 9.721 Office expenses . . . 13 Information technology ... 14 Royalties 15 60,506 60,506 16 Occupancy 7,099 7,099 17 Travel . Payments of travel or entertainment expenses for any 18 federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 16,695 16.695 22 Depreciation, depletion, and amortization 2.555 8,129 5.574 23 Insurance Other expenses Itemize expenses not covered above 24 (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) 17,848 17,848 FOOD MEMBERSHIP AND SUBSCRIPTIONS 15 15 571 STATE FEES 571 C 55 55 COMPUTER REPAIRS 294,388 250,506 32,075 11,807 All other expenses 438,195 54,855 371,533 11,807 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) FDA **BWF 990**

		Check if Schedule O contains a response or note to any line in this Part X .			·
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	26,776	1	2,598
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	1,865
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		_	l
		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			
sts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	,	8	 -
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 277, 36.	2		,
	ь	Less accumulated depreciation 10b 132, 34		10c	145,015
	11	Investments publicly traded securities	, , , , , , , , , , , , , , , , , , , ,	11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11	1-11-1	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	188,486	16	149,478
	17	Accounts payable and accrued expenses	100,100	17	143,470
	18	Grants payable		18	
	19	Deferred revenue	<u></u>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
s	22	Loans and other payables to current and former officers, directors,		-21	
Liabilities	~~	trustees, key employees, highest compensated employees, and			
ğ	ŀ	disqualified persons. Complete Part II of Schedule L	-		
Ë	22			22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25				
	ĺ	parties, and other liabilities not included on lines 17–24) Complete Part X			994
	26	of Schedule D	0	25	884 884
	20	Organizations that follow SFAS 117 (ASC 958), check here	·	26	
ý		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	188,486		149 504
alaı	27 28	Toron country and the state of	100,400		148,594
Fund Balances	29			28	
ڃ	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and	,	29	
Ä		—			
Net Assets or	20	complete lines 30 through 34.			
SSe	30	Capital stock or trust principal, or current funds		30	
Ä	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32	Retained earnings, endowment, accumulated income, or other funds	100 400	32	140 504
	33	Total net assets or fund balances	188,486		148,594
FDA	16	Total liabilities and net assets/fund balances	188,486	34	149, 478

Page	1	2

	(2016)	

KINGDOM AIR CORPS INC 92-0168877

Par	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	Ш
1	Total revenue (must equal Part VIII, column (A), line 12)			426,	
2	Total expenses (must equal Part IX, column (A), line 25)			438,	
3	Revenue less expenses. Subtract line 2 from line 1			-11,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			188,	486
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)			-28 ,	250
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))			148,	594
Pari	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.				. 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [2a		Χ
	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?	L	2b		Χ
	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				
C	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?	N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
За	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?	L	3a		Χ
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	.N./.A.	3b		
FDA	16 99012 BWF 990 Form Software Copyright 1996 – 2017 HRB Tax Group, Inc	F	orm	990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

92-0168877 KINGDOM AIR CORPS INC Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s) (IV) Is the organization (Vi) Amount of other (ii) EIN (iii) Type of organization (V) Amount of monetary (i) Name of supported listed in your governing document? support (see instructions) organization support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

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.

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

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	IGDOM AIR CORPS INC		010887		
Pa		runds o	r Accour	its.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	 			
	(a) Donor advised funds	(b)	Funds and	other accounts	S
1	Total number at end of year	 			
2	Aggregate value of contributions to (during year)	 			
3	Aggregate value of grants from (during year)	<u> </u>			
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 a	idvised		П	
	funds are the organization's property, subject to the organization's exclusive legal control?			. 📋 Yes	∐No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp	ose confe	ring	П.	
_	Impermissible private benefit?		<u> </u>	Yes	Nc
Par					
	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).				
			-	mportant land	area
	-	vation of a	certified his	toric structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a co	nservation		
	easement on the last day of the tax year	_	1		
		<u> </u>		e End of the	Tax Year
a	Total number of conservation easements	28			
b	Total acreage restricted by conservation easements	· 2k			
C	Number of conservation easements on a certified historic structure included in (a)	. 20	:		
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic				
_	structure listed in the National Register	20			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	tne organ	ization durir	ig the tax	
	year •				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling	j di Vidialid	ns, and	. Yes	Пис
c	enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easi	··· · ·	atha yaar 🕨	· 📙 res	Пис
6	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements				
7					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(11)(4)(1)(1)	Yes	Пис
•	and section 170(h)(4)(B)(ii)?	onee etater	nont and	. 🔲 tes	Пис
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experiments and include, if applicable, the text of the footnote to the organization's financial state.				
	the organization's accounting for conservation easements.		at describes		
Par		or Othe	ar Similar	Accote	
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	or Our	o Omma	Assets.	
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st	atement a	nd halance s	heet works of	:
	art, historical treasures, or other similar assets held for public exhibition, education, or research in				
	in Part XIII, the text of the footnote to its financial statements that describes these items.		-		
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater	nent and h	alance shee	t works of art	
-	historical treasures, or other similar assets held for public exhibition, education, or research in furth				
	the following amounts relating to these items		•	· ·	
	(i) Revenue included on Form 990, Part VIII, line 1		b c		
	(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 fina	ncial dain	`-		
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	. ISIGI Yalli,	Provide tile		
Ω	Revenue included on Form 990, Part VIII, line 1		₽ €		
	Assets included in Form 990. Part X · · · · · · · · · · · · · · · · · ·		Σ Ψ_		

Par	Organizations Ma	aintaining C	Collec	tions of Art,	<u> Histo</u>	rical Treasur	res,	<u>or Other Similar</u>	Assets (c	ontinued)
3	Using the organization's acquis	sition, accessio	n, and o	ther records, che	eck any	of the following	that a	ire a significant use of	its collection	
	items (check all that apply)									
а	Public exhibition			c	d 🗌 Lo	an or exchange	progr	ams		
b	Scholarly research			6	∍∏o	ther				
С	Preservation for future gene	rations			_					
4	Provide a description of the org	ganization's col	lections	and explain how	they fo	urther the organiz	zation	's exempt purpose in		
	Part XIII.									
5	During the year, did the organiz	zation solicit or	receive	donations of art,	histori	cal treasures, or	other	sımılar		_
	assets to be sold to raise funds	rather than to	be maii	ntained as part of	f the or	ganızatıon's colle	ection	7	. Yes	∐ No
Par	t IV Escrow and Cus	todial Arrar	ngeme	ents.						
	Complete if the organiz	zation answere	d "Yes"	on Form 990, Pa	ırt IV, lı	ne 9, or reported	an ar	mount on Form 990, P	art X, line 21	·
1a	Is the organization an agent, tro	ustee, custodia	n or oth	er intermediary fo	or cont	ributions or other	asse	ts not		
	ıncluded on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangeme	nt in Part XIII a	nd com	plete the followin	ig table	:			_	_
								An	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an	amount on Fo	rm 990,	Part X, line 21, fo	or escr	ow or custodial a	ccou	nt liability?	Yes	No
b	If "Yes," explain the arrangeme									. П
Pai	t V Endowment Fund									
	Complete if the organiz	zation answere	d "Yes"	on Form 990, Pa	ırt IV, lıı	ne 10.				
		(a) Current		(b) Prior yea		(c) Two years ba	ack	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance		 .			<u> </u>			† 	
b	Contributions									
С	Net investment earnings,									
•	gains, and losses									
d	Grants or scholarships			·			_			
e	Other expenditures for				*					
	facilities and programs .									
f	Administrative expenses								 	
g	End of year balance		-						·	
2	Provide the estimated percenta	age of the curre	ent vear	end balance (line	- 10 cc	olumn (a)) held a				
- а	Board designated or quasi-end		, i you	%	J 19, 00	7101111 (d)) 11010 d				
b	Permanent endowment		%	/						
c	Temporarily restricted endowm	ent •	70	%						
•	The percentages on lines 2a, 2		ıld equa	·						
За	Are there endowment funds no		•		that are	held and admin	nstere	nd for the		
Ju	organization by	in the posses	5.011 01	the organization	inai aic	Tield and admin	1131010	a for the	T _v	res No
	(i) unrelated organizations								. 3a(i)	140
	(ii) related organizations	•	• • •	• •				• •	3a(ii)	
ь	If "Yes" on line 3a(ii), are the re		tions liet	red as required or	n Scho	dule B?	• •	•	3b	
4	Describe in Part XIII the intende	J					•		30	
D.	rt VI Land, Buildings				nt lund	<u> </u>				
Ге	Complete if the orga		•		Part IV	line 11a See Fr	orm Of	an Part Y line 10		
	Description of property			st or other basis		Cost or other	$\overline{}$	(c) Accumulated	(d) Book v	value
	Description of property		• •	nvestment)	1 ' '	asis (other)	'	depreciation	(u) book (/alue
10	Land		(11		- '	, and (other)	+-	acpicolation		
1a	Land	• •			 	132,651	1	50,376		82,275
b	Buildings	•				132,03.	-	30,376		02,213
ر د	Leasehold improvements	••			<u> </u>	81,012	- 	27,367		53,645
d	Equipment	••				63,699				9,095
e Tota	Other	.mm (d)		000 F V	<u> </u>		—	54,604		
ota	I. Add lines 1a through 1e. (Colu	ımı (a) must e	quai Fo	rm 990, Part X, Co	olumn	(b), line 10c.) .	··	<u> </u>		45,015

Part VII	Investments — Other Securitic Complete if the organization answered "		e 11b. See Form 990. Part 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 marke	
(1) Financial de	erivatives			
(2) Closely-hel	d equity interests			
(3) Other _				<u> </u>
(A)				
(B)				
(C)				
(D)	(b) T 2 3 William 22			
(E)				_
(F)				
(G)				
(H)				-
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments — Program Rela Complete if the organization answered "		e 11c See Form 990, Part X, line 13.	
(a	a) Description of investment	(b) Book value	(c) Method of valuation	
,	· · · · · · · · · · · · · · · · · · ·	, ,	Cost or end-of-year marke	
(1)				
(2)				· - ·
(3)				
(4)				·
(5)			100-	· · · · · · · · · · · · · · · · · · ·
(6)				31.
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				4.1-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	Voe" on Form 200 Post IV Iva	add Car Farm 000 Dat V Iva d5	
	Complete if the organization answered " (a) Description	e 11d. See Form 990, Part X, line 15	(b) Book value
(1)	· - · ·	<u></u>		(2) 2001. 12.20
(2)				
(3)				
(4)		·		
(5)		, o a c a		
(6)			***	
(7)				**
(8)		-		
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answered "	Yes" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability	(b) Book value		
(1) Federal ır				
(2) PAYRO		884		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	-			
	b) must equal Form 990, Part X, col (B) line 25)	884		
2 Liphility for u			L	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

ait XI	Complete of the experience per Addition of the experience of the e		ito vitii Nevellat	, bei m	starri,
4 Total ran	Complete if the organization answered "Yes" on Form 990, Part IV, line	12d	•	T . T	
	enue, gains, and other support per audited financial statements .		• •	1	
	included on line 1 but not on Form 990, Part VIII, line 12	ایما			
	alized gains (losses) on investments	2a		-	
	services and use of facilities	2b		-	
	es of prior year grants	2c		4	
•	escribe in Part XIII)	_2d	 	┥╻ ┃	
	s 2a through 2d	• •	• • • • • •	2e	
=	line 2e from line 1	i i		3	
	included on Form 990, Part VIII, line 12, but not on line 1				
	ent expenses not included on Form 990, Part VIII, line 7b	4a		-	
•	escribe in Part XIII)	_4b		┥╻ ┃	
	s 4a and 4b	•	• •	4c	
	enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	Detrem
Part XII	Reconciliation of Expenses per Audited Financial St		enis with Expens	es per	Heturn.
4 Tatal aum	Complete if the organization answered "Yes" on Form 990, Part IV, line	12 a			
•	penses and losses per audited financial statements		•	1	
	included on line 1 but not on Form 990, Part IX, line 25	ا ۔ ما			
	services and use of facilities .	2a		4	
-	r adjustments	2b		-	
c Other los		2c		-	
•	escribe in Part XIII.)	2d		-	
	s 2a through 2d	•	• •	2e	
	line 2e from line 1	1 1	• •	3	
	included on Form 990, Part IX, line 25, but not on line 1	.			
	ent expenses not included on Form 990, Part VIII, line 7b	4a		-	
•	escribe in Part XIII.)	4b		- 1 a 1	
	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		• •	4c 5	
Part XIII	Supplemental Information.		··· ·		
	scriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lin	es 1b and 2b, Part V, I	ne 4, Part	X, line 2,
art XI, lines 20	d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	e any a	dditional information.		
	· · ·				
					
			<u> </u>		
			<u> </u>		

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.

2016
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization

KINGDOM AIR CORPS INC 92-0168877

PART IV LINE 11A - THE TOTAL ASSETS THE COMPANY OWNS ARE REPORTED ON SCHEDULE D

PART VI SECTIONS LINE 2 - THE PRESIDENT AND THE DIRECTOR OF OPERATIONS ARE FATHER AND SON - THE SECRETARY AND THE DIRECTOR OF OPERATIONS ARE HUSBAND AND WIFE

PART IX LINE 24 - OTHER EXPENSES ARE LISTED IN ATTACHMENT 2

PART IV LINE 1A - NO AUTHORITY HAS BEEN DELEGATED - ALL VOTING MEMBERS ARE OFFICERS

PART XI LINE 9 - TOTAL ADJUSTMENT - (28250) = DEPRECIATION ADJUSTMENT 16695 + OTHER ADJUSTMENT 11555