For	m ·	99(	0	Return of	Organization	Exemp	t From	Inco	ome Tax		20	1545-0047
					527, or 4947(a)(1) of the					tlons)	20	16
		nt of the Tr		ľ	r social security numbe					M) .	Opento	
~~~		Yonus Sen			about Form 990 and its				form980.	<u>, U — </u>	Inspe	
<u>A</u>	For	the 201		dar year, or tax year be	ginning 03	3/01,2016	i, and end	ing	1 <del>22 </del>		3. 20 17	
В	Charle I	applicable:	, .	ol organization					D Employer ide	numper		
_	٦,۵	tiere		VINTAGE AIRCRAFT	ASSOCIATION, I	23-724	0830					
<u> </u>	- en	ings		business as or and street (or P.O. box if mai)	le not debund to stoot adde		Room/sulto		E Telephono nu			
$\vdash$	٦	ne change	•	•	Is the massaide to shoot prove	100)	L COUID SUITO	'	<b>l</b>			
-	~-	Miller History		. BOX 3086	and TID or freeles could co		L		(920) 42	6-1800	<u>'</u>	
-	-J ten	rdraldd ended		козн, их 54903-30	• •	,,,			0 0	. •	600	
<b> -</b> -	10 K	TA Cellon		and address of principal efficer:	SUSAN DUSENB	IIRV			G Gross recept:		Yos	), 029.   X   Ho
ا	قةم ل	fing		O POBEREZNY ROAD			•		H(a) to this a gro- subordinates		<del></del>	H".
	Tava	compt sta		X 601(0)(3) 601(0)(		4047(o)(1)	01 6	<del>[]</del>	H(b) Are all subord	ch e (St. (see )	—∵	L., K.
		<del></del>		INTAGEAIRCRAFT.OR		1 4047(0)(1)	01 1 10	200	H(a) Group execu		-	
				X Corporation Trust	Association Other		1 Year	of formal	Ion: 1972 M			WI
	if ( )		minary	in a comparation of the contract of the contra	[ Topics		12.00	011011101	22.12/10	O-410 Q1 108	o connecto.	<u>-''-</u> -
	1			the organization's mission	or most significant activitie	s: TO ENC	COURAGE	AND	AID THE R	ETENTI	ON	
R	Ì			RATION OF ANTIQUE								
š				VIATION SAFETY AN		<del></del>				<del></del>		
Governance	2			if the organization		ns or dispose	d of more th	an 25%	of its not assets	, 9.		
8	3			ng members of the governin						3		8.
40	4.			pendent voting members of						4		8.
Activities &	5'	Total n	umber o	f individuals employed in ca	lendar year 2016 (Part V, I	me 2a)				5		3.
쵦	6			f volunteers (estimate if nece						8		560.
₹١	7a	Total u	nrelated	business revenue from Part	VIII, column (C), Ene 12 .					7a	29,	283.
	b	Nel uni	related b	usiness taxable income from	Form 990-T, line 34 , ,		<u> </u>			7b		0.
J								<u></u>	Prior Year		Surrent Y	ear
8	8	Contrib	a anoliw	nd grants (Part Vill, line 1h) ,					122,22		98, 965.	
Revenue	9	Progra	m servic	e rovenue (Part VIII, line 2g) ,				ļ	416,97			456.
	10			ome (Parl VIII), column (A), fir					2,17			793.
- F	11			(Part VIII, column (A), lines 6				-	33,78			591.
-	12			add lines 8 through 11 (mus				<del> </del>	575,16		599,	805.
	13			llar amounts paid (Part IX, co				<b> </b>		0.		$\frac{0}{0}$
- L	14 15				ers (Part IX, column (A), line 4)			<b></b>	43,483.		46	299.
				ndraising fees (Part IX, colum				ļ		<del>0.1</del> —	- 40,	0.
Ž.				g expenses (Part IX, column (				141.5	A CONTRACTO		33. 147	<u> </u>
ăļ.				(Part IX, column (A), lines 1				13171	345,90			637.
J				Add lines 13-17 (must equa				1	389,389			936.
- 1				xpensos. Subtract line 18 from				<u> </u>	185,771			869.
58					· · · · · · · · · · · · · · · · · · ·	7		Beginn	ing of Current Ye	181	nd of Yes	,
195	20	Total as	sels (Pa	rt X, line 16)		<i>I</i>	<b></b>		911,937	7.	1,083,	783.
4위 2	21			Part X, lino 26)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			205,775			752.
Not Accel	22			nd balances. Subtract line 2	from Ilne 20	<b>Y</b> /	ECE		706,162	2.	863,	031.
Par		Sign	aturo E	Block	/ 🗸							
Unde	r pen	alties of	parjury, I	declare that I have exemined the toclaration of preparer (other than	is return, including secompli	nying schoold	es and staten	enls, en	d to the best of	my knowled	ge and be	lief, it is
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Sign		<b>N S</b>		10-D.C	LE CONTRACTOR OF THE PARTY OF T		20,	19 · [	<u>o</u> √ /9	137	120	11
dere	,	•	g <u>ualute</u> c		( )	PRESTDE		` /:Ç	Date	' 1	-	
1070				DUSENBURY		PRESIDE	NT	12	<i></i>			
				nt name end (No	Brangrade elegation		₹V.	3/	<del></del>	- Corre		
eld.	- }	-		er's name	Preparer's algoritus	<b>&gt;</b> >	Dato	.//	Check i	: 1		^
ropa	ror }			ROMANO -	2		1,6/0	1117	self-employed		50418	<u></u>
100 0				GRANT THORNTON LL		MT COO	12		tim's EIN > 36			
Agy II	10			100 E. WISCONSIN eturn with the preparer show		WI 5320	14		thone no. 41	4-289-		7
_				Act Notice, see the separat		<del> </del>	سعمد		<del></del>		Yes om 990	No.
or Pi	apen	work Ro	auction	ACI NONCE, SEE THE SEPAIR	e manucijons.					F	om 990	(2018)

JSA 681010 1.000

For	m 990 (2016)	Page <b>2</b>
Ρ	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission.	
	TO ENCOURAGE AND AID THE RETENTION AND RESTORATION OF ANTIQUE,	
	HISTORICAL AND CLASSICAL AIRCRAFT AND TO IMPROVE AVIATION SAFETY	
	AND EDUCATION	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	es X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es X No
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 141,079 including grants of \$ 0 ) (Revenue \$ 147,4	02
-	AEROMART IS OPERATED BY VOLUNTEERS OF THE VINTAGE AIRCRAFT	<u> </u>
	ASSOCIATION AND IS HELD DURING EAA AIRVENTURE FOR THE PURPOSE OF	
	PROVIDING A PLACE WHERE EAA MEMBERS CAN MEET, EXCHANGE AND SELL	<del></del>
	THEIR USED AIRCRAFT PARTS AEROMART ASSISTS AVIATION ENTHUSIASTS	
	BY PROVIDING A VENUE TO OBTAIN THE ITEMS THEY REQUIRE FOR THE	
	PURPOSE OF RESTORING, MAINTAINING, AND BUILDING BOTH HOMEBUILT	
	AND HISTORICAL ANTIQUE, CLASSIC AND CONTEMPORARY AIRCRAFT	
	The state of the s	
4b	(Code ) (Expenses \$ 126,572 including grants of \$ 0 ) (Revenue \$ 29,2	83_)
	PUBLICATION - VINTAGE AIRPLANE - A BIMONTHLY MAGAZINE IS ISSUED	<del></del>
	TO MEMBERS WITH INFORMATION ON ANTIQUE, HISTORICAL AND CLASSIC	
	AIRCRAFT	
4с	(Code) (Expenses \$ $\frac{102,647}{102,647}$ including grants of \$ 0 ) (Revenue \$ $\frac{257,7}{100}$	71)
	MEMBERSHIP SERVICES - COSTS ASSOCIATED WITH ASSISTING MEMBERS	
	WITH IDENTIFYING, VALUING AND RESTORING ANTIQUE AIRCRAFT,	
	PROMOTING MEMBERSHIP IN THE ORGANIZATION AND ACKNOWLEDGING	
	MEMBER ACHIEVEMENTS	
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ \text{including grants of \$ \text{) (Revenue \$ \text{)}}	
4e	Total program service expenses ► 370,298	

ABDO

Par	Checklist of Required Schedules		г т	
			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> </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,	ļ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1		
	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	l		
	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	Office and	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			46
	VII, VIII, IX, or X as applicable	<b>透</b>	20 X	
a	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	
b	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
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			٠,
• •	"Yes," and if 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		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\vdash \vdash \vdash$	Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ļ	ĺ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l		v
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	$\vdash \vdash \vdash$	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			٠,
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ـ ـ ا		ι.
• •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<del></del>	<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ι,
	If "Yes," complete Schedule G, Part III	19	igsquare	X

Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	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		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
22	$ \hbox{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		l
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ĺ
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	] [		l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<b> </b>	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			ĺ
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots$	24d	L	ļ
25 a	Section $501(c)(3)$ , $501(c)(4)$ , and $501(c)(29)$ organizations. Did the organization engage in an excess benefit	( !		ĺ
	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?			ĺ
	If "Yes," complete Schedule L, Part I	25b	L!	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			l
	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<b> </b>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	\ <sub></sub>		١
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u>-</u>	X
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)		• 1	`
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ'	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			١,,
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ا ما	1	,,
	Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 1		
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	1	
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			,
25.	or IV, and Part V, line 1	34	<del>                                     </del>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<del>  ^</del>
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		V
מים	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	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 means tax purposes? If "You " complete School its R		}	}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		\ <sub>\</sub>
20	Part VI	31	<del> </del> -	X
38	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	
	10 Marie 7 mil 200 mero die regunea to complete opneade o		990	
				,

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	i	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
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	١. ١	ł	
	account)?	4a		X
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		l i	
	(FBAR).	5.0	-	Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	+	<u></u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	36	+	
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	İ	Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	- 00		<del></del>
Đ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6Ь	1	
7	gifts were not tax deductible?		المتعد	
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	$\longrightarrow$	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Oloss income non-interibers of shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due of received from them for the control of the c	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120		
	in res, enter the amount of tax-exempt interest received or decided during the year.		į į	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	قت		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA SE 1047		Form	990	(2016)

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			$\overline{x}$
Sec	tion A. Governing Body and Management			
	The state of the s		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   8	20		1
,	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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	2 min (4 %)
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		4	
а	The governing body?	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
Soct	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Seci	on b. Policies (This Section B requests information about policies not required by the internal Revenue	Coue	Yes	No
40-	Did the anneance have been been been been been been a filled and	10a		X
	Did the organization have local chapters, branches, or affiliates?	,,,,		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	Х	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ_	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	L
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?			لــــا
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)			
16 a	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			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Soct	organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed MI.	501/	1/21-	onto
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	30 I (C	J)(3)S	orny)
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	nolic	/ and
-	financial statements available to the public during the tax year		.٠٠٠	,,
20	State the name, address, and telephone number of the person who possesses the organization's books and record SUSAN DUSENBURY 3000 POBEREZNY ROAD OSHKOSH, WI 54902 920-426-4800	ls ▶		
	SUSAN DUSENBURY 3000 POBEREZNY ROAD OSHKOSH, WI 54902 920-426-4800			

Form 990 (201	P P	age							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Independent Contractors	and							
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - . List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) Position (D) (F) (do not check more than one Name and Title Reportable Reportable Estimated Average box, unless person is both an compensation compensation from amount of hours per eek (list an) officer and a director/trustee) from related other the organizations compensation hours for Highest compensated employee Individual trustee Institutional organization (W-2/1099-MISC) from the related employee (W-2/1099-MISC) organizations organization and related below dotted organizations trustee (1)GEOFF ROBISON 10 00 PRESIDENT - THRU 2/2017 0 0 0 0 Х Х (2) SUSAN DUSENBURY 10 00 0 0 DIR-THRU 2/17 PRES-AS OF 2/17 Х 0 0. Х (3)DAVID CLARK 10 00 0 Х 0 0 VICE-PRESIDENT 0 Х (4) JERRY BROWN 10 00 TREASURER 0 0 0 0 Х Х (5)STEVE NESSE 10 00 SECRETARY Х 0 0 0 0 Х (6) RON ALEXANDER 10 00 DIRECTOR - THRU 11/2016 0 0 0 0 Х (7)GEORGE DAUBNER 10 00 0 0 0 DIRECTOR 0 (8) ROBERT LUMLEY 10 00 0 0 0 DIRECTOR 0 Х (9) JOE NORRIS 10 00 DIRECTOR 0 Х 0 0 0 (10)TIM POPP 10 00 DIRECTOR 0 0 Х 0 (11)(12)(13)(14)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	Position onot check more than one x, unless person is both an cer and a director/trustee)  Reportable compensation compensation from relate organization the			(E) Reporta compensatio relate organizat (W-2/1099-	on from <del>J</del> Ions	(F) Estimated amount of other compensation from the organization and related organizations			
							-				
							-				
					-						ļ
					ļ 						
			<u> </u>								
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)	ection A . 	 	 <u></u>	 	 <u></u>	 	► ► •	0 0 0 eccived more than	\$100,000 (	0 0 0	0 0
reportable compensation from the organization	<u> </u>	0									Yes No
<ul> <li>3 Did the organization list any former officemployee on line 1a? If "Yes," complete Schede</li> <li>4 For any individual listed on line 1a, is the second of the second</li></ul>	ule J for suc sum of rep	ch ind oortab	lividi ole c	<i>ual</i> com	· ·	 isatio	 n a	nd other compens		the	3 ×
organization and related organizations gre											4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
Complete this table for your five highest communication from the organization Report compensation report repo											
(A) Name and business add	lress							(B) Description of se	ervices		(C) Compensation
							-				
							-				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ııle	d to		se I	isted above) who	received		

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,		Check if Schedule O contains a res	ponse or note to an	y line in this Part V	<u>III </u>		<u>  ×</u> ]
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events	b c d e 98,965				
and	g	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f		98, 965			]
nue			Business Code	20,730			
Service Revenue	2a	MEMBERSHIP DUES	900099	255,812	255,812	<del>-</del>	
e R	ь	AEROMART AT AIRVENTURE	900099	147,402	147,402		
Z C	С	PUBLICATION	541800	29,283		29,283	
Se	d	AWARD BANQUET INCOME	900099	1,959			1,959
ran	е		-				<del> </del>
Program	f	All other program service revenue					<del></del>
	<u>g</u> 3	Total. Add lines 2a-2f		434,456	<del></del>		1
	3	Investment income (including div and other similar amounts)		1,793			1,793
	4	Income from investment of tax-exempt b	_	0			1,732
	5	Royalties	•	22,869			22,869
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ъ	Less rental expenses			}		[
	С	Rental income or (loss)				<del></del>	ļ
	d	Net rental income or (loss)		0		<del></del>	<del> </del>
	7a		s (II) Other	1			{
		assets other than inventory  Less cost or other basis		i			!
	b	and sales expenses	1	ł			
	c	Gain or (loss)					ļ
ļ	d	Net gain or (loss)		0			L
ا يو	8a	Gross income from fundraising	ļ				<b>,</b>
enne		events (not including \$					J
è		of contributions reported on line 1c)	}	1			
Other Rev		See Part IV, line 18					1
ŏ	p	Less direct expenses		0	<u> </u>		\
		Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses					
		Net income or (loss) from gaming activit		0			
		Gross sales of inventory, less					
		returns and allowances	a 6,028				1
1	b	Less cost of goods sold ATCH . 1 .	b224				
-	с	Net income or (loss) from sales of inventor		5,804			5,804
ł		Miscellaneous Revenue	Business Code				<del> </del>
	11a	TALL PINES REVENUE	, ,	35,918	<del></del>		35,918
	b			<del></del>			<u> </u>
	c d	All other revenue		<del></del>	<del></del>		<del>                                     </del>
	e	Total Add lines 11a-11d		35,918			
	12	Total revenue See instructions		599,805	403,214	29, 283	68,343

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 resp	onse or note to any lii	ne in this Part IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0_		`	
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,	-			
	trustees, and key employees	00			
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	35,260	21,156.	10,578	3,526
8	Pension plan accruals and contributions (include			ļ	
	section 401(k) and 403(b) employer contributions)	-1,392	-835	-418	-139
9	Other employee benefits	9,827	5,896	2,948	983
10	Payroll taxes	2,604.	1,563	781	260
11	Fees for services (non-employees)				
а	Management	00			
b	Legal	0			
c	Accounting	3,188.		3,188	
d	Lobbying	0	w.v.7 /24 / 2 / (		
е	Professional fundraising services See Part IV, line 17.		\$38:42°20°00°0	· // ` ` · · · · · · · · · · · · · · · ·	
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column	00.004	00 575	5 015	1 524
	(A) amount, list line 11g expenses on Schedule O). ATCH 2.	89,324	82,575	5,215	1,534
12	Advertising and promotion	25,014	25,014		
13	Office expenses	11,269	10,203	921	145_
14	Information technology	0	ļ		<del></del>
15	Royalties	8,706	8,706		
16	Occupancy	1,725	8,700	1,725	
17	Travel	1,725		1,123	
18	Payments of travel or entertainment expenses	0			
40	for any federal, state, or local public officials	2,637		2,637	
	Conferences, conventions, and meetings	2,037		2,037	
	Interest				
	Payments to affiliates	12,731	8,275	4,456	
	Insurance	13,833	11,101	2,732	
	Other expenses Itemize expenses not covered	. /		<del></del>	<del> </del>
	above (List miscellaneous expenses in line 24e If			(	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	AEROMART EXPENSES	141,079	141,079		
	PUBLICATION PRINTING	35,781	35,674		107
c	TALL PINES EXPENSES	26,311		26,311	
	PUBLICATION POSTAGE	18,526	17,455	366	705
е	All other expenses	6,513	2,436	4,077	
	Total functional expenses Add lines 1 through 24e	442,936	370,298	65,517	7,121
	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)	0		_	

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 70,675. 52,452 Savings and temporary cash investments 356,606 608,362 2 2 0 3 Ω 241,732 4 90,764 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 0 0. 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 0 0 organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net \_\_\_\_\_\_\_. 0 7 0 10,607 10,737. 8 Inventories for sale or use \_\_\_\_\_\_\_ 10,157 18,093 9 1,38 10 a Land, buildings, and equipment cost or 405,488 other basis. Complete Part VI of Schedule D 10a 232,447 293,088 112,400 10c 0 11 11 12 0 12 0 13 Investments - program-related See Part IV, line 11 0 13 0 0 0 14 14 0 15 0 15 911,937 1,083,783 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 16 17 1,304 17 0 18 O 18 204,471 220,215 19 19 20 0 20 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . 0 21 0 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 0 22 0 Secured mortgages and notes payable to unrelated third parties . . . . . . 0 0 23 23 0 0 24 Unsecured notes and loans payable to unrelated third parties..... 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 0 205,775 220,752 26 26 Organizations that follow SFAS 117 (ASC 958), check here | X | and complete lines 27 through 29, and lines 33 and 34. Balances Unrestricted net assets 27 666,046 823,057 28 40,116 28 39,974 0 Fund 29 0 29 Organizations that do not follow SFAS 117 (ASC 958), check here þ complete lines 30 through 34. Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Set 863,031 33 706,162 33

Total liabilities and net assets/fund balances..........

1,083,783 Form **990** (2016)

911,937

34

34

Form 9	30 (2016)			Pag	e LZ
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	99,8	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	42,9	36.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	56,8	69
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	06,1	62.
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	8	63,0	31
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del> ,</del>		
				Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		1	" /	.′
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın	1.	>/	
	Schedule O			- [	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or		20	٠.,`
	reviewed on a separate basis, consolidated basis, or both		1.	-	· · · · · · · · · · · · · · · · · · ·
	Separate basis Consolidated basis Both consolidated and separate basis		1. 1.	3. 7	23
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both		33.54	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Separate basis Consolidated basis Both consolidated and separate basis				( 4)K
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight	\	ļ	
	of the audit, review, or compilation of its financial statements and selection of an independent according		2c		<del>-, -</del>
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplaın ın		" ;	
	Schedule O			4.	· · / ·
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		[	v
	the Single Audit Act and OMB Circular A-133?	• • • • •	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	~	3b		

Form **990** (2016)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury 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

Name of the organization Employer identification number EAA VINTAGE AIRCRAFT ASSOCIATION, INC 23-7240830 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 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) 8 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 10 X An organization that normally receives (1) more than 331/3 % 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 331/3 % 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 12 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of support (see other support (see (described on lines 1-10 sted in your governing above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Pa	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on l	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>		<del></del>	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4		L	1 . 4 . 12.	(%) XV. ( ) V	\$1000 E.C	
Sec	tion B. Total Support	<del>,</del>		·			
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	 					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		l	l	<u> </u>	3	
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>	<u> </u>				
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2016 (li						<u>%</u>
15	Public support percentage from 2015						
тьа	331/3% support test - 2016. If the o	-					1 1
h	this box and stop here. The organization 331/3% support test - 2015. If the organization						
D	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets t						
	_			_	· ·		
b	10%-facts-and-circumstances test -					Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						
/	supported organization						
18/	Private foundation. If the organization						•
_	instructions	<u> </u>	<u></u>	<u> </u>		<u></u>	<u></u> ▶
,						Schedule A (Form 9	

Schedule A (Form 990 or 990-EZ) 2016

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

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

Calendar year (or fiscal year beginning in)    1	Sec	tion A. Public Support						
Class receipts from admission, mechanides add or services performed, or facilities furnished in any activity that is related to the organization's text-exemply purpose			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Closes receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-example jumpose	1	Gifts, grants, contributions, and membership fees						
2 Closes receipts from admissions, merchandes sold or services performed, or facilities furnished in any activity that is related to the organization's tax-example jumpose		received (Do not include any "unusual grants ")	84,072	59,346	57,937	122,224	98,965	422,544
## The value of services from self-like that are not an unredect trade or but the organization's tearwest levide for the organization's benefit and either paid to or expended on its behalf ***    Tax reverse levide for the organization's benefit and either paid to or expended on its behalf ***   Tax reverse levide for the organization's benefit and either paid to or expended on its behalf ***   Tax reverse levide for the organization's benefit and either paid to or expended on its behalf ***   Tax reverse levide for the organization without charge ***   Tax reverse levide for the organization without charge ***   Tax reverse from organization to the organization without charge ***   Tax reverse from organization withou	2	Gross receipts from admissions, merchandise						
32,312   33,260   337,350   403,212   1,961,432   337,450   387,550   403,212   1,961,432   337,350   387,550   403,212   1,961,432   337,350   387,550   403,212   1,961,432   337,350   387,550   403,212   1,961,432   337,312   337,310   348,034   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,550   347,5		sold or services performed, or facilities						
3 Gross receipts from activates that see not a worndated trade or business under section 513 . \$4,152, \$3,353, \$57,866 28,036 43,903 237,312 17		furnished in any activity that is related to the						
3 Goss receipta from activities that are not a unrelated trade or business under section 513.  4 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf		organization's tax-exempt purpose	382.818	393,260	397,490.	387,650	403,214	1,964,432
4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		unrelated trade or business under section 513.	54,152.	53,353.	57,866	28,036	43,905.	237,312
to or expended on its behalf	4	Tax revenues levied for the						
5 The value of services or facilities furnished by a governmental unto the organization without charge		organization's benefit and either paid					ļ	
furnished by a governmental unit to the organization without charge		to or expended on its behalf						0
organization without charge .	5	The value of services or facilities						
Table Add lines 1 through 5		furnished by a governmental unit to the					ļ	
Table Add lines 1 through 5		organization without charge		_				0
treceived from disqualified persons	6		521,042	505,959	513,293	537,910	546,084	2,624,288
treceived from disqualified persons	7 a	Amounts included on lines 1, 2, and 3						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·	2,538	1,991	3,357	15,256	6,123	29,265
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	b							
or 1% of the amount on line 13 for the year c Add lines 7a and 7b		•	,					
8 Public support. (Subtract line 7c from line 6)		•						0_
Section B. Total Support    Calendar year (or fiscal year beginning in)	С	Add lines 7a and 7b	2,538	1,991	3,357	15,256	6,123	29,265
Calendar year (or fiscal year beginning in)    Amounts from line 6	8	Public support. (Subtract line 7c from						
Calendar year (or fiscal year beginning in)    Amounts from line 6		line 6.)			Part Control			2,595,023
9 Amounts from line 6	Sec							<del></del>
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  10 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
payments received on securities loans, rents, royalties and income from similar sources	9	Amounts from line 6	521,042	505,959	513,293	537,910	546,084	2,624,288
rents, royalties and income from similar sources	10 a							
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		•						
section 511 taxes) from businesses acquired after June 30, 1975			2,276	3,426	3,977	25,176	24,662	59,517
acquired after June 30, 1975	b	Unrelated business taxable income (less					1	
c Add lines 10a and 10b		•				!		
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							<del></del>	0_
activities not included in line 10b, whether or not the business is regularly carried on			2,276	3,426	3,977	25,176	24,662	59,517
whether or not the business is regularly carried on	11					-		
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH .1								
loss from the sale of capital assets (Explain in Part VI.) ATCH .1		carried on						0
(Explain in Part VI.) ATCH, 1	12	Other income. Do not include gain or		•				
Total support. (Add lines 9, 10c, 11, and 12)		· · · · · · · · · · · · · · · · · · ·						
and 12)			29,072	28,839	30,334	33,671	<del></del>	121,916
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	13							
organization, check this box and stop here		•						
Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	14							. —
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	200	·-··			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Public support percentage from 2015 Schedule A, Part III, line 15					nn (f))		45	92 /99/
Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))								
Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))		<del></del>				• • • • • • • •	10	91.0776
18 Investment income percentage from 2015 Schedule A, Part III, line 17					3 column (f))	<del></del>	17	2 12 %
19a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		• •	,	•				
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
b 331/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	і у а							- F I
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	j.							
	D							
	20							

#### Part IV Supporting Organizations

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

	Sections A, D, and E, if you checked 12d of Part I, complete Sections A and D, and complete Part	<u>( v ) </u>		
Secti	on A. All Supporting Organizations			1
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2_		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c	. / ^ \	; <i>2</i> ,
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	: 4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	7	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1877 1955 1974
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	╁	├
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9с		_
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

	ie A (Form 990 or 990-E2) 2016		!	Page 3
Part	Supporting Organizations (continued)		V	T N =
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			j
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
-			Yes	No
4	Did the directors trustees as membership of one or many supported organizations have the never to	7		· · · ·
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		٠.	١.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1.	.*	
	controlled the organization's activities. If the organization had more than one supported organization,	1	. ,	11
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.47	. ',,	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		11.2
2	Did the organization operate for the benefit of any supported organization other than the supported	ار در از	10.5	1.10
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	3-3	3.79	4.5%
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	المنتوي تعاق	3,45	î
	supervised, or controlled the supporting organization.	2_		ļ
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	(30%)	34	<b>30.77</b>
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	13.3	54% ×	
	or management of the supporting organization was vested in the same persons that controlled or managed		60 Y	
	the supported organization(s)	5.35°°	C35- 27	LL 55 4 5
Sacti	on D. All Type III Supporting Organizations			——
Section	on b. All Type in Supporting Organizations		Van	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	FREEZE EN	Tes	NO NOSE
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	20		
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	277X	25.9%	3,7
	the organization's governing documents in effect on the date of notification, to the extent not previously	87.00	<b>2</b> 2 3	15 4 14
	provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	经第	7.55 m	1977 C
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3	£ 1, 200	. K
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	5-15		
	significant voice in the organization's investment policies and in directing the use of the organization's	25		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- " "	Ì	1
	supported organizations played in this regard	3		1
Secti	on E. Type III Functionally Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tnicti	onel	
	The organization satisfied the Activities Test Complete line 2 below	ucu	ulis)	
a	<u>'</u>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test Answer (a) and (b) below.		res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ļ		j
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	ļ		Ì
	those supported organizations and explain how these activities directly furthered their exempt purposes,	i	i	1
	how the organization was responsive to those supported organizations, and how the organization determined	ŀ	}	ļ
	that these activities constituted substantially all of its activities	2a	<u> </u>	
_	Did the catalog decayled in (1) contains a super-that but far the canada and a super-than the catalog a			
р	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ĺ		ĺ
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	}		1
	activities but for the organization's involvement	26	1	
_	-	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI	3a	<b> </b> -	<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	on Nov 20, 1970 (explan	n in Part VI) See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount	-	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	25%		
instructions for short tax year or assets held for part of year).	3		·
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1.3		
factors (explain in detail in Part VI)	200	Billian San San San San San San San San San S	· · · · · · · · · · · · · · · · · · ·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	1
7 Check here if the current year is the organization's first as a non-functionally	y inte	grated Type III supporting	organization (see
instructions)			,

Schedule A (Form 990 or 990-EZ) 2016

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Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	uons (conunuea)					
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish e							
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	zations	L				
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	6 Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6			_				
10	Line 8 amount divided by Line 9 amount							
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1_	Distributable amount for 2016 from Section C, line 6	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Underdistributions, if any, for years prior to 2016	( C		1. 35 1/26 1/20				
2	(reasonable cause required-explain in Part VI) See							
	instructions	4. 1 1 1 1 1		1. 经被销售额的				
_3	Excess distributions carryover, if any, to 2016	3. 300 6 33 B	1 6 . 1 . 1 . 1 ( 1 Col ) 1					
a		\$763 W 1996	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<i>国际设置</i>				
b	A CONTRACTOR OF THE PROPERTY O	18,50 W. 18. 20 3		<b>经现在外域的</b>				
С	From 2013	が、かびまれ、地類	53 525 23	的企会不多次企業的學				
d	From 2014	経験などに対しません。	以上,不是不是不是一个。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	SAME ENTRY				
е	From 2015			SACON DE LO CONTRA				
f	Total of lines 3a through e		Note: 11 10 10 10 10 10 10 10 10 10 10 10 10	AND				
g	Applied to underdistributions of prior years	Carlotte March		S. KARLANDAR MARKANINA				
h	Applied to 2016 distributable amount	<b>不够没有的</b> 这点	1 Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
i	Carryover from 2011 not applied (see instructions)	[a] ( [ ] ( ] ( ] ( ] ( ] ( ] ( ] ( ] ( ]						
j	Remainder Subtract lines 3g, 3h, and 3i from 3f		77. 77. Y	學之時代的主義主義				
4	Distributions for 2016 from							
	Section D, line 7 \$	\ ' \ `						
а	Applied to underdistributions of prior years			77.7 9.45				
b	Applied to 2016 distributable amount		,					
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if			,				
	any Subtract lines 3g and 4a from line 2 For result		(					
	greater than zero, explain in Part VI See instructions	<u> </u>						
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in	1	]					
	Part VI See instructions							
7	Excess distributions carryover to 2017 Add lines 3j							
	and 4c							
8	Breakdown of line 7							
a				,				
b	Excess from 2013							
c	Excess from 2014							
q	Excess from 2015							
е	Excess from 2016,							

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

				<u> </u>	TTACHMENT	1
SCHEDULE A, PART III -	OTHER INCOM	E				
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
INCOME FROM FUNDRAISING EVENTS	29,072	28,839	30,334	33,370.		121,615
MISCELLANEOUS REVENUE				301		301.
TOTALS	29,072		30, 334	33,671_		121, 916

#### 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. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990 Employer identification number Name of the organization 23-7240830 EAA VINTAGE AIRCRAFT ASSOCIATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items ▶ \$ \_

Sche	dule D (Form 990) 2016											Page ∠
Pa	rt III Organizations Maintaining Colle	ections of	Art, His	torical T	reasur	es,	or Oth	er Simi	lar Asse	ts (cor	ntınu	ed)
3	Using the organization's acquisition, access	ssion, and	other reco	rds, chec	k any o	of the	follow	ing that	are a sigi	nıficant	use o	of its
	collection items (check all that apply).							_	_			
а	Public exhibition		d [	Loan	or excha	ange	progran	ns				
b	Scholarly research		e -									
С	Preservation for future generations		٠ ـ						-			
4	Provide a description of the organization's	collections	s and expl	am how	thev fur	rther	the ord	ianization	's evemn	t nurno	se in	Part
•	XIII		o and expi		iney rui		10	janization	ia exemp	r puipo	JC 111	
5	During the year, did the organization solicit	or receive	donations d	of art buct	orical tr		TOS OF 6	thar cimi	lar			
•	assets to be sold to raise funds rather than									Yes		٦ ٨ ٦
Ba			airieu as pa	art or the	organiza	ation	s collec	RON?	• • • • •	res		No
Гe	Escrow and Custodial Arrangem Complete if the organization ansi		c" on Earr	~ 000 B	a+ 1\/ 1	ا مما	0 05 50	norted a		4 an Ea		
	990, Part X, line 21.	wered re	5 011 7011	11 990, P	art iv, i	iirie :	e, or re	porteu ai	n amoun	it on Fo	1111	
4-												
та	Is the organization an agent, trustee, custo										_	_
	included on Form 990, Part X?								L	Yes	L	∐ No
b	If "Yes," explain the arrangement in Part XI	II and comp	plete the fo	llowing tal	ole							
								F	Mount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year										-	
f	Ending balance					1f						
2a	Did the organization include an amount on	Form 990,	Part X, line	21, for e	escrow	or cu	stodial	account lia	ability?	Yes		No
	If "Yes," explain the arrangement in Part XI											1
	t V Endowment Funds.			•								
	Complete if the organization answ	vered "Yes	s" on Forn	n 990. Pa	art IV. I	ıne 1	10					
		rrent year	(b) Pric		(c) Tw			(d) Three	vears hack	(e) Fou	r vears	hack
4 -				, , , , , , , , , , , , , , , , , , , ,	(-,			(-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0).00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ıa	Beginning of year balance											
þ	Contributions							<del></del>				
С	Net investment earnings, gains,						Ì					
	and losses											
d	Grants or scholarships		·									
е	Other expenditures for facilities						[					
	and programs											
f	Administrative expenses								-			_
g	End of year balance											
2	Provide the estimated percentage of the cu	rrent year	end balanc	e (line 1q,	column	(a))	held as					
а	Board designated or quasi-endowment >_		_%			` ''						
b	Permanent endowment ▶ %											
С	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c sh	ould equal 1	100%									
3a	Are there endowment funds not in the poss	ession of th	ne organiza	ation that	are held	d and	d admin	stered for	the			
	organization by		Ū							[	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi									3b		
4	Describe in Part XIII the intended uses of the		•			•				30		<u> </u>
_	t VI Land, Buildings, and Equipment.	ie organiza	tion's endo	winenciui	ius							
L CI	Complete if the organization ans	wered "Ye	s" on For	m 990, P	art IV.	line	11a Se	ee Form	990, Par	rt X, line	e 10.	
	Description of property	(a) Cost or	other basis	(b) Cost o	or other ba		(c) Acci	umulated		d) Book va		
1.	Land	(invest	tment)	(0	ther)	$\dashv$	depre	ciation	<u> </u>			
	Land			<u> </u>						-		
b	Buildings	· · · · · · · · · · · · · · · · · · ·		] 3	346,31	. 4	•	59,048		2	77,2	266
	Leasehold improvements											
d	Equipment				11,58			10,483.			1,	105
	Other				47,58			32,869.			14,	
T ~ + ~	Add lines to through to (Column (d) must	t agual Fara	- 000 Dad	V 1	- (D) 1	. 40	- 1				00 /	200

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities. Complete if the organization answered	1 "Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(b) Book Value	Cost or end-of-year marke	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C) (D)				<del></del>
	<del>-</del>			
(E) (F)				
(G)				
—(G) (H)				
<del>- '</del>	n (b) must equal Form 990, Part X, col (B) line 12)		State Planting State	3.7
Part VIII			The said to be with the said t	<u> </u>
T art VIII	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(b) Book value	Cost or end-of-year marke	
(1)				
(2)				<del></del>
(3)				
_(4)				
(5)				
(6)				
(7)				<del></del>
(8)				
(9)	(b) must equal Form 990, Part X, col (B) line 13)			¥97,54,87,1 - 1
Part IX	Other Assets.		[320 280] 3340 AND	W. W
raitin	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
		scription	, . a ,	(b) Book value
(1)	(4) 00	oor phon		(b) Book Value
(2)				
(3)				
(4)	····			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col (B) I	ıne 15)		
Part X	Other Liabilities.			-
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11e or 11f See Form	n 990, Part X,
	line 25	····		
1	(a) Description of liability	(b) Book valu	e	
(1) Feder	al income taxes			
(2)				
_(3)				
_(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
	r uncertain tax positions. In Part XIII, provide the		=	
organization's	s liability for uncertain tax positions under FIN 48	(ASC /40) Check here		
6E1270 1 000			Sch	nedule D (Form 990) 20

Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	= 1	] ]
_	Net unrealized gains (losses) on investments	
b	bollated services and use of facilities	1 1
	Trecoveries of prior year grants	<b> </b>
d	Other (Describe in Part XIII.)	2e
	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	<del>-</del>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a  Other (Describe in Part VIII.)	
b	Citier (Describe in ar Air)	40
	Add lines 4a and 4b	5 5
5 Part	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Fart	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	····
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
	Other (Describe in Part XIII )	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1.	}
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	( )
b	Other (Describe in Part XIII )	
	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part III, lines 1b and 2b and	1771 15 1771
	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
		=: =: <del></del>
	•	

#### 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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

EAA VINTAGE AIRCRAFT ASSOCIATION, INC

FORM 990, PART V, LINE 2A

NUMBER OF EMPLOYEES ON FORM W-3

THE NUMBER OF EMPLOYEES ON FORM W-3 IS THE TOTAL EMPLOYEE COUNT FOR THE FILING ORGANIZATION WHILE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. IS THE COMMON PAYMASTER FOR EAA VINTAGE AIRCRAFT ASSOCIATION INC., THE NUMBER OF EMPLOYEES ONLY INCLUDES THE EMPLOYEE COUNT FOR EAA VINTAGE AIRCRAFT ASSOCIATION, INC.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION'S MEMBERS

EAA VINTAGE AIRCRAFT ASSOCIATION, INC IS A GROUP OF ABOUT 5,800 MEMBERS
WHO SUPPORT SAFETY, RETENTION AND RESTORATION OF ANTIQUE AND HISTORICAL
AIRCRAFTS

FORM 990, PART VI, SECTION A, LINE 7A

MEMBER RIGHTS

EAA VINTAGE AIRCRAFT ASSOCIATION, INC MEMBERS MAY VOTE, EITHER DIRECTLY
OR VIA PROXY FOR BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 7B

APPROVAL RIGHTS

ANY SUBSTANTIAL DISTRIBUTION OF ASSETS, CHANGE OF PURPOSE OR ALTERATION
TO GOVERNING DOCUMENTS MUST BE APPROVED BY THE MEMBERSHIP

Employer identification number

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS THE ORGANIZATION USES TO REVIEW FORM 990

THE FILING ORGANIZATION UTILIZES AN INDEPENDENT ACCOUNTING FIRM TO COMPLETE THE FORM 990 AND RELATED SCHEDULES A DRAFT COPY OF THE FORM 990 WAS SENT ELECTRONICALLY TO THE EAA VINTAGE AIRCRAFT ASSOCIATION, INC. BOARD FOR THEIR REVIEW AND A COPY OF THE FINAL FORM 990 WAS SENT TO THE BOARD PRIOR TO FILING WITH THE IRS

FORM 990, PART VI, SECTION B, LINE 12C ORGANIZATION'S POLICY REGARDING CONFLICT OF INTEREST POLICY ALL OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ANY DISCLOSURES NOTED ARE REVIEWED BY THE EXECUTIVE DIRECTOR TO DETERMINE IF THE SUBJECT MATTER OF DISCLOSURE IS DEEMED TO BE A CONFLICT OF INTEREST

FORM 990, PART VI, SECTION C, LINE 19 ORGANIZATION'S POLICY REGARDING MAKING CERTAIN DOCUMENTS PUBLIC EAA VINTAGE AIRCRAFT ASSOCIATION, INC MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Schedule O (Form 990 or 990-EZ) 2016				Page 2
Name of the organization			Employer identific	ation number
EAA VINTAGE AIRCRAFT ASSOCIATION, INC				
FORM GOO DADE WITH CROSS CALES AND CO	NCW OF COORS		ATTACHMENT 1	
FORM 990, PART VIII - GROSS SALES AND CO	151 OF GOODS	SOLD_		
GROSS SALES LESS RETURNS AND ALLOWANCES			6,028	
INVENTORY AT BEGINNING OF YEAR	•		10,607	
PURCHASES			354	
	-			
SALARIES AND WAGES				
OTHER COCKS				
OTHER COSTS				
SUBTOTAL .			10,961	-
MINUS ENDING INVENTORY	٠		10,737	
COST OF GOODS SOLD			224	_
				=
			ATTACHMENT	<del></del>
		=	111 111 0111 1111	<u></u>
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP	AND GENERAL	EXPENSES
PUBLICATION EDITORIAL	64,348	64,348		
ADMINISTRATIVE FEE	21,711	15,728	4,487	1,496
	21,711	10, .20	1, 10,	1,150
OTHER	3,265	2,499	728	38
	00.334	02 575	E 215	1 524
TOTALS	89,324	82,575	5,215	1,534