As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492045007140 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 10-01-2018 and ending 09-30-2019 B Check if applicable D Employer identification number C Name of organization THE AVIATION COUNCIL OF ALABAMA INC ☐ Address change 63-1205327 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 1270 EMERALD MOUNTAIN PARKWAY ☐ Final return/terminated (334) 850-2568 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return WETUMPKA, AL 36093 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www THEAVIATIONCOUNCILOFALABAMA COM **J Tax-exempt status** (check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀ (insert no) □ 4947(a)(1) or □ 527 **K** Form of organization □ Corporation □ Trust □ Association □ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I \checkmark 1 3,000 2 2 Program service revenue including government fees and contracts 71,417 3 36,845 Membership dues and assessments 4 17 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b Less direct expenses from gaming and fundraising events 6с d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 82 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 111,361 10 Grants and similar amounts paid (list in Schedule O) 10 3,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 33,920 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . . 15 Printing, publications, postage, and shipping 15 359 16 Other expenses (describe in Schedule O) 16 9.497 17 17 Total expenses. Add lines 10 through 16 46,776 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 64,585 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 27,276 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 91,861 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

-orm 990-E	:2 (2018)						Page 2
Part II	Balance Sheets (see the instruction: Check if the organization used Schedule		wastian in this	Dort II			
	Check if the organization used Schedule	O to respond to any q	juestion in this		eginning of year	· ·	(B) End of year
22 Cash, s	avings, and investments			(A) D	27,276	22	91,861
	nd buildings				·	23	· · · · · · · · · · · · · · · · · · ·
24 Other a	ssets (describe in Schedule 0)					24	
	ssets				27,276		91,861
	abilities (describe in Schedule O)					26	
	sets or fund balances (line 27 of column	· ,	•		27,276	27 T	91,861
Part Ⅲ	Statement of Program Service And Check if the organization used Schedule	•	•		t III) • • ☑	(R	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?) and 501(c)(4) ganizations, optional for
Describe th measured b	AND PROMOTE AVIATION FACILITIES, SA e organization's program service accompli by expenses. In a clear and concise manne and other relevant information for each pro-	shments for each of its er, describe the service	s three largest	program	services, as		hers)
28 See Additio	nal Data Table						
(Grants \$) If this amoun	it includes foreign gran	its, check here		. ▶ □	28a	
29 See Ado	litional Data Table					29a	
(Grants \$		t ıncludes foreıgn gran	its, check here		. ▶ □		
30 See Ado	litional Data Table					30a	
(Grants \$		t ıncludes foreign gran			. ▶ □		
	rogram services (describe in Schedule O)						
(Grants \$)	rogram service expenses (add lines 28a	t includes foreign gran			. ,	31a	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not co	ompensated — see the	ınstrı	ictions for Part IV)
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.			
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -(ation /1099- o t paid,	(d) Health ben- contributions to er benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
See Addıtıo	nal Data Table						

Pai	t V Other Information (Note the Schedule A and personal benefit contract statement requirement	s in the	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	<u> </u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			No
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		110
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Yes	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37Ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39		- I		
				ĺ
	·	- !		
	Gross receipts, included on line 9, for public use of club facilities	- !		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ĺ
	section 4911 ▶, section 4912 ▶, section 4955 ▶	!		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
42a	also the states with which a copy of this return is filed.			
	e organization's books are in care of ▶ LYNN WELDON Telephone no •	(334)	850-256	8
	Located at ▶ 1270 EMERALD MOUNTAIN PARKWAY 1270 EMERALD MOUNTAIN PARKWAY WETUMPKA, AL ZIP + 4 ▶	· <u>36093</u>	<u>i</u>	
		ļ		
_		$\overline{}$	Yes	No
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43	,		
		$\overline{}$	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
Ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
4E-	explanation in Schedule O			N.
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
4 9 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

46 Did th					Yes	No
candid	e organization engage, directly or indire lates for public office? If "Yes," complete	ctly, in political campaid	n activities on behalf o	of or in opposition to		
Part VI	Section 501(c)(3) organization	·			46	No
are vi	All section 501(c)(3) organizations		ions 47- 49b and 52	, and complete the table	es for lines	50 and
	51. Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI			
	-				Yes	
	e organization engage in lobbying activi 5," complete Schedule C, Part II	ties or have a section 50	O1(h) election in effect	during the tax year?	47	
18 Is the	organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E	48	
	e organization make any transfers to an	. , . , . , . ,	, ,		49a	
b If "Yes	s," was the related organization a section	n 527 organization? .			49b	
50 Compl	ete this table for the organization's five	highest compensated ei	mployees (other than o	officers, directors, trustees	and key emp	oyees)
	ach received more than \$100,000 of cor Name and title of each employee	npensation from the org	ganization If there is n	one, enter "None " (d) Health benefits,	(e) Estimat	ed amou
(a) 	Name and the or each employee	hours per week devoted to position	compensation (Forms W-2/1099- MISC)	contributions to employee benefit plans, and deferred compensation		
	lete this table for the organization's five ensation from the organization. If there		ndependent contractors	who each received more the	nan \$100,000	of
	(a) Name and business address of	each independent contra	actor	(b) Type of service (c) Compensat	on
d Tota	I number of other independent contracto	ors each receiving over s	\$100,000 .			
	·	-				
52 Did	I number of other independent contractors the organization complete Schedule A? spleted Schedule A	NOTE. All section 501(d	c)(3) organizations mu		> □ Yes □	
52 Did com nder penalt nowledge a	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu	edules and statements, and	to the best	of my
52 Did com nder penalt	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu	edules and statements, and is based on all information	to the best	of my
nder penalt nowledge a as any know	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu	edules and statements, and is based on all information	to the best	of my
nder penalt nowledge a as any know	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu	edules and statements, and is based on all information	to the best	of my
nder penalt nowledge a as any know	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu ding accompanying sch rer (other than officer)	edules and statements, and is based on all information	I to the best of which pre	of my
nder penalt nowledge a as any know eign lere	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(c	c)(3) organizations mu ding accompanying sch rer (other than officer)	edules and statements, and is based on all information 2020-02-05 Date	to the best of which pre	of my
52 Did com	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(comminded this return, included the Declaration of preparation of preparat	c)(3) organizations mu ding accompanying sch rer (other than officer)	edules and statements, and is based on all information 2020-02-05 Date Check if print poor4 self-employed Firm's EIN > 26-18796	to the best of which pre	of my
nder penalt nowledge a as any know sign lere	the organization complete Schedule A? pleted Schedule A	NOTE. All section 501(commined this return, included the Declaration of preparetion of prepareti	c)(3) organizations mu ding accompanying sch rer (other than officer)	edules and statements, and is based on all information 2020-02-05 Date Check If PTIN P0074 self-employed	to the best of which pre	of my

Form 990-EZ (2018)

Page **4**

Additional Data

Software ID: Software Version:

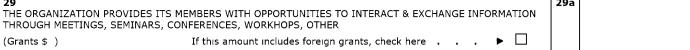
EIN: 63-1205327

Name: THE AVIATION COUNCIL OF ALABAMA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizat services, as measured number of persons bei	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 THE ORGANIZATION PRO	OVIDES AN EFFECTIVE NETWORK OF AVIATION-MINDED INDIVIDUALS, BUSINESSES,	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ \blacktriangleright \ \Box$		

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 29 29a



Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4) services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.) 30a



Check if the organization used Schedule O to	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
TODD STOREY PRESIDENT	1 00	0		
THOMAS HUGHES VICE-PRESIDE	1 00	0		
JEFF POWELL SECRETARY	1 00	0		
LESLIE WILLIAMS-MURRAY TREASURER	1 00	0		
JERRY COFIELD DIRECTOR	1 00	0		
RUSS KILGORE DIRECTOR	1 00	0		
ROOSEVELT LEWIS DIRECTOR	1 00	0		
THOMAS DAY DIRECTOR	1 00	0		
RAY MILLER DIRECTOR	1 00	0		
ART MORRIS DIRECTOR	1 00	0		
TERRY FRANKLIN DIRECTOR	1 00	0		
ERSKINE FUNDERBURG DIRECTOR	1 00	0		
NIKKI JORDAN DIRECTOR	1 00	0		
RICK TUCKER DIRECTOR	1 00	0		
BOBBY ODOM DIRECTOR	1 00	0		

0

BOBBY ODOM DIRECTOR

SCHEDULE C

Section 527 organizations Complete Part I-A only

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93492045007140

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Open to Public Inspection

• S • S f the Prox	Section 501(c)(3) organizations that Section 501(c)(3) organizations that		ection 501(h)) Conder section 501(h	mplete Part II-A Do not co)) Complete Part II-B Do l	omplete Part II-B not complete Part II-A	
Nan	ne of the organization	actions complete rare in		Employer ider	ntification number	
THE	AVIATION COUNCIL OF ALABAMA INC			63-1205327		
Pari	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is		zation.	
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instructions f	for definition of	
2	Political campaign activity expend	\$				
3	Volunteer hours for political camp	· · · · ·			_	
Par	t I=B Complete if the organ	nization is exempt under sectio	n 501(c)(3).			
1	Enter the amount of any excise ta	ex incurred by the organization under se	ection 4955	>	\$	
2	Enter the amount of any excise ta	ex incurred by organization managers u	nder section 4955	>	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:hıs year?		☐ Yes ☐ No	
4a	Was a correction made?				☐ Yes ☐ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3)		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$	
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ection 527 exempt	\$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b					
4	Did the filing organization file Form 1120-POL for this year?					
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly deliver- ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
1						
2						
3						
4						
5						
6						
For Pa	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2018	

ь	Total lobbying expenditures to influence a legislative		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	d 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

1

1

2

1

2

C Total

Part IV

3

Part III-B

Current year

Carryover from last year

expenditure next year?

Return Reference

answered "Yes."

Dues, assessments and similar amounts from members

Supplemental Information

expenses for which the section 527(f) tax was paid).

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

(b)

Amount

Yes

1

2

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2018

No

No

No

Nο

36,845

2,007

2.007

8,474

-6.467

(a)

No

Yes

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

If "Yes," enter the amount of any tax incurred under section 4912 Part III-A

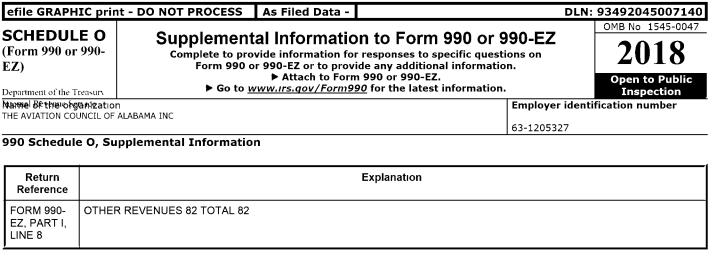
Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART I, LINE 16

EXPENSES BANK CHARGES/OTHER FEES 2,088 CONFERENCE EXPENSES 419 INSURANCE 1,747 OFFICE EXPENSES 1,491 TRAVEL AND MEETINGS 1,745 WORKSHOP EXPENSES 2,007 TOTAL 9,497

Return Explanation
Reference

FORM 990-EZ, PART II. 3,076 3,076 LESS ACCUMULATED DEPRECIATION 3,076 3,076 TOTAL 0 0

990 Schedule O, Supplemental Information

LINE 24

990 Schedule O, Supplemental Information

Reference	· ·
FORM 990-	TO FOSTER AND PROMOTE AVIATION FACILITIES, SAFETY, INDUSTRY, BUSINESS AND PUBLIC POLICY IN ALABAMA

Explanation

EZ, PART III

Return