# Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(i) of the Internal Revenue Code (except private foundations)

OMB No. 1845-0047 2016

De Int	padment o ernal Reve	of the Treasury crue Service	► Informal	i enter social secu ion about Form 9	irity numbers on this fon 30 and its instructions is	m as it may be ma at www.irs.go	ade public. v/form990.			Open to Public Inspection
A	For th	e 2016 calendar	year, or tax year be			016, and endir				2017
В		applicable: C	<del>-</del>		, , , , , ,	unu   -	9 0/		ver ide	ri ZUE I
	Add	diess change Ca	rolinas Aviat	ion Museu	ım					•
	Nan	me change 46	72 First Flic	ht Drive	4411		ł	E Telept		9105
	Init	ial relum Ch	arlotte, NC 2	8208			ĺ	•		
	Пред	) relato/terminoled					}	/U4	-99	7-3770
	$\vdash$	ended return					l			
	-		Name and address of princ	nal officer	<del></del>		K(a) Is this a	G Gross		2/402/005/
	٠٠٠٠	- 1	me As C Above	· ·		i				
$\overline{}$	Tayen	xempt slatus X	501(c)(3)   501(c)		sert no.) 4947(a)(	S. Lean	H(b) Are all a	ittach a list	s esclui . <b>(sea</b> i	fed? Yes 110
Ť			carolinasavia	• •	12015 100.) 434/(3)(					
ĸ			Corporation Trust		Tax b		H(c) Group o			
	art I	Summary	Corporation Inust	Association	Other ►	L Year of formati	ion: 1992	M	State o	l legal domicilo: NC
	1 E	Briefly describe	ha araznizationia mie	alaa aa aa l	familia de la companya de la company					
	l';	who chance	he organization's mis	sion or most s	ignificant activities:	3 <u>y_tellin</u>	g_the_s	torie	<u>s_0</u>	f the people
ខ្ព	<u>}</u>	miv onapea	OUT GATUETON	METTIGHE	. ije uarom	<u>as Aviati</u>	on Musi	ēāwī Ţi	<u>ispi</u>	res future
ĕ	<u> </u>	devera crovis	s to write av.	racron 2	mext_cnapter.					
Activities & Governance	2 0	Check this box	If the organizat	ion discontinue	dile populiere es					
ලි	3 1	Vumber of votina	members of the gov	ernina hody (P	ons operations or b	isposeo oi mo	ire than 25	% 01 115		1
98 10	4 1	adapui io iaguinh	endent voting membe	ers of the gove	mino body (Parl VI.	line 1h).			3	9
ă	5 T	otal number of li	ndividuals employed	in calendar ve	ar 2016 (Part V. line	2a1			5	9 24
Ş	6 T	otal number of A	/olunteers (estimate i	f necessary)					6	57
Ą	7a T	otal unrelated by	usiness revenue from	ı Part VIII. colu	imn (C), line 12				7a	0.
	b N	let unrelated bus	iness taxable incom	from Form 99	0-T, line 34	,			7b	0.
							Pri	or Year	<b></b>	Current Year
Ð	8 C	contributions and	grants (Part VIII, lin	e 1h)				108,2	65.	368,060.
롡	9 P	rogram service r	revenue (Part VIII, Iir	e 2g)				424,8		654,095.
Revenue	10 ir	nvestment incom	e (Part VIII, column	(A), lines 3, 4,	and 7d)					
ш.	11 0	aner revenue (Pa	art VIII, column (A), i	nes 5, 6d, 8c,	9c, 10c, and 11e)			70,8	75.	95,147.
	12 T	olai revenue – a	add lines 8 through 1	(must equal t	Part VIII, column (A)	, line 12),		603,9	89.	1,117,302.
	13 G	rants and simila	r amounts paid (Part	IX, column (A	), lines 1-3)					
:	14 B	enents paid to o	r for members (Part	IX, column (A)	, line 4)					
63	15 S	alaries, other co	mpensation, employe	e benefils (Pa	rt IX, column (A), lin	ies 5·10)	366,983		83.	383,563.
2	16a Pi	rolessional fundr	raising fees (Part IX,							
Expenses	ьто	otal fundraising e	expansas (Part IX, co	iluma (D), line	25) >	52,912.	SAN TO		in the	
ώ	17 0	ther expenses (F	Parl IX, column (A), i	ines 11a-11d.	11f-24e)	02/3201		237,2	0.2	270 247
	18 To	otal expenses. A	dd lines 13-17 (must	equal Part IX.	column (A), line 25)	i.		604,2		278,347.
ı	19 Re	evenue less exo	enses. Subtract line	8 from line 12			-		87.	661, 910.
8 8		· · · · · · · · · · · · · · · · · · ·				***************************************	Beginning (			455, 392. End of Year
ęŝ	20 To	otal assets (Part	X, line 16)					314,5		
휳쁿	21 To	olal liabilities (Pa	rt X, line 26)		**************			$\frac{314.5}{114.1}$		735, 324. 79, 476.
žš			balances. Subtract I						_	
₽a		Signature Bl		101111111	6 20	* * * * * * * * * * * * * * * * * * * *		<u>200,4</u> :	56.	655,848.
owb	leto. Decia	kapou of brebater (or	hal I have exemined this rel ner (han officer) is based on	all information of v	rpanying screenies and siz hich preparer has any knoi	itements, and to thi Medge.	a bast of my k	nokledge d	nd beli	el, it is two. correct, and
		<b>I</b>	11 m	Moc				1_ (	_	
Sig	n	Signature of of	licer	<u></u>		<del></del>	Date	<u></u>	4	15
ler		Gary Gr	·eer				<b>Тисоси</b>			
		Type or print no					Treasu	rer	-	
		ProViyce preparer	's name	Preparer's signal	vre	Dale	Ī <sub>n</sub> .	eck	iſ	PTIN
ai	d	Terry W.	Lancaster	]		1		l-employed	, ,	
	u parer		C. DeWitt For	ard & Co	PA, CPAs			. sirpitoyed		P00096087
	Only		817 E. Morehe					m's EIN 🕨	g.c.	1600200
		,								
			Charlotte, NO							-1688300 -372-1515

# Form 990

### Return of Organization Exempt From Income Tax

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

OMB No. 1845-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection A For the 2016 calendar year, or tax year beginning . 2016, and ending 2017 B Check if applicable: D Employer Identification number Carolinas Aviation Museum Address chance 56-1769105 Name change 4672 First Flight Drive Telephone number Charlotte, NC 28208 fritial return 704-997-3770 Fied (stan/temated Amended return G Gross receipts \$ F Name and address of principal officer: Application pending H(a) Is this a group return for subordinales? Y63 X Ho H(b) Are all subordinates included?
If 'No,' attach a list, (see instructions) Same As C Above X 501(c)(3) 501(c) ( Tax-exempt status ) ≤ (insert no.) 4947(a)(1) or Website: www.carolinasaviation.org H(c) Group exemption number ▶ Form of organization; X Corporation Trust Association L Year of formation: 1992 M State of legal demicile: NC Summary Briefly describe the organization's mission or most significant activities: By telling the stories of the people who shaped our aviation heritage, the Carolinas Aviation Museum inspires future Activities & Governance generations to write aviation's next chapter. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... Number of independent voting members of the governing body (Part VI, line 1b). 9 Total number of individuals employed in calendar year 2016 (Part V, line 2a)..... Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12..... b Net unrelated business taxable income from Form 990-T, line 34..... 0. **Current Year** Contributions and grants (Part VIII, line 1h)..... 108,265. 368,060. Program service revenue (Part VIII, line 2g) ..... 424,849, 654,095. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e),..... 70,875 95,147. 117,302. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 603,989. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 366,983. 383,563. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 237,293 278,347. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 604,276. 661,910. 19 Revenue less expenses. Subtract line 18 from line 12..... 455,392 -287. End of Year Beginning of Current Year Total assets (Part X, line 16) ..... 20 314,572. 735,324 21 Total liabilities (Part X, line 26)..... 114,116. 79,476. Net assets or fund balances. Subtract line 21 from line 20..... 200,456 655,848 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schadulas and statements, and to the best of my knowledge and better, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Gary Greer
Type or print name and title Treasurer Prol/Type preparer's name Preparer's signaturo Dale Terry W. Lancaster sell-employed P00096087 Paid Furn's name C. DeWitt Foard & Co, PA, CPAs Preparer Use Only Fum's oddress | 817 E. Morehead Street, Ste. 100 firm's EIN - 56-1688300

Charlotte, NC 28202-2767

Phone no. 704-372-1515

		Carolinas Avia				56-1	769105	F	Page 2
Par		tement of Program S							
		k if Schedule O contains		any line in this Part	III				<u> </u>
1	Briefly desc	ribe the organization's m	ission:						
		ing the stories n Museum inspire							as
							<del></del>		
2		nization undertake any sigr				•			
		r 990-EZ?					Ye	s X	No
		cribe these new services					_	_	
3	If 'Yes,' des	anization cease conductin cribe these changes on S	Schedule O.				ш		No
4	Describe the Section 501 and revenue	e organization's program (c)(3) and 501(c)(4) orga e, if any, for each progra	service accomplishmen nizations are required t m service reported.	ts for each of its the o report the amount	ree largest program t of grants and alloc	services, as r ations to othe	neasured t rs, the tota	y expen Lexpens	ises. Ses,
4 a	(Code:	) (Expenses \$	459,299. incl	uding grants of \$		) (Revenue	\$		)
	homesch targete enginee	eum offers a var ool days, STEM s d at underserved ring, and math)	iety of hands summer camps& c I youth. Progr learning that	on experience lasses, educa amming focus	es including ator visits, ed on STEM (s	a field and prog	ramming technol	ogy,	
	generat	ion of aviation	professionals.						
			<b></b>						
						<b></b>			
		<del></del>		<b></b>	<b></b>				
					<b></b>				- <del></del> -
- A L	(Code:	) (Expenses \$	inal	iding aranta of \$		\	ċ		
4 0	(Code	) (Exhenses \$	IIICI	uding grants or \$ _		) (Revenue	ې		
						<del></del>			<b>-</b>
		<del></del>		<del></del>	<del></del>				
				<del> </del>					
		·							<del>-</del>
		<del>-</del>							
				<del> </del>					
		· <b></b>		<del></del>					
				<del></del>					
		·							
4 c	(Code:	) (Expenses \$	incl	uding grants of \$		) (Revenue	\$		)
				_					
		· <del></del>	<del></del>	- <del> </del>					
		. <b></b>							
		<b></b>							
	<del></del>		<b></b>	<u> </u>					
			<b>-</b>						
				- <b></b>				<del></del>	
				<del> </del>					
4.1	Other press	om contiene (Denerihe in 1	Pahadula ()						
4 Q	Otner progra (Expenses	am services (Describe in i	including grants of	ė	) (Revenue	ċ		`	
4 e	<u> </u>	m service expenses >	459, 299		) (i revelide	~			~*
	p. og. ui		307,400	,					

Form 990 (2016) Carolinas Aviation Museum
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2			X	
3		3		Х
4		4		X
5				X
6		6		Х
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		8	Х	73.31
9		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	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	1,11		
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	Х	
	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.	11 b	Х	
	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	11 c		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.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	-	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>х</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		<u></u>
BAA	**************************************		100 (0)	24.51

# Form 990 (2016) Carolinas Aviation Museum Part IV Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ا	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	·	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2016)

	m 990 (2016) Carolinas Aviation Museum irt V   Statements Regarding Other IRS Filings and Tax Compliance	56-1769105	i	F	Page
1 6	Check if Schedule O contains a response or note to any line in this Part V				Г
	Check it ochedule o contains a response of note to any line in this raft v				· [
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10	. 1	Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	10			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gar				
	(gambling) winnings to prize winners?	ming	1 c		X
2	a 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		11.5		
		24		1	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns	i?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		Х
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q	<b></b>	3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	rer, a ount)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country: >				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE				
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>L</u>	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the or solicit any contributions that were not tax deductible as charitable contributions?	rganization	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	/ere	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		13	3.1	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds and	3.4		
	services provided to the payor?		7 a		Х
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required t Form 8282?	o file	, .		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year		7с		Λ
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	act?	7 e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899				
	as required?		7 g		
ļ	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsor				
	organization have excess business holdings at any time during the year?	<b>⊢</b> -	8		
9	Sponsoring organizations maintaining donor advised funds.	'			
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:				
	a 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				
	Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	1			
'	against amounts due or received from them.)				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	·	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		9.5		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
â	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	:			
ŧ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q.....

14 a

14b

Х

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 9 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. b Enter the number of voting members included in line 1a, above, who are independent . . . . 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee?..... 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 Χ Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed?..... X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 6 Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Χ 7 a members of the governing body?..... b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8 a Χ b Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10 a 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Did the organization have a written whistleblower policy?..... 13 Χ Х 14 14 Did the organization have a written document retention and destruction policy?..... 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? a The organization's CEO, Executive Director, or top management official..... 15 a 15b b Other officers or key employees of the organization...... If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year?..... 16 a bilf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements?.... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > SC NC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Own website Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0 State the name, address, and telephone number of the person who possesses the organization's books and records: Lynn Wyles 4672 First Flight Drive Charlotte NC 28208 704-997-3770

Form 990 (	2016)	Carolinas	Aviation	Museum

56-1769105

Page 7

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

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

1 a 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.

		(C)								
(A) Name and Title	(B) Average hours per	thai i:	n one s both dire	box, ⊧an c	unle: officer trust		on	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Koy employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Greg Boulanger	0					"I				
Vice Chair	0	Х		Χ				0.	0.	0.
<u>(2) Kamin Brennan</u>	0									
Secretary	0	X		Х				0.	0.	0.
(3) Gary Greer	0									
Treasurer	0	X		Х				0.	0.	0.
(4) Harry Creemers	0									
Director	0	X						0.	0.	0.
(5) Rod Dean	0									
Director	0	X						0.	0.	0.
(6) Brent Vandervort	0									
Director	0	Х						0.	0.	0.
(7) Tracy Montross	0					ĺ				
Chair	0	Χ		X				0.	0.	0.
(8) George Simms	0				İ					
Director	0	X						0.	0.	0.
(9) Mary Tomasello	0		-				ļ			
Director	0	X						0.	0.	0.
(10) Sam Schiffman	0	ļ								
Director	0	Χ						0.	0.	0.
(11) Brian Siegel	0			-						
Director	0	X		_			$\perp$	0.	0.	0.
(12) Creighton Call	0							İ		
Director	0	Х						0.	0.	0.
(13) Chris Paynter	0									
Director	0	Х	_					0.	0.	0.
(14) Beth Troutman	0									
Director	0	X						0.	0.	0.

Part VII   Section A. Officers, Directors, 7		Key	En			es,	and	d Highest Com	pensated Em	ployed	<b>≥S</b> (con	tinued)
	(B)			•	C) cition					İ		
(A) Name and title	Average hours per week	box offi	unle cer a	ess pend a	erson direct	e than is bot or/trus	h an itee)	(D) Reportable compensation from	(E) Reportable compensation from	an	( <b>F)</b> Estimate rount of c	other
	(list any hours	or director	instit	Offic	Key employee	empl	Forn	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		ompensat from the organizati	e ion
	for related organiza	recto Tecto	nstitutional trusted	ğ	emple	oyee	ू इ				and relati rganizatio	
	- tions below	j. m	L.C.		усс	mper						
	dotted line)	8	dec			Highest compensated employee						
(15) Marie Timmons	0							0	0			
Director (16) Harold Coppinger Jr.	40	X			-	ļ <u>.</u>	_	0.	0	•		0.
Former Ex. Dir.				Х				39,022.	0			0.
(17) Mary Katie Swaringen	40								_			
Interim Ex. Dir	0	-		Х				55,676.	0	<u>.                                     </u>		0.
<u>(18)</u>												
(19)		-										
(20)		İ										
(21)		-		-								
(22)		1										
(23)		-										
							ļ					
(24)												
(25)		-										
1 b Sub-total.		 	نـــــا 				<b>&gt;</b>	94,698.	0	<u>.</u>		0.
c Total from continuation sheets to Part VII, Se							<b>•</b>	0.	0			0.
d Total (add lines 1b and 1c)							wool	94,698.	0 of constable con		on	0.
from the organization ()	ea to triose i	iistea	apo	ve) v	MIIO	recei	veu	more man \$100,00	o or reportable com	репѕац	OH	
your dispersion of								<del></del>			Yes	No
3 Did the organization list any former officer, dir on line 1a? If 'Yes,' complete Schedule J for s	ector, or tru uch individu	istee, <i>ial</i>	key	em	plo	yee,	or h	nighest compensat	ed employee	. 3	1	X
4 For any individual listed on line 1a, is the sum	of reportab	le co	mbe	ensa	ition	and	oth	er compensation t		10 N.3		
the organization and related organizations gre- such individual	ater than \$1	50,0	00?	If "	es,	' соп	ıple	te Schedule J for		4		x
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If ')	rue comper	nsatio	n fr	om	anv	unre	late	d organization or	individual	. 5		X
Section B. Independent Contractors												
Complete this table for your five highest comp compensation from the organization. Report comp	ensated ind ensation for	epen the c	dent alen	t cor dar	ntra year	ctors endi	tha ng v	t received more the vith or within the or	ian \$100,000 of ganization's tax yea	ar.		
(A) Name and business a	ddress							( <b>B)</b> Description o	f services	Comp	<b>(C)</b> ensati	on
Total number of independent contractors (including \$100,000 of compensation from the organization)	•	ited to	o the	se I	isted	abo	ve)	who received more	than			
RAA	<u></u>	TEFAC	100	1171	C/11 C					Forr	n <b>990</b>	(2016)

		Check if Schedule O contains a res	ponse or note to a	ny line in this Part	Viil		F
_				Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
Contributions, Gifts, Grants	2 1	b Membership dues					
Contr	2	g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f		368,060			
e Revenue	2	a Admissions b	Business Code	654,095	654,095		
Program Service Revenue		de  f All other program service revenue					
P.		g Total. Add lines 2a-2f		654,095.			
	3 4 5	other similar amounts) Income from investment of tax-exemp Royalties	t bond proceeds				
		a Gross rents	(ii) Personal				
	7	d Net rental income or (loss)	(ii) Other				
	,	and sales expenses					
Revenue		a Gross income from fundraising events (not including., \$ of contributions reported on line 1c), See Part IV, line 18	a				
Other Rev		b Less: direct expenses	vents				
		Gross income from gaming activities. See Part IV, line 19	1				
		Dess: direct expenses					
	b	a Gross sales of inventory, less returns and allowances	113,787.				
ŀ		Miscellaneous Revenue	Business Code	88,977.	88,977.		Martin His
	lla b c	Other		6,170.	6,170.		
		All other revenue	<b>&gt;</b>	C 170			
1		Total revenue. See instructions		6,170. 1,117,302	749.242	0	• • • • • • • • • • • • • • • • • • • •

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).

		(4)	line in this Part IX		,
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations and domestic governments. See Part IV, line 21.		·		CAPOTISCS
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	94,698.	67,236.	19,886.	7,576
_		0.	0.	0.	0
7	Other salaries and wages	257,243.	196,720.	39,944.	20,579
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				20,313
9	Other employee benefits				
10	Payroll taxes	31,622.	23,716.	E 277	A FAA
11	Fees for services (non-employees):	51,022,	23,110.	5,376.	2,530
а	Management				
	Legal				
C	Accounting				
	Lobbying				
	Professional fundraising services, See Part IV, line 17			ing ang sa sa sa sa sa sa sa sa sa sa sa sa sa	
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25 column				
12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.5 Ch. Advertising and promotion	67,213.	30,246.	30,246.	6,721
13	Office expenses				
14	Information technology				
5	Royalties				
16	Occupancy	62,170.	46,627.	10,642.	4 001
	Travel	1,035.	776.	176.	4,901
	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,033.	770.	170.	83.
19	Conferences, conventions, and meetings				
20	Interest	2,677.	2,115.	562.	
21	Payments to affiliates	270111	2,110,	302.	
22	Depreciation, depletion, and amortization	30,611.	12,857.	15,306.	2 440
23	Insurance	21,053.	15,790.	3,579.	2,448.
24	Other expenses. Itemize expenses not		13,750.	3,319.	1,684.
	covered 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.)				
a	Supplies	25,346.	19,009.	4 200	0.000
	Communications	20,146.	8,058.	4,309.	2,028.
	Postage and Shipping	15,530.	11,648.	10,073.	2,015.
ď	Events	8,872.	6,654.	2,640.	1,242.
e/	All other expenses	23,694.	17,847.	1,508. 5,452.	710.
	Total functional expenses. Add lines 1 through 24e	661,910.	459,299.	149,699.	395.
6 t	hoint costs. Complete this line only if the organization reported in column (B) coint costs from a combined educational campaign and fundraising solicitation.	301,310.	433,239.	149, 699.	52,912.
(	Check here ► if following SOP 98-2 (ASC 958-720).	i	!	1	

		Check if Schedule O contains a response or note t	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			22,755.	1	149,292.
	2	Savings and temporary cash investments			31,180	2	132,008.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,987.	4	30,760.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	mploy	ees. Complete		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	erson: (3)(B), )(9) vo e Part	s (as defined under and contributing luntary employees' II of Schedule L		6	
Ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			23,038.	8	18,952.
Ă	9	Prepaid expenses and deferred charges			4,366.	9	19,397.
		a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	or other basis.				13,337.
	Ŀ	Less: accumulated depreciation	10Ь	282,662.	211,246.	10 c	105 200
	11	Investments – publicly traded securities		202,002.	211,240.	11	185,290.
	12	Investments - other securities. See Part IV, line 11				12	199,625.
	13	Investments - program-related. See Part IV, line 11.				13	199,623.
	14	Intangible assets.			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line	314,572.	16	725 224		
	17	Accounts payable and accrued expenses			48,993.	17	735,324. 25,100.
	18	Grants payable			18	25,100.	
	19	Deferred revenue			20,116.	19	15,432.
	20	Tax-exempt bond liabilities				20	= 0,7.02.
es	21	Escrow or custodial account liability. Complete Part I'				21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l dieau	alified persons		22	
-	23	Secured mortgages and notes payable to unrelated th			30,503.	23	25,301.
	24	Unsecured notes and loans payable to unrelated third			30,303.	24	23,301.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	s to re plete F	lated third parties, Part X of Schedule D.	14,504.	25	13,643.
	26	Total liabilities. Add lines 17 through 25			114,116.	26	79,476.
nces		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	'e ►	X and complete			
Ě	27	Unrestricted net assets			154,257.	27	401,106.
39	28	Temporarily restricted net assets			46,199.	28	55,117.
ק	29	Permanently restricted net assets				29	199,625.
Net Assets or Fund Bala		Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.			233,023.		
Ý	30	Capital stock or trust principal, or current funds			THE STATE OF	30	
8	31	Paid-in or capital surplus, or land, building, or equipme				31	
As	32	Retained earnings, endowment, accumulated income,				32	
ङ्ग	33	Total net assets or fund balances			200,456.	33	655,848.
		Total liabilities and net assets/fund balances			314,572.	34	735,324.
BAA					011,0,2.		Form <b>990</b> (2016)

		6-1	769105		Pa	age 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					🗍
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,	117,3	302.
2	Total expenses (must equal Part IX, column (A), line 25)		2		61,	
3	Revenue less expenses. Subtract line 2 from line 1		3		155,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		200,4	
5	Net unrealized gains (losses) on investments		5		,	
6	Donated services and use of facilities		6	•		
7	Investment expenses		7			
8	Prior period adjustments		8			
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,					
F1	column (B))	1	0	- 6	55,8	348.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII.					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	ewed	on a			
ŀ	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep	arate		3.4 4.1.44		
	basis, consolidated basis, or both:    X   Separate basis			1,144		
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	ıdit,		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e 		3 a		Х
ł	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit		3 b		
ВАА	or desire, explain any in contoune of and describe any steps taken to undergo such addits				1 990 (	2016
				LOU	ו שבבו	(2010)

### 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

Open to Public Inspection

Name of the organization Employer identification number Carolinas Aviation Museum 56-1769105 Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 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. 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. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (iv) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) above (see instructions); Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2016 Carolinas Aviation Museum 56-1769105

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.) If the

Se	ction A. Public Support	under the tests i	isted below, plea	se complete Part	III.)	.,	
	endar year (or fiscal year	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(a) 2016	40 T L I
peç 1	inning in)  Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')		(2) 2010	(0) 2017	(4) 2013	<b>(e)</b> 2016	(f) Total
2	_						
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>		
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						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4						
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						
12	Gross receipts from related activ	ities, etc. (see in:	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	- 501(-)(2)	▶ □
Sec	ion C. Computation of Pul						
14	Public support percentage for 20	16 (line 6, column	n (f) divided by lin	ne 11, column (f)).			<del>-</del> %
15	Public support percentage from 2	2015 Schedule A,	Part II, line 14			15	%
16a	6a 33-1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances testor more, and if the organization rorganization meets the facts-and	-circumstances' t	est. The organiza	tion qualifies as a	box and <b>stop here</b> publicly supporte	Explain in Part d organization	VI how the ▶ □
18	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see ins	tructions ►
AA							

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.)

Sec	ction A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include					, ·	
	received. (Do not include any 'unusual grants.')	1 201 006	115 420	CC 01F	100.005	260 060	1 200 555
2	Gross receipts from admissions,	1,281,006.	115,420.	66,815.	108,265.	368,060.	1,939,566.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	402,217.	207 445	402 352	404 000	654 005	0 071 700
3	Gross receipts from activities	402,217.	387,445.	403,153.	424 <u>,82</u> 9.	654,095.	2,271,739.
	that are not an unrelated trade or business under section 513.	120 400	107 601	122 400	106 701	000 501	
4	Tax revenues levied for the	129,480.	137,631.	132,406.	136,731,	202,764.	739,012.
	organization's benefit and either paid to or expended on						
_	its behalf						0.
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,812,703.	CAD 406	600 004	660 005		0.
	Amounts included on lines 1,	1,812,703.	640,496.	602,374.	669,825.	1,224,919.	4,950,317.
	2, and 3 received from disqualified persons.				_	_	
h	Amounts included on lines 2	0.	0.		0.	0.	0.
~	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.	00.006			_		
c	Add lines 7a and 7b	89,836.	0.	0.	0.	0.	89,836.
	Public support, (Subtract line	89,836.	0.	0.	0.	0.	89,836.
	7c from line 6.)						4,860,481.
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
-	Amounts from line 6	1,812,703.	640,496.	602,374.	669,825.	1,224,919.	4,950,317.
IUd	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	2.		İ			
b	Unrelated business taxable	Ζ,					2.
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
	Add lines 10a and 10b	2.	0.	0.	0.	0.	2.
11	activities not included in line 10b,						
	whether or not the business is regularly carried on						0
12	Other income. Do not include						0.
	gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI						
	Part VI.) See Part VI	3,674.	1,668.	16.	5,047.	6,170.	16,575.
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,816,379.	642,164.	602,390.	674 872	1,231,089.	4,966,894.
14	First five years, If the Form 990 i	s for the organizat	tion's first, second	third fourth or	fifth tay year as	a section 501(c)(3	
	organization, check this box and	stop nere					<u></u>
	tion C. Computation of Pub Public support percentage for 20			12 (0)			
16	Public support percentage from 2	70 (iine 6, coluinii 2015 Schedule A. F	art III line 15	: 13, column (7).		15	97.86 %
Sect	ion D. Computation of Inve	estment Incom	e Percentage			16	96.17 %
	Investment income percentage for			hy line 13 colum	n (fl)		0.00%
18	Investment income percentage from	om <b>2015</b> Schedule	A, Part III, line 1	7		18	0.00 % 0.01 %
19a	33-1/3% support tests-2016. If the	he organization did	d not check the bo	x on line 14, and	l line 15 is more t	han 33,1/3% and	Lline 17
	is not more than 33-1/3%, check	this box and stop	here. The organize	ation qualifies as	a publicly suppo	rted organization	X
b	<b>33-1/3% support tests—2015.</b> If th line 18 is not more than 33-1/3%,	ne organization did . check this box an	I not check a box	on line 14 or line	19a, and line 16	is more than 33-	1/3%, and
20	Private foundation. If the organization	ation did not checl	k a box on line 14	l, 19a, or 19b. chi	eck this box and	y supported organ see instructions	ization
				,	ZZA GIIG		

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.)

### Section A. All Supporting Organizations

Yes No 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 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 **Part VI** 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. За 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 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. Зс 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c 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 5a 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 **Part VI**, 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 c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 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 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 Part VI. 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 c 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 10a 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 b 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.)

Pa	art IV   Supporting Organizations (continued)			
11	1 Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	111	+-	
Se	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.	110		<u> </u>
	each Britype i Supporting Organizations		1.	1
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 tax year? If 'No,' describe in		Yes	No
	rait vi now the supported organization(s) effectively operated, supervised, or controlled the organization's activities			
	If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	1.		
2	applied to such powers during the tax year.	1		
2	that operated, supervised, or controlled the supported organization? If 'Vas' explain in Bort W how positions and			
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations		<u>.</u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ction D. All Type III Supporting Organizations		L	<u></u>
			Yes	No
1			1.	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) socials of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		14.1	
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	1.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a cignificant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this record.			e de la composição de la composição de la composição de la composição de la composição de la composição de la c La composição de la composição de la composição de la composição de la composição de la composição de la compo
	ir dis regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruci	ions).	
2	Activities Test. Answer (a) and (b) below.	Г	1	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		Yes	No
	supported digalization(s) to which the organization was responsive? If 'Yes' then in Dart Widentify these assessed			
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	A		
	substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more 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 is a supported organization or the organization of the organization or the organization of the organization o		1	
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	a		
2		2b		
	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly energiate a plant association for the control of the organization have the power to regularly energiate as plant association.			
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? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its			
ΔΛ	supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

	edule A (Form 990 or 990-EZ) 2016 Carolinas Aviation Museum		56-17	769105 Page
1 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization			ı Part VI). <b>See</b> through F
Se	ction 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 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		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
(	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 factors (explain in detail in Part VI):			
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		·····
Sec	tion 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		

BAA

7

Schedule A (Form 990 or 990-EZ) 2016

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	ations (continued)	09103 Fag
Section D — Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt p	urposes		
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3 Administrative expenses paid to accomplish exempt purposes of	supported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
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 organiza in Part VI). See instructions.	tion is responsive (provide	details	
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			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a in the state of			
b			
c From 2013			
<b>d</b> From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			<u> </u>
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	A TEN T SALES DINGSTON		
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
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.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.	. A second the Art of Sign Sign		antika ka anggaga ka mata m
8 Breakdown of line 7:			
a a second secon			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
BAA	A SERVICE TO A SERVICE AND A S	Schedule A (For	

Schedule A (Form 990 or 990-EZ) 2016

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; 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.

### Part III, Line 12 - Other Income

Nature and Source	2016	2015	2014	2013	2012
Other income	Total \$ 6,170.	\$ 5,047. \$ \$ 5,047. \$	16. \$ 16. \$	1,668. \$ 1,668. \$	3,674. 3,674.

## Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Name of the organization		Employer Identification number
Carolinas Aviation Museum		56-1769105
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)( $\mathrm{3}$ ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a pri	ivate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>Genera</b>	al Rule or a Special Rule.	
	anization can check boxes for both the General Rule and a	Special Rule. See instructions.
General Rule		
$\overline{ X }$ For an organization filing Form 990, 990-E property) from any one contributor. Complete	Z, or 990-PF that received, during the year, contributions to ete Parts I and II. See instructions for determining a contrib	taling \$5,000 or more (in money or autor's total contributions.
Special Rules		
=== Under Sections 509(a)(1) and 170(b)(1)(A)(vi)	01(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% sup that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 he year, total contributions of the greater of (1) \$5,000 or ( 90-EZ, line 1. Complete Parts I and II.	16 a a 16 a a 41 a
during the year, total contributions of more	01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, or children or animals. Complete Parts I, II, and III.	from any one contributor, literary, or educational
\$1,000. If this box is checked, enter here the charitable, etc., purpose. Don't complete an	off(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contribution total contributions that were received during the year for my of the parts unless the <b>General Rule</b> applies to this organole, etc., contributions totaling \$5,000 or more during the year.	tions totaled more than an <i>exclusively</i> religious, nization because
Caution. An organization that isn't covered by	the General Rule and/or the Special Rules doesn't file Sche	dule B (Form 990, 990,F7, or
990-PF), but it <b>must</b> answer 'No' on Part IV, fir Part I, line 2, to certify that it doesn't meet the	the General Rule and/or the Special Rules doesn't file Sche ne 2, of its Form 990; or check the box on line H of its Form filing requirements of Schedule B (Form 990, 990-EZ, or 99	990-EZ or on its Form 990-PF, 90-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

_	B B (Form 990, 990-EZ, or 990-PF) (2016)		Page	1 of 2 of Part
Name of or Carol	inas Aviation Museum		1 ' '	r identification number 769105
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	e is needed.		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1	Goodrich Foundation2730 West Tyvola Rd	\$30	,000.	Person X Payroll Noncash
	Charlotte, NC 28217	_		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2	Philip L. Van Every Foundation PO Box 32368 Charlotte, NC 28232	\$25	<u>,</u> 000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
3	American Airlines 5501 Josh Birmingham Pkwy Charlotte, NC 28208	\$15	,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
4	Teri Pope  220 N Tryon St  Charlotte, NC 28202	\$200	,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contribution	15	(d) Type of contribution
5	Mary Duke Biddle Foundation  318 Blackwell St #130  Durham, NC 27701	\$20,	000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributior	ıs	(d) Type of contribution
6	Bank of America 100 N Tryon St #170 Charlotte, NC 28202	\$10,	000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Carol:	ganization inas Aviation Museum	' '	er identification number .769105
Part	Contributors (see instructions). Use duplicate copies of Part I if additional space		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Number		(c) Total contributions	(d) Type of contribution
7	Dowd Foundation PO Box 35430	\$ 10,000.	Person X Payroll  Noncash
	PO Box 35430 Charlotte, NC 28235		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Arts & Sciense Council  227 W Trade St Ste 250  Charlotte, NC 28202	\$6,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	NCDOT - Aviation Division  1050 Meridian Drive  Mooresville, NC 27560	- \$ 6,000.	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page

2 of

2 of Part I

Schedule B (Form 990	, 990-EZ,	or 990-PF)	(2016)
Name of organization			

Page

Carolinas Aviation Museum

1 to 1 of Part II
Employer identification number 56-1769105

Part II	art II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
	N/A				
		 \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		   \$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
·		  \$ 			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
<b></b>		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
AA		Schedule B (Form 990, 990-EZ			

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page 1 to 1 of <b>Part III</b>			
Name of organ	nization nas Aviation Museum		Employer identification number			
		<b>ie year from any one contribu</b> impleting Part III, enter the total i Enter this information once. See	of exclusively religious, charitable, etc.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					
		<del>-</del>				
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c)	(d)			
Part I	Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			·			
	(e) Transfer of gift					
	Transferee's name, address	Transfer of gift, and ZIP + 4	Relationship of transferor to transferee			
4-)						
(a) No, from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
<b>_</b> _						
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee			
(a) No, from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
Ì						

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 2016

m990. Open to Public Inspection
Employer identification number

Name of the organization

	C	arolinas Aviation Museum				E6-176010F
Pa	art I	Organizations Maintaining Donor	Advised Funds or Ot	her Similar Fun	ds or Acc	56-1769105 Counts
		Complete if the organization answe	red 'Yes' on Form 99	0, Part IV, line	6.	
_			(a) Donor advised	I funds	<b>(b)</b> F	unds and other accounts
7		number at end of year				
2		ate value of contributions to (during year)				
3	Aggreg	ate value of grants from (during year)				
4	Aggre	egate value at end of year				
5		ne organization inform all donors and donor ne organization's property, subject to the org	arnzadori's exclusive lega	l control?		Yes No
6	Did the	e organization inform all grantees, donors, aritable purposes and not for the benefit of missible private benefit?	and donor advisors in writ	ing that grant funds	s can be use	ed only
Pa	rt II	Conservation Easements.				
		Complete if the organization answer	ed 'Yes' on Form 990	). Part IV line	7	
1	Purpo	se(s) of conservation easements held by the	e organization (check all t	hat apply).		
	P	reservation of land for public use (e.g., recre	eation or education)		a historical	ly important land area
	P	rotection of natural habitat	·	Preservation of	a certified t	nistoric structure
		eservation of open space				
2	Compi last d	ete lines 2a through 2d if the organization held ay of the tax year.	a qualified conservation cor	tribution in the form	of a conserv	ration easement on the
					Н	eld at the End of the Tax Year
	a lotal	number of conservation easements			. 2a	
	istor d	acreage restricted by conservation easemen	ts		2 b	
		er of conservation easements on a certified				
	JUGGE	er of conservation easements included in (c) ire listed in the National Register			1 241	
3	Number tax yea	r of conservation easements modified, transferi	red, released, extinguished,	or terminated by the	organization	during the
4	Numbe	r of states where property subject to conservati	on easement is located >			
5	Does t	he organization have a written policy regard	ing the periodic monitoria	g, inspection, hand	ling of viola	tions
_	anu ei	norcement of the conservation easements it	holds?			Yes No
6	Stair a	nd volunteer hours devoted to monitoring, inspe	cting, handling of violations	, and enforcing cons	ervation ease	ements during the year
7	Amoun ►\$	t of expenses incurred in monitoring, inspecting	, handling of violations, and	enforcing conservat	tion easemen	nts during the year
8	Does e	ach conservation easement reported on line ction 170(h)(4)(B)(ii)?	2(d) above satisfy the red	quirements of section	on 170(h)(4)	)(B)(i) Yes No
9	In Part include	XIII, describe how the organization reports cons , if applicable, the text of the footnote to the vation easements.	annumitan annum at 1 th 11			
Par	t III C	rganizations Maintaining Collectio omplete if the organization answere	ne of Art Historiaal			lar Assets.
	If the o art, hist in Part	rganization elected, as permitted under SFA orical treasures, or other similar assets held for XIII, the text of the footnote to its financial s	S 116 (ASC 958), not to r public exhibition, education statements that describes	eport in its revenue, or research in furth	e statement nerance of pu	fΤ
b	If the o historica followin	rganization elected, as permitted under SFA il treasures, or other similar assets held for pub g amounts relating to these items:	S 116 (ASC 958), to repolic exhibition, education, or	rt in its revenue sta research in furtherar	atement and nce of public	balance sheet works of art, service, provide the
	(i) Rev	enue included on Form 990, Part VIII, line 1				►Ś
	(ii) Ass	ets included in Form 990, Part X				<b>▶</b> \$
2	If the or amount	ganization received or held works of art, historic s required to be reported under SFAS 116 (/	cal treasures, or other simila ASC 958) relating to these	r assets for financial	l gain, provid	le the following
a	Revenu	e included on Form 990, Part VIII, line 1				▶\$
b	Assets	ncluded in Form 990, Part X				►\$

Schedule D (Form 990) 2016 Caro	<u>linas Aviatio</u>	n Museum				56-1769	9105	Page 2
Part III Organizations Mainta	aining Collection	s of Art, Hist	orical	Treasures, d	or Other Sir	nilar Asso	ets (cont	inued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and othe	r records, check a	any of th	e following that	are a significar	nt use of its o	ollection	
a Public exhibition		<b>d</b> Loan	or exch	ange programs	3			
<b>b</b> Scholarly research		e Other	r					
c Preservation for future gene								
4 Provide a description of the organi Part XIII.								
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receive than to be maintained	e donations of ard as part of the o	rt, histor organiza	rical treasures, ition's collectio	or other simil	ar assets	Yes	XNo
Part IV Escrow and Custodia line 9, or reported an	ıl Arrangements.	Complete if	the ord	ranization ai	nswered 'Ye	es' on For	m 990, F	Part IV,
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custodian or oth	ner intermediary	for con	tributions or ot	her assets not	included	Yes	□No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII and com	plete the followi	ing table	e:		L	-1	
						F	\mount	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an a	mount on Form 990,	Part X, line 21,	for esci	row or custodia	I account liabi	ility? [	Yes	No
b If 'Yes,' explain the arrangement	t in Part XIII, Check h	ere if the explar	nation h	as been provid	ed on Part XII	H		· 🔲
Part V Endowment Funds, C			***	107				
Part V   Endowment Funds. C								
1 a Beginning of year balance	(a) Current year	(b) Prior year		(c) Two years bac		years back	(e) Four y	
<b>b</b> Contributions	200,000.		0.		0.	0.		0.
	200,000.							
c Net investment earnings, gains, and losses		,,,						
d Grants or scholarships								
e Other expenditures for facilities and programs						0.		
f Administrative expenses	375.							
g End of year balance			0.		0.	0.		0.
<ol><li>Provide the estimated percentage</li></ol>		end balance (lin	e 1g, co	lumn (a)) held	as:			
a Board designated or quasi-endowm		% 						
b Permanent endowment ►								
c Temporarily restricted endowmer		_ <sup>8</sup>						
The percentages on lines 2a, 2b, ar	nd 2c should equal 100	%.						
3 a Are there endowment funds not in to organization by:	he possession of the o	rganization that a	re held a	and administered	d for the		Yes	s No
(i) unrelated organizations					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3a(i)	X
(ii) related organizations						<u></u>	Ba(ii)	X
b If 'Yes' on line 3a(ii), are the rela	ted organizations list	ed as required o	n Sched	dule R?			3b	- A
4 Describe in Part XIII the intended	uses of the organiza	ition's endowme	nt funds	S.				
Part VI Land, Buildings, and I Complete if the organi.	Equipment.				: 11a. See f	Form 990.	Part X	line 10
Description of property	(a) Cost	or other basis vestment)	<b>(b)</b> Co	ost or other is (other)	(c) Accumi deprecia	ulated	(d) Book	
1 a Land								
<b>b</b> Buildings	<u> </u>			205,720.	74	1,331.	13	1,389.
<b>c</b> Leasehold improvements	· L			,				_,
<b>d</b> Equipment				228,403.	186	5,353.	Δ.	2,050.
e Other				33,829	21	978		1,851.
Total. Add lines 1a through 1e. (Column	n (d) must equal Form	n 990, Part X, co	olumn (l	B), line 10c.)				5,290.
BAA			<u>`</u>				<b>D</b> (Form 99	90) 2016

Complete if the organization answered  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives	·	The state of the s
2) Closely-held equity interests		
3) Other		
4)		
<u>3</u>		
0)		
D)		
<u>-</u> )		
F)		
G)		
H)		
	-·	
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)	199,625.	
art VIII Investments - Program Related		N / 7
(a) Description of investment	(b) Book value	, Part IV, line 11c. See Form 990, Part X, fine 1 (c) Method of valuation: Cost or end-of-year market value
(1)	(a) Doon value	to modified of valuation, cost of end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8) (9) 10)		
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets.	N / N	
(9)  tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)   art IX Other Assets.  Complete if the organization answered  (a) Description	N/A 'Yes' on Form 990,	, Part IV, line 11d. See Form 990, Part X, line 15 ( <b>b)</b> Book value
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)   art IX Other Assets.  Complete if the organization answered  (a) Description	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 19
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets. Complete if the organization answered (a) Description (1)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets. Complete if the organization answered (a) Desc	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets. Complete if the organization answered (a) Desc (1) (2) (3)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9)  10)  tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9)  10)  tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9)  10)  tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) .   art IX Other Assets.  Complete if the organization answered  (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (a) Description  (b) must equal Form 990, Part X, column (B) line 13.) .   (c) Description  (d) Description  (e) Description  (f) Description  (g) Desc	N/A 'Yes' on Form 990,	Part IV, line 11d. See Form 990, Part X, line 1
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13.) > (a) Description (b) must equal Form 990, Part X, column (B) line 13.) > (a) Description (b) must equal Form 990, Part X, column (B) line 13.) > (b) In (c)	N/A 'Yes' on Form 990 cription	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990 cription	Part IV, line 11d. See Form 990, Part X, line 1: (b) Book value
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) > art IX Other Assets.  Complete if the organization answered  (a) Description (b) Description (c) Description (d) Description (e) Description (f) Description (g) Description (h) Description (g) Description (h) Description	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) (0) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) (0) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) 1atal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) 1atl. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) 1at. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) 10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A 'Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25
(9) (10) tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A Yes' on Form 990, cription  line 15.)	Part IV, line 11d. See Form 990, Part X, line 1 (b) Book value  or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, P			
1 Total revenue, gains, and other support per audited financial statements		T 1	1,881,089.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		100	
a Net unrealized gains (losses) on investments	2a		
<b>b</b> Donated services and use of facilities	<b>2b</b> 650,000.		
c Recoveries of prior year grants			
c Recoveries of prior year grants d Other (Describe in Part XIII.) See Part XIII	2d 113,787.		
e Add lines 2a through 2d		2e	763,787.
3 Subtract line 2e from line 1		3	1,117,302.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)	4 b		
c Add fines 4a and 4b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5	1,117,302.
Part XII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per	Returi	1.
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	1,425,697.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			· · · · · · · · · · · · · · · · · · ·
a Donated services and use of facilities	2a 650,000.		
<b>b</b> Prior year adjustments	2 b		
c Other losses			
d Other (Describe in Part XIII.) See Part XIII	2d 113,787.		
e Add lines 2a through 2d		2e	763,787.
3 Subtract line 2e from line 1		3	661,910.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			· · · · · · · · · · · · · · · · · · ·
a Investment expenses not included on Form 990, Part VIII, line 7b	* **		
b Other (Describe in Part XIII.)	'-		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  Part XIII Supplemental Information.		5	661,910.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.

The Museum's collections consist of aircraft and other artifacts of historical significance that are held for curatorial and educational purposes. As permitted by generally accepted accounting principles, the Museum adopted a policy to expense exhibits during the year of acquisition. Therefore, aircraft and other exhibits that have been acquired through purchases and contributions since the Museum's inception are no longer recognized as assets on the statement of financial position. Purchases

of collection items are recorded as decreases in net assets in the year in which the

BAA

Schedule D (Form 990) 2016

Part XIII | Supplemental Information (continued)

### Part III, Line 1a - F/S Footnote For Art, Treasures, Etc. (continued)

items were acquired. Contributed collection items are reflected in the accompanying financial statements as contributions and expense in the year of acquisition.

### Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Cost of goods	sold	\$ 113,787.
_	Total	\$ 113,787.

### Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Cost of	goods	sold	\$ 113,787.
		Total	\$ 113,787.

### **SCHEDULE 0** (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.

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

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Carolinas Aviation Museum

Employer identification number

56-1769105

Form 990, Part VI, Line 11b - Form 990 Review Process

Board members will review at their meeting

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request

Form 990, Part IX, Line 11g Other Fees For Services

		(A) Total	(B) Program Services	(C) Management <u>&amp; General</u>	(D) Fund- raising
Contract services	Total 🕸	67,213. 67,213.	30,246. \$ 30,246.	30,246. \$ 30,246.	6,721. \$ 6,721.

2016	Federal Worksheets	Page 1
	Carolinas Aviation Museum	56-176910
3. Cost of labor	Sold (Form 990)  year  ough 5)  ar  otract line 7 from line 6)	. 109,701. 0. 0.
Form 990, Part III, Line 4e Program Services Totals	Program Services Total Form 990 Source	
Total Expenses Grants Revenue	459,299. 459,299. Part IX, Line 25, 0. 0. Part IX, Lines 1-3 0. 654,095. Part VIII, Line 2,	Col. B
Form 990, Part IX, Line 24e Other Expenses		
Automation Dues & subscriptions Exhibits & programs Repairs and maintenance Sales Tax Volunteer & training	(A) (B) (C)  Program Management & General  4,941. 3,706. 840. 4,887. 4,056. 831. 2,662. 2,662. 5,722. 4,578. 1,144. 208. 208. 208. 5,274. 2,637. 2,637. Total \$\frac{\$\frac{2}{3},694.}{\$\frac{2}{3},694.}\$\$}\$ \$\frac{17,847.}{\$\frac{5}{3},452.}\$\$	395.
Excess Payments from Nondisqu Schedule A, Part III, Line 7b	alified Persons	
Year 2012 Nondisqualified P	Paid to Base *  organization Amount  \$ 108,000. \$ 18,164. \$  Total \$ 108,000. \$	Excess Amount 89,836. 89,836.
* Larger of the amount of S	chedule A Total Support for each year or \$5,0	

## Form 8879-EC

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning  $\underline{7/01}$ , 2016, and ending  $\underline{6/30}$ , 20  $\underline{2017}$ 

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Name of exempt organization Employer identification number Carolinas Aviation Museum 56-1769105 Gary Greer Treasurer Partili: Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1 a Form 990 check here. . . . ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . . . . . . . . . . 1 b 2 a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9). 2b
3 a Form 1120-POL check here b Total tax (Form 1120-POL, line 22). 3b
4 a Form 990-PF check here b Balance Due (Form 8868, line 3c. 5b Partille Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PiN: check one box only X authorize C. DeWitt Foard & Co, PA, CPAs

ERO firm name to enter my PIN 50369 as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. hees Rart IIII Certification and Authentication ERO's EFINIPIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 69763379319 I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)