Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public,

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Α	For the	2017 cale	endar year, or tax year beginning SEPTEMBER 1 , 2017, and endir	ng AUG	USŤ 31	, 20 18				
В	Check if	applicable	C Name of organization FORT WORTH AIRPOWER FOUNDATION		D Employ	er identification n	umber			
	Address	change	Doing business as AIRPOWER FOUNDATION		75-2828493					
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/su	ııte	E Telephone number					
	Initial retu	urn	P O BOX 8728			817-682-0767				
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		_					
7	Amended	d return	FORT WORTH, TX 76124		G Gross r	eceints \$	3104063			
╗			F Name and address of principal officer SID EPPES	H(a) Is this as		subordinates? Yes				
	, pp., ca	opo	P O BOX 8728 FORT WORTH, TX 76124	1	•	es included? Tes	_			
	Tay-eyen	npt status	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	-		a list (see instruction				
	Website:		powerfoundation com	_			,			
,						number ►				
	art I	Summ		tion 1999	M State	of legal domicite	TX_			
-				UC FUNDS T	O ACCICT	INIMELEADE				
a			escribe the organization's mission or most significant activities: RAISI							
Governance			RALE AT THE NAVAL AIRSTATION/JOINT RESERVE BASE IN FORT WORT ERANS' ORGANIZATIONS	H, TEXAS, O	THERUS	MILITARY UNI	15,			
Ë				. 	050/	- -,	·			
ove			is box D if the organization discontinued its operations or disposed			its net assets.				
Ō			of voting members of the governing body (Part VI, line 1a)		3		11			
Activities &			of independent voting members of the governing body (Part VI, line 1b)		4		11			
ij			nber of individuals employed in calendar year 2017 (Part V, line 2a) .		5		NONE			
ċ	6	lotal nun	nber of volunteers (estimate if necessary)		6		50			
⋖	7a	Total unre	elated business revenue from Part VIII, column (¢), lineRECEIVE	$D\cdotI$	7a		NONE			
	b	Net unrel	ated business taxable income from Form 990-T, Inc. 34		7b		NONE			
	_		tions and grants (Part VIII, line 1h)	OP rior Ye	ear	Current Ye	ar			
ē			tions and grants (Fart VIII, line III)	<u> & _</u>	2496250		3101645			
Revenue	1		service revenue (Part VIII, line 2g)							
ě	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 2d. OGDEN, U	<u> </u>	277		2418			
_			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
		Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2496527		3104063			
	L	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		1948783		2314026			
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)							
S	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Professio	nal fundraising fees (Part IX, column (A), line 11e)							
ğ	ь	Total fund	draising expenses (Part IX, column (D), line 25) ▶		(-					
W	17 (Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		562624		642399			
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25) .		2511407		2956425			
	19	Revenue	less expenses. Subtract line 18 from line 12		(14880)		147638			
ë ë				Beginning of Cu	rrent Year	End of Yea	ar			
Balances	20	Total asse	ets (Part X, line 16)		712863		860501			
<u> </u>	21 -	Total liabi	ılıtıes (Part X, line 26)							
캺	22	Net asset	s or fund balances. Subtract line 21 from line 20		712863		860 ⁻ 50 L			
Pa	rt'll'	Signat	ure Block							
Und	der penalt	ies of perjur	ry, I declare that I have examined this return, including accompanying schedules and states	ments, and to t	he best of r	ny knowledge and	belief, it is			
true	e, correct,	and comple	ete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowl	edge	1				
		Z	Alason		061	11/19				
Sign		Signa	ature of officer.	Da	te	11.				
le	re		JOHNY JOHNSON IREASURER			•				
		Type	or print name and title							
a			pe preparer's name Preparer's signature Da	ite	Chast	PTIN				
		උ ල ු			Check [self-emp					
	eparer		ame ▶	Firm	n's ElN ▶	-				
JS	e Only	Firm's ac			ne no					
/la\	the IR	Sdiscuss	this return with the preparer shown above? (see instructions)			· · Tyes	No			
				o 11282Y			90 (2017)			
				U 112021			(

	90 (2017)	Page 2
, it	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	··
	RAISING FUNDS TO ASSIST IN WELFARE AND MORALE AT THE NAVAL AIRSTATION/JOINT RESERVE BASE IN FO	DRI WORTH,
	TEXAS, OTHER U.S. MILITARY UNITS, AND VETERANS' ORGANIZATIONS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☐Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☐ Yes 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ 2956425 including grants of \$ 2314026) (Revenue \$	3104063)
	SEE ATTACHED SCHEDULE OF GRANTS	
		,
		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
710	(Code) (Expenses #) (nevenue #	/
	<u></u>	
4c	(Code·) (Expenses \$ncluding grants of \$) (Revenue \$)
		·
	Other are a contract (Decombs in Cabadula O.)	
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2314026	
46	l ofal program service expenses ► 2314026	





<u>arm</u> 99	90 (2017) HUC	2U		Page 3
. rt	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	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	7	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," complete Schedule D, Part IV.	9		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		V
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		v
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	12b	i	~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		,
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		,
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		<i>'</i>
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		,
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	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
				<u> </u>

<u>arm</u> 99	90 (2017)		1	Page 4
rt	IV Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I-I	20a		v'
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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	,	
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	i	,
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		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		-
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
	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		1
25a		25a		~
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?		i	
	If "Yes," complete Schedule L, Part I	25b	ļ	~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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		~
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		~
	Schedule L, Part IV	28b		~
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		~
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		,
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		~
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	,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		v
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		,
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,			.,

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.

irt	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>			<u>. [</u>
		1		- No.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	9		NA.
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_ <u>1b</u> _	L	0		340
С	Did the organization comply with backup withholding rules for reportable payments	to ve	ndors and	منطبعة تا	E CAR	
20	reportable gaming (gambling) winnings to prize winners?			1c	Z thir h X	4 (5)88
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0-				
ь	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment	2a	turno?	2b	i iinii	1 433
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst			20		# ####################################
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		115) .	3a	200	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Si		 A O	3b		+-
4a	At any time during the calendar year, did the organization have an interest in, or a signature of				+	┼
Tu	over, a financial account in a foreign country (such as a bank account, securities account,					
	account)?			ີ່ 4a		1
b	If "Yes," enter the name of the foreign country. ▶			355	E. Kalle	1000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi	nancia	Account		TANK THE	
	(FBAR).	IIdiicic	i Account	S Cons		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	vear?		5a	تسخانانا بذ	· ·
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter			5b	+	1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,0		nd did the	e 🗀		
	organization solicit any contributions that were not tax deductible as charitable contributions	γ		6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such	contr	ibutions o	ır 🗀		
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					海 湯
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and		-	s 📜		
	and services provided to the payor?			7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	~	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property	for wh	nich it wa	s		
	required to file Form 8282?	'n		7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100 85		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l					1
, f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	_		7f	-	V
g	If the organization received a contribution of qualified intellectual property, did the organization file Form					1
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file			7h		2 -33408
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	amtar	ned by the			-
^	sponsoring organization have excess business holdings at any time during the year?			8	31.12399	182522
9	Sponsoring organizations maintaining donor advised funds.			1.542.00		
a b	Did the sponsoring organization make any taxable distributions under section 4966?			9a 9b	-	┼
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related persection 501(c)(7) organizations. Enter:	,		30	11.57.56	P. (5)
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	۱ ،	VA 💯	問題	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b		VA .		
11	Section 501(c)(12) organizations. Enter:	100	•			1 3 3 3
	Gross income from members or shareholders	11a	l .	IA N		7.4
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		NA .		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu			122		e medici
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		JA A		(A)
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.		3		

Enter the amount of reserves the organization is required to maintain by the states in which

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 O

13b

NA NA

14a

14b

Fart VI

<u>Secti</u>	on A. Governing Body and Management				
		I.	197243	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	_1a	11		
,	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.			200	
b 2	Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	•	11 th 2		V
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or oth	under the dire			,
4	Did the organization make any significant changes to its governing documents since the prior Form 9	•	4	 	1
5	Did the organization become aware during the year of a significant diversion of the organization		5		1
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		nt 7 a		,
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?				,
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken durir	g		
а	The governing body?		8a	<u>/</u>	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?			~	├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule 6		at g		
Secti	on B. Policies (This Section B requests information about policies not required by the			ode l	
0001	on b. 1 onoics (This occurr & requests information about policies not required by the	ic internarries	Criac O	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	 	V
b	If "Yes," did the organization have written policies and procedures governing the activities of	of such chapter	s,		
	affiliates, and branches to ensure their operations are consistent with the organization's exen	npt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	re filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		260 1		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		1 <u>2</u> a	~	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		_	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c	v	
13	Did the organization have a written whistleblower policy?		13		-
14	· · · · · · · · · · · · · · · · · · ·		14	in the later	or continued
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation			te:	
a	The organization's CEO, Executive Director, or top management official		15a		
þ	Other officers or key employees of the organization		15b	302743	Salari I
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		nt 16a		2 V
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	n to evaluate r	ts		
	organization's exempt status with respect to such arrangements?		16b		100000000
Secti	on C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Sec	tion 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	h = ab d = 0)		`	
10	Own website Another's website Upon request Other (explain in School) the organization made its governing documents.		interes*	nalıa:	, ,,,,,,,
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				, and
20	State the name, address, and telephone number of the person who possesses the organizati JOHN F JOHNSON 135 CLIFFSIDE DRIVE SOUTH, BURLESON, TX 76028 817-239-5751	on's books and	records	: ▶	

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Page	4

2990 (201	, ·	ge 7
rárt VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	(do n box, office	ot ch	Pos neck ss pe	C) sition more erson	e than on the state of the stat	one n an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)		institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SID EPPES	20									
CHAIRMAN	T	V		~	•			0	o	0
(2) KEVIN POTTINGER	20									
VICE-CHAIRMAN		V		~				0	0	0
(3) GENE deBULLET	2								<u> </u>	
SECRETARY		6		~				0	. 0	0
(4) JOHN F JOHNSON	2									
TREASURER		6/	L	~				0	0	0
(5) ROBIN AKIN	2	V						0	0	0
(6) TAMIKO BAILEY	2	V						0	0	0
(7) JOHN KINNEAR	2	V						0	0	0
(8) PAUL LAHERTY	2	V						0	0	0
(9) ROMAN PALOMARES	2	~	-	-				0	0	0
(10) DON SHELTON	2	~						0	0	0
(11) JIM THOMASON	2	~						0	0	0
(12)		-			-					
(13)	 			-	-				-	
(14)	 						_		-	

rárt	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (co	ntınu	ed)	
	(C)												
	(A)	(B)	Position (do not check more than c					one	(D)	(E)		(F)	
	Name and title Average hours per			unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation f	rom	Estimated amount of	
		week (list any					or/trust		from	related		other	
		hours for related	a de	nstit	Officer	Key employee	mg dg	Forme	the organization	organizations (W-2/1099-MIS		compensatio from the	n
		organizations	ecto	utio	 4	amp	est c	Į ą̃	(W-2/1099-MISC)	(00-271099-10110	,,,	organization	1
		below dotted line)	3 2	nalt	1	l oye) "ğ	ļ				and related organizations	
		1110)	Individual trustee or director	Institutional trustee		Ō	bens					organization	
				ee	}		Highest compensated employee	l					
(15)								†			\dashv		
3		† 	1										
(16)													
			1								- 1		
(17)													
								<u> </u>					
(18)		<u> </u>											
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(19)											-		
		ļ <u>.</u>		L									
(20)								ļ					
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(21)		}	ļ										
(00)			ļ			_		├					
(22)													
(22)	<u> </u>			-	-	-					+		
(23)		ļ											
(24)		-			-			-	<u> </u>		-+-		
(24)		 			1						- (
(25)					-	\vdash		\vdash			\dashv		
3==3													
1b	Sub-total		·	•	•			▶	0		0		0
С	Total from continuation sheets to Part								0		0		0
d	Total (add lines 1b and 1c)							•	0		0		0
2	Total number of individuals (including but							e) w	ho received me	ore than \$100	000,0	of	
	reportable compensation from the organi												
												Yes	No
3	Did the organization list any former of									est compens	sated		
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch	ındı	vidu	ıal					3	~
4	For any individual listed on line 1a, is the												
	organization and related organizations												
	indıvıdual											4	~
5	Did any person listed on line 1a receive of										idual		
	for services rendered to the organization	rii Yes, c	ompi	ete -	Scr	ieal	ile J T	or s	sucn person	<u> </u>	<u> </u>	5	~
	on B. Independent Contractors										A 400		
1	Complete this table for your five highest compensation from the organization. Rep												•••
	year.	on compe	nsanc	או וכ	וו וכ	ie C	aleno	ar y	rear ending wit	n or within th	e org	anization 5 to	18
								_	(D)			(0)	
	(A) Name and business add	ress							(B) Description of s	ervices	,	(C) Compensation	
NONE								├-					
IVOIVE								-	·				
													
								-					_
								-					
	Total number of independent contractor	rs (includir	na hu	t n	ot I	ımıt	ed to	th	ose listed abo	ove) who	ماريد		
_	received more than \$100,000 of compens								NONE	-,			

	Revenue

		Check if Schedule C			o any line <u>in thi</u> s		🗆	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax miděr sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
Gra	b	Membership dues .						
ts,	С	Fundraising events .				75-15-1		
ija ijar	d	Related organizations						
ns, Sim	e	Government grants (con			Art & First of	1,000	4	
utto er (1	All other contributions, g and similar amounts not inc			Carl Marketing 1999			
ë \$				19538	dhan bilati			
ng or	g	Noncash contributions includ			2101115			
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	Business Code	3101645	CONTRACTOR		
Program Service Revenue	2a	•		Business Code		Titalis salas		
ě	b							
Se	C							,
eŽ	ď							-
Š	e							
grai	f	All other program ser	vice revenue .					
Pro	g	Total. Add lines 2a-2				14 45 12 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15		<u> </u>
	3	Investment income				CONTROL STATE OF STREET	Seatter 114 - LATE OF A. CAN	Manage Committee of the
		and other similar amo	ounts)	▶	2418			
	4	Income from investment	t of tax-exempt b	ond proceeds ▶				
	5	Royalties	<u> </u>					
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less. rental expenses					71	
	С	Rental income or (loss)			Barbaria 18		<u>Linear de la lacella de la</u>	
	_d	Net rental income or (`		BOLD - NORMA TOWNS AND CHILL OF	Von A L. A.L. ELEVANIAN CONSUMERATION	201 JANUARY, AND STREET, ST. SECTION	MANAGER OF THE AND A PARKET IN A LANG.
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	ا ا	assets other than inventory				HANGE BEE		
	0	Lesscost or other basis and sales expenses						
•	- ·	Gain or (loss)						
		Net gain or (loss)	****		STREET, SQUARE, SAILS			
		iver gain or (1033) .		· · · · ·	iti e se a la listicité.			
evenue	'8a	Gross income from fuevents (not including \$	indraising					
Re		of contributions reporte	ed on line 1c)			14.00		
ē		See Part IV, line 18 .	· · · a	1				
Other		Less: direct expenses						
		Net income or (loss) fi		events . ▶			`	
	9a	Gross income from ga	-					######################################
		See Part IV, line 19 .	_					
		Less: direct expenses		L				
		Net income or (loss) fi		tivities ▶	Manager of the state of the sta	to be made and a first thank the desired the	Such dies. 4th resty modelite Wite a seek	south and the second sections and the second section in the
	102	Gross sales of in returns and allowance						
			•					
	l	Less: cost of goods s Net income or (loss) fi						
	င	Miscellaneous R		Business Code	ing a series of the series of	Control of the Control	0.000 1.000 1.000 1.000 1.000	History and the second
	11a	, , ,		Dusiness Code				
i	b			 				
	C				 			<u> </u>
	d	All other revenue .						
		Total. Add lines 11a-				W. M. Parente	(*************************************	OF REAL PROPERTY.
	12	Total revenue. See in			3104063		AND OF A PARTY OF THE PARTY STATES AND ASSESSMENT ASSESSMENT ASSESSMENT OF THE PARTY STATES AND ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT AS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME	THE REAL PROPERTY OF THE PARTY
					·			

1 990 (2017) rant X: Statement of Functional Expenses

Section	501(c)(3) a	and 501(c)(4	 organizations must com 	plete all columns.	All other org	ganizations must	complete	column' (A)	

	Observat Osbervat Osservative a verse			,	,
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, s; and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	<u> </u>		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2314026	2314026		
. 2	Grants and other assistance to domestic individuals. See Part IV, line 22		•		
3.	Grants and other assistance to foreign	,		Dane de la	7.00
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-	· .		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees		,		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	•		•	
7	Other salaries and wages			-	` .
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•
9 -	Other employee benefits				
10	Payroll taxes			, ,	
11	Fees for services (non-employees):	,			
, · · a	Management	• .			
b	Legal	· ·		_	
C	Accounting		· · · · · · · · · · · · · · · · · · ·	 	
ď	Lobbying				
	Professional fundraising services: See Part IV, line 17		PERMAND WATER	AMPANATATION SAL	
e			学院建設に持続が終く、14.7 山野寺北。	ALCEMENTALISM CONTROLL OF THE	
•	Investment management fees	•			
g	(A) amount, list line 11g expenses on Schedule O)				4
	- · · · · · · · · · · · · · · · · · · ·	466261	•		466261
12	Advertising and promotion	754		754	·
13	Office expenses	44236		44236	
14	Information technology				· -
15	Royalties	•	•		
16	Occupancy	. 14240		14240	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		•	•	•
19	Conferences, conventions, and meetings .	3030		3030	
20	Interest		1.		-
21	Payments to affiliates			•	
22	Depreciation, depletion, and amortization .	*			
23	Insurance	· ·	· · ·		
24	Other expenses. Itemize expenses not covered		tation and		West Control of the C
	above (List miscellaneous expenses in line 24e. If		5 March 1997, 1999 at		
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	COMMUNICATIONS	2339	THE SHARE AND THE PERSON OF TH	2339	THE PARTY OF THE P
	COINS AND AWARDS	190	•	190	
b	~~				<u></u>
Ċ	BANKING CHARGES AND OTHER	111349	·	111349	
d	A II a II a II a				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2956425	2314026	176138	466261
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				,
,	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)		•		, -

Balance Sheet

	ا <u>۱۲/۸ ا</u>					
		Check if Schedule O contains a response of	r note to any line in this Pa	art X		<u> </u>
			•	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		712863	2	860501
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and trustees, key employees, and highest co-Complete Part II of Schedule L			5	
र	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	nd contributing employers and itary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	-
As	8	Inventories for sale or use			8	
	9				9	-
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments-program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	712863	16	860501
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I		CONTRACTOR IS AND IS CARRIED OF THE ASSESSMENT OF	21	No. 2 - 2 may 2 a c. mys data consult. As your carriers and
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen- disqualified persons. Complete Part II of Schedu	sated employees, and		22	
Ë	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	,
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D	payables to related third		25	
	26	Total Not Miking And Lune 17 March 05		<u> </u>	26	 -
	20	Organizations that follow SFAS 117 (ASC 958)	, check here ▶ ☐ and		HANN	
es		complete lines 27 through 29, and lines 33 and				
SE C	27	Unrestricted net assets			27	
ब्रु	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.				
Š	30	Capital stock or trust principal, or current funds		A STATE OF THE PARTY OF THE PAR	30	
set	31	Paid-in or capital surplus, or land, building, or ed			31	
As	32	Retained earnings, endowment, accumulated in	· ·	712863		860501
ē	33	Total net assets or fund balances		712863		860501
~	34	Total liabilities and net assets/fund balances .		712863	_	860501
		······································				- 000

9.4	90 (2017)			Page 12
Par	TXII 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		3104063
· 2	Total expenses (must equal Part IX, column (A), line 25)	2		2956425
3	Revenue less expenses. Subtract line 2 from line 1	3		147638
4 '	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		712863
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		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		860501
Pärt	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Υ	es No
1	Accounting method used to prepare the Form 990. Cash Accrual Other MOD CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in		
	Schedule O. ,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	73.0	
	reviewed on a separate basis, consolidated basis, or both:			
•	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			雅 強盜
b	Wore the organization's financial statements audited by an independent accountant?	: .	2b	V
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		
?	separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
. с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2¢	
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain in		
	Schedule O.			
3a	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?		3a	'
i b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			,
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	
			Form 9	90 (2017)

SHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FORT WORTH AIRPOWER FOUNDATION

Employer identification number 75-2828493

Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	ete this p	art.) See instruction	ons.	
The c	organization is not a private founda							
1	A church, convention of church	hes, or associati	ion of churches descr	ibed in s	ection 17	'0(b)(1)(A)(i).		
2	☐ A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).) 		
3	A hospital or a cooperative ho							
4	A medical research organization hospital's name, city, and state		onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A)	(iii). Ent	ter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit	described in
	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the g	eneral public
8	☐ A community trust described i	n section 170(b))(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university:	ization described int college of agr	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	perated in er the nan	conjunction with a line, city, and state of	and-gra	ant college llege or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incor	ceptions,	and (2) no more tha ection 511 tax) from	n 331/39	% of its
11	☐ An organization organized and							
	An organization organized and		-	-			rrv out	the purposes
	of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in secti	ion 509(a	a)(1) or se	ection 509(a)(2). Se	e secti	on 509(a)(3).
а	☐ Type I. A supporting organ	nzation operated	l, supervised, or contr	olled by	its suppo	rted organization(s),	typical	ly by giving
	the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a ma	ajority of t	• , , ,		
b	☐ Type II. A supporting orga	nızatıon supervis	sed or controlled in co	nnection	with its s	supported organizati	on(s), b	y having
	control or management of organization(s). You must		•		e persons	that control or man	age the	supported
С	Type III functionally integ its supported organization						ally inte	grated with,
d	☐ Type III non-functionally that is not functionally integrequirement (see instructional see instruct	grated. The orga	nization generally mu	st satisfy	a distribi	ition requirement ar		
е	Check this box if the organ functionally integrated, or	iization received Type III non-func	a written determination	on from toporting	he IRS the	at it is a Type I, Typo ion.	e II, Typ	e III
f	Enter the number of supported of							0
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing iment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A) N	ONE							
(B)								
(C)								
(D)								
(E)	· ————————————————————————————————————							
Total		建成器 和马克	17年14 多數是於於實質	建的收入	GALLY (

	<u> </u>						
Part							
	(Complete only if you checked the						ality under
Cast	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	iease compie	te Part III.)	
	on A. Public Support	(-) 0010	(h) 0014	(-) 0015	(4) 0040	4-10017	(A Tatal
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	4405700	4000000	0400040	242/527	0404/45	4070/400
_	<u> </u>	· 1135700	1880208	2182049	2496527	3101645	10796129
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
		1125700	1000200	2102040	240/527	2101445	10796129
4	Total. Add lines 1 through 3	1135700	1880208	2182049	2496527	3101645	10/96129
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)						830068
6	Public support. Subtract line 5 from line 4		STANDARD OF THE STANDARD STANDARD OF THE STANDARD STANDAR	and the artists	COLUMN TOWNS		9966061
Secti	on B. Total Support	THE PARTIES CONTRACTOR	le contrar mer as sa	图 海南西州(南部 北西)	A CONTRACTOR OF THE PROPERTY O	報名を記念を記録を表現していてす	7700001
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1135700	1880208	2182049	2496527	3101645	10796129
8	Gross income from interest, dividends,						
·	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	360	487	572	277	2418	4114
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	RECHESTED		建筑成为 1465		MARKATAN AND AND AND AND AND AND AND AND AND A	10800243
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	,
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re					> 🗆
Secti	on C. Computation of Public Suppor	rt Percentag	e				
14	Public support percentage for 2017 (line	6, column (f) di	vided by line 1	1, column (f))		14	92.276 %
15	Public support percentage from 2016 Sci					15	91 642 %
16a	331/3% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organi						
	this box and stop here . The organization	qualifies as a	publicly suppo	rted organizati	on		> 🗌
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the '						
	organization						▶ 🗆
b	10%-facts-and-circumstances test — 2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization r				_		
	supported organization						_
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	ı, or 17b, chec	k this box and	see 🕨 🗆

Section D. Computation of Investment Income Percentage

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . .

Investment income percentage from 2016 Schedule A, Part III, line 17

331/3% support tests -/ 2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 33 1/2%, check this box and stop here. The organization qualifies as a publicly supported organization .

331/3% support tests/2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331,2%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation! If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 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.
- **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.
- 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
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B 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).
- 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**.
- 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.
- 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.
- 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.
 - **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.)

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Part	Supporting Organizations (continued)	
` 11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
а	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?	11b
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Secti	on B. Type I Supporting Organizations	
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 Part VI how 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	Yes No
	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	զմուկայում Ծերկիկիս տաժաստո
Secti	on C. Type II Supporting Organizations	
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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes No
Secti	on D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Yes No
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
_3	By reason of the relationship described in (2), did the organization's supported organizations have a significant 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 Part VI the role the organization's supported organizations played in this regard.	much and the Superminimal control control
Section	on 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).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.	,
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions).
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yos," then in Part VI identify those supported 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 substantially all of its activities.	Antonium Company on the second
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(s) would have engaged in these activities but for the organization's involvement.	2b
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
b	trustees of each of the supported organizations? <i>Provide details in Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3a

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n	-
Page	·

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		,
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	學		企业 的企业。
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1¢		
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		***************************************
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE CASE OF THE PARTY OF THE PA	
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		
7 Check here if the current year is the organization's first as a non-functional	ly in		organization (see

rart	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exompt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
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.			· · · · · · · · · · · · · · · · · · ·
	Total annual distributions. Add lines 1 through 6.		 	<u> </u>
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·	/::\	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	∴(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017		ally production of the control of th	THE PROPERTY OF THE PARTY OF TH
a	organization and the second se	the tribit of the confidence o	a je programjenoga, ki njegodnje 124.014 v jednje obisa.	ngiye' indiggaggggggggggggggggggggggggggggggggg
b	From 2013			计对称控制的计划(多多数)
c	From 2014 '			
d_	From 2015			
e	From 2016	THE STATE OF THE S		
f_	Total of lines 3a through e		理解できたの情報では	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u> i </u>	Carryover from 2012 not applied (see instructions)	SHEET NAMED OF LAND OF		
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	WHILE A EUGENTAL THOM IS BOOK A WILL THE TO		
4	Distributions for 2017 from			
	Section D, line 7 \$			
a_	Applied to underdistributions of prior years	THE RESERVE THE PROPERTY OF TH	AN THE WATER SCHOOL STATES OF THE PARTY OF THE	
b_	Applied to 2017 distributable amount Remainder. Subtract lines 4a and 4b from 4.	個的問題的問題的		
<u>c</u> _		THE SECOND PROPERTY OF THE PARTY OF THE PART		E-1278
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3	Tibulos estissentanamen		
•	and 4c.			
8	Breakdown of line 7:	用力型测量化外层流效		
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

art VI	Page Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
ai ÇiVi	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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HEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

Open to Public

Name c	of the organization					Employer identific	cation number
	WORTH AIRPOWER FOUNDATION	V				75-	2828493
Pari	Fundraising Activities Form 990-EZ filers are				vered "Yes" on Fo	orm 990, Part IV,	line 17.
1	Indicate whether the organizati			<u> </u>	owing activities. Ch	eck all that apply.	
a	Mail solicitations	311 141004 141140			on of non-governm		
b	Internet and email solicitation	nne	f [on of government		
C	Phone solicitations) i i S			•	granis	
			g L	□ Special	fundraising events		
d 2a	In-person solicitations Did the organization have a wri						
b	or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 b	d individuals or	entities (fun			-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7						***	
8							
9							
10							
otal				<u> </u>			
3	List all states in which the organization or licensing.	anization is regis	stered or lic	ensed to s	colicit contributions	or has been notific	ed it is exempt from
							·····
							•••••••
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b If "Yes," explain:

Ρa	rt II	Fundraising Events. Cor	nplete if the organizati	on answered "Yes" on	Form 990, Part IV, line	Page 18, or reported more
		than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 SKYBALL XV GALA	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
4			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	3082106			
ш	2	Less: Contributions Gross income (line 1 minus				,
		line 2)	3082106			
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	361259			
Direct Expenses	7	Food and beverages	77074			
Direct	8	Entertainment	27928			
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac				46626
		Net income summary. Subtra	act line 10 from line 3. c	olumn (d)		261584
Pa	t III	Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 9	e organization answei		▶ 90, Part IV, line 19, or i	
			e organization answei			
		Gaming. Complete if the	e organization answei 90-EZ, line 6a. I	red "Yes" on Form 99 (b) Pull tabs/instant	00, Part IV, line 19, or i	reported more (d) Total gaming (add
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answei 90-EZ, line 6a. I	red "Yes" on Form 99 (b) Pull tabs/instant	00, Part IV, line 19, or i	reported more (d) Total gaming (add
Revenue	rt III	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	e organization answei 90-EZ, line 6a. I	red "Yes" on Form 99 (b) Pull tabs/instant	00, Part IV, line 19, or i	reported more (d) Total gaming (add
Revenue	1 2	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	e organization answei 90-EZ, line 6a. I	red "Yes" on Form 99 (b) Pull tabs/instant	00, Part IV, line 19, or i	reported more (d) Total gaming (add
Revenue	1 2 3	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes	e organization answei 90-EZ, line 6a. I	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	reported more (d) Total gaming (add
Revenue	1 11 2 3 4	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs	e organization answei 90-EZ, line 6a. I	red "Yes" on Form 99 (b) Pull tabs/instant	00, Part IV, line 19, or i	reported more (d) Total gaming (add
Revenue	1 2 3 4 5	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	e organization answer 90-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	reported more (d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	e organization answer 90-EZ, line 6a. (a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	O, Part IV, line 19, or i	(d) Total gaming (add
b Direct Expenses Revenue	1 2 3 4 5 6 7 8 Er	Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. According to the content of the content	e organization answer 90-EZ, line 6a. (a) Bingo Yes % No Id lines 2 through 5 in conducts ganization conducts ga	ted "Yes" on Form 99 (b) Pull tabs/instant bingo/progressive bingo Yes% No blumn (d)	O, Part IV, line 19, or i	reported more (d) Total gaming (add col (a) through col (c))

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

Yes
No

hedu	ale G (Form 990 or 990-EZ) 2017
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in.
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ▶
	Address►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 _a_	Mandatory distributions. Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, a

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-004	2047	· Open to Public ·

Employer identification number ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

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מופט				
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, the g	rantees' eligibility fo	r the grants or assistan	ce, and
stance?				· · · · Yes · · No
nonitoring the use of grant fur	nds in the United	States.		
ceived more than \$5,000.	lestic Governm Part II can be d	ents. Complete if uplicated if additio	the organization ansunal space is needed.	wered "Yes" on Form
IRC section (d) Amount of cash f applicable)	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
			•	
				-
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ne 1 table			A . A .
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant fur grants and Other Assistance to Domestic Organizations and Dom 990, Part IV, line 21, for any recipient that received more than \$5,000. Name and address of organization (b) EIN (c) IRC section (d) Amount of cash or government LISTING EE ATTACHED LISTING EE ATTACHED LISTING EE ATTACHED LISTING EE ATTACHED LISTING Enter total number of section 501(c)(3) and government organizations listed in the line 1 fable		estic Governm Part II can be d (e) Amount of non- cash assistance	estic Governments. Complete if Part II can be duplicated if additic (e) Amount of non- (ash assistance (1) Method of valuation cash assistance (1) Method of valuation (ash appraisal.)	ronoitoring the use of grant funds in the United States. It corporates and Domestic Governments. It complete if the organization answered "Yes" on Form received more than \$5,000. Part il can be duplicated if additional space is needed. Inc section (a) Amount of reash (a) Amount of non- (b) Amount of non- (c) Amou

Schedule I (Form 990) (2017)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2017) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ALL REQUESTS FOR GRANTS OR ASSISTANCE ARE VETTED BY THE GRANT COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FUNDING, (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance က 4 Ŋ 9

HEDULE O form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

FORT WORTH AIRPOWER FOUNDATION	75-2828493
PART VI QUESTION 11b	
THE COMPLETE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR	TO FILING WITH THE IRS
PART VI QUESTION 12c	
THE ORGANIZATION ANNUALLY REQUIRES OFFICERS AND DIRECTORS TO COMPLETE A CONFLIC	TS OF INTEREST FORM
DISCLOSING ANY ACTUAL OR POTENTIAL CONFLICTS OF INTERESTS IN COMPLIANCE WITH THE C	DRGANIZATION'S POLICY
ANY ACTUAL OR POTENTIAL CONFLICTS ARE ALSO REQUIRED TO BE DISCLOSED BY ANY VOTING	G MEMBER OF THE BOARD
PRIOR TO ANY DISCUSSION ON A GRANT REQUEST, ALSO, ANY ACTUAL OR POTENTIAL CONFLIC	CTS ARE REQUIRED TO BE
DISCLOSED PRIOR TO ANY DISCUSSION OF VENDER SELECTIONS FOR SERVICE PROVIDERS	
PART VI QUESTION 19	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND	DITS FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST	
PART IX LINE 11g	
SKYBALL XV GALA PRODUCTION EXPENSES 466261	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization FORT WORTH AIRPOWER FOUNDATION

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public

2017

Inspection

OMB No 1545-00

Employer identification number

75-2828493

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(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Schedule R (Form 990) 2017 ŝ 7 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling ventity (e) End-of-year assets ž ž (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(4) (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity **TEXAS** (b)
Primary activity SUPPORT For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) FORT WORTH AIR POWER COUNCIL EIN 23-7222071 (a) Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EiN of related organization (PO BOX 8728 FORT WORTH, TX 76124 (1) NONE Part I Part II 8 ල 9 9 2 ල 3 € 3 9 E

Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2017 ž Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes (I) General or managing partner? ŝ (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ (f) Share of total Yes income (g) Share of end-of- Dyear assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) Direct controlling (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) entity (c)
Legal domicile
(state or foreign country) (d)
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SEE PART VII SUPPLEMENTAL INFORMATION		(a) Name of related organization		(b) Transaction type (a – s)	(c) Amount involved	Method of determ	(d) nining amount ir	Novr
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Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d) (d) (e) (f) (f) (f) (g) (h) (h) (h) (g) (h) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners	(f) Share of		(h) Disproportionate	(I) (I) Code V—UBI		(k) Percentage
		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	_	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	
			sections 512—514)	Yes No			Yes No	T	Yes No	
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pedule R (F	orm 990) 2017 Page 5
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.
THE TOTAL	OF THE TRANSACTIONS OF THE SPECIFIED TYPES DESCRIBED IN LINES 1b THROUGH 1s DID NOT EXCEED \$50,000
DURING TH	IE CURRENT YEAR,
	
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