

Form **990-EZ****Short Form****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. 1545-1150

2015**Open to Public Inspection**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-EZ and its instructions is at www.irs.gov/form990.**A** For the 2015 calendar year, or tax year beginning

, 2015, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**173d Airborne Brigade Association**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

4004 Sheffield

City or town, state or province, country, and ZIP or foreign postal code

Muskogee, OK 74403-8557**D** Employer identification number**58-1543560****E** Telephone number**918-348-1060****F** Group Exemption

Number ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ www.skysoldier.net**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (19) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

103,862**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	3,449
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	29,840
	4	Investment income	4	1,098
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	31,928
c	Less: direct expenses from gaming and fundraising events	6c	-9,158	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	22,770	
7a	Gross sales of inventory, less returns and allowances	7a	32,547	
b	Less: cost of goods sold	7b	-43,768	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-11,222	
8	Other revenue (describe in Schedule O)	8	5,000	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	50,935	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	71,543
	17	Total expenses. Add lines 10 through 16 ▶	17	71,543
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,609
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	73,557
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	52,948

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2015)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	21,718	22 29,760
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	155,259	24 124,710
25	Total assets	176,977	25 154,470
26	Total liabilities (describe in Schedule O)	103,420	26 101,522
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,557	27 52,948

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ▶	32

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

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

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		<input checked="" type="checkbox"/>

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

- f** Total number of other employees paid over \$100,000 **None**

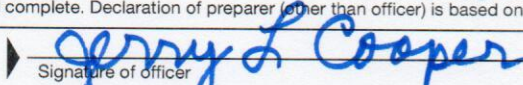
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

- d** Total number of other independent contractors each receiving over \$100,000 **None**

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  **Date** March 11, 2016

Jerry L. Cooper, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN		Phone no.	
Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

173d Airborne Brigade Association

Schedule O

Form 990-EZ, Part I, Line 16

Other Expenses

Income			
1	4200 · Contributions Income	\$	3,449
3	4100 · Membership Dues	\$	29,840
4	4700 · Miscellaneous Income	\$	1,098
	4300 · Raffle		
6b	Gross Revenues	\$	31,928
6c	Less Expenses	\$	(9,158)
6d	Net Income	\$	22,770
	4500 · Store Sales		
7a	Gross Revenues	\$	32,547
7b	Less Expenses	\$	(43,768)
7c	Net Income	\$	(11,222)
8	4450 · Reunion Profit	\$	5,000
Total Income			\$ 50,935
Expense			
	6117 · Bad Debt Expense	\$	5,615
	6120 · Bank Charges	\$	291
	6130 · Board Meeting Expense	\$	3,324
	6135 · Chapter Rebates	\$	420
	6140 · Computer software	\$	264
	6153 · Credit Card Charges	\$	293
	6165 · Donations by Association	\$	1,500
	6175 · Dues	\$	50
	6190 · Magazine Expenses	\$	28,634
	6195 · Office Expense	\$	1,450
	6198 · PayPal Expenses	\$	321
	6200 · Postage & Shipping	\$	7,111
	6220 · Professional Fees	\$	2,244
	6230 · QuickBooks Backup Expense	\$	119
	6245 · Reconciliation Discrepancies	\$	(236)
	6250 · Rent	\$	2,000
	6253 · Supplies	\$	799
	6280 · Travel	\$	11,814
	6290 · Tributes	\$	115
	6300 · Website Expenses	\$	4,834
	6800 · Uncategorized	\$	480
	69800 · Uncategorized Expenses	\$	101
Total Expense			\$ 71,543
Net Income			\$ (20,609)

173d Airborne Brigade Association
Schedule O
Form 990-EZ, Part II
Balance Sheet

	<u>Dec 31, 14</u>	<u>Dec 31, 15</u>	<u>\$ Change</u>	<u>% Change</u>
ASSETS				
Current Assets				
Checking/Savings				
1000 · Bank Accounts	21,717.56	29,759.75	8,042.19	37.03%
Total Checking/Savings	21,717.56	29,759.75	8,042.19	37.03%
Accounts Receivable				
1200 · Accounts Receivable	-1,135.07	0.00	1,135.07	100.0%
Total Accounts Receivable	-1,135.07	0.00	1,135.07	100.0%
Other Current Assets				
1100 · Investments	101,454.87	80,000.00	-21,454.87	-21.15%
1210 · Due From Foundation	10,229.51	0.00	-10,229.51	-100.0%
1600 · Inventory- Store	40,895.01	40,895.01	0.00	0.0%
Total Other Current Assets	152,579.39	120,895.01	-31,684.38	-20.77%
Total Current Assets	173,161.88	150,654.76	-22,507.12	-13.0%
Fixed Assets				
1800 · Equipment	5,737.33	5,737.33	0.00	0.0%
1900 · Accumulated Depreciation	-1,922.19	-1,922.19	0.00	0.0%
Total Fixed Assets	3,815.14	3,815.14	0.00	0.0%
TOTAL ASSETS	176,977.02	154,469.90	-22,507.12	-12.72%
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2000 · Accounts Payable	3,761.89	1,764.36	-1,997.53	-53.1%
Total Accounts Payable	3,761.89	1,764.36	-1,997.53	-53.1%
Other Current Liabilities				
2010 · Due To Foundation	-20.45	78.47	98.92	483.72%
2300 · Accrued Dues Rebate	27,462.65	27,462.65	0.00	0.0%
Total Other Current Liabilities	27,442.20	27,541.12	98.92	0.36%
Total Current Liabilities	31,204.09	29,305.48	-1,898.61	-6.08%
Long Term Liabilities				
2500 · Deferred Dues	72,216.17	72,216.17	0.00	0.0%
Total Long Term Liabilities	72,216.17	72,216.17	0.00	0.0%
Total Liabilities	103,420.26	101,521.65	-1,898.61	-1.84%
Equity				
1110 · Retained Earnings	77,286.45	73,556.76	-3,729.69	-4.83%
Net Income	-3,729.69	-20,608.51	-16,878.82	-452.55%
Total Equity	73,556.76	52,948.25	-20,608.51	-28.02%
TOTAL LIABILITIES & EQUITY	176,977.02	154,469.90	-22,507.12	-12.72%

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Employer identification number

173d Airborne Brigade Association

58-1543560

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
Total ►						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Raffle</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	31,928			31,928
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	31,928			31,928
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes	1,332			1,332
	6 Rent/facility costs	0			0
	7 Food and beverages	0			0
	8 Entertainment	0			0
	9 Other direct expenses	6,826			6,829
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,158
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				22,770	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 13 Indicate the percentage of gaming activity conducted in:

b An outside facility	13b	%
--	------------	---

- Address ►

- c** If "Yes," enter name and address of the third party:

Address ►

- Name ▶

Gaming manager compensation ► \$ _____

Description of services provided ▶

☐ Employee☐ Independent contractor

- b** 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 IV **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).