Return of Organization Exempt From Income Tax

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

DLN: 93493129020178 OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public

| • | l Revenue Service | ■ Information about | t <u>www IRS gov/forr</u> | <u>n990</u> | | Inspection | | | | | | |
|--------------------------------|----------------------------------|--|---|-----------------------|---------------------------------------|------------|---------------------|--|--|--|--|--|
| A Fo | or the 2016 c | alendar year, or tax year beginr | ning 07-01-2016 , and ending | 06-30-2017 | | | | | | | | |
| □ Add | ck ıf applicable dress change | C Name of organization Aircraft Carrier Hornet Foundation | | | D Employer ide 94-3226801 | | cation number | | | | | |
| | me change tial return | Doing business as | | | | | | | | | | |
| Fın | | uss hornet sea air & space museum | | | E Telephone number | | | | | | | |
| □ Am | ended return | 707 W Hornet Avenue | Il is not delivered to street address) Ro | oom/suite | (510) 521-8 | | | | | | | |
| ⊔ Арј | plication pending | City or town, state or province, count | ry, and ZIP or foreign postal code | | . (310) 321 0 | | | | | | | |
| | | Alameda, CA 94501 | | | G Gross receipts | 5 \$ 3,0 | 078,768 | | | | | |
| | | F Name and address of principal Michael mccarron | officer | | s a group return | for | | | | | | |
| | | 707 w hornet avenue Alameda, CA 94501 | | | dınates? II subordınates | | ☐Yes ☑No | | | | | |
| Tax | x-exempt status | ✓ 501(c)(3) | nsert no) | ` ´ ıncluc | led? | | Yes No | | | | | |
| W | ehsite: > www | w USS-Hornet org | nsert no) | | o," attach a list(o exemption num | | • | | | | | |
| - 444 | CDSILEIF WW | 333 Hornet org | | | | | | | | | | |
| (Forn | n of organization | ✓ Corporation ☐ Trust ☐ Associ | olation ☐ Other ► | L Year of form | ation 1995 M S | tate o | f legal domicile CA | | | | | |
| Pa | | mary | | • | ' | | | | | | | |
| | | scribe the organization's mission or arrier Hornet Foundation preserves | | Hornet, a national h | nistoric landmark | , and | l its role in naval | | | | | |
| ų | aviation, t | he defense of our country, the Apo | llo Programs, and exploration of s | pace The USS Horn | et Museum conn | ects t | the greatest | | | | | |
| <u> </u> | | To Americans with future generali | ons, educating and inspiring them | to meet the challen | ges they will lac | u III L | ne days to come | | | | | |
| Ē | | | | | | | | | | | | |
| Governance | | | | | | | | | | | | |
| | 3 Number | 3 | 8 | | | | | | | | | |
| e l | | of independent voting members of | | · · | | 4 | 8 | | | | | |
| ACHAINES & | | nber of individuals employed in cale | | | | 5 | 130 | | | | | |
| ŧ | | nber of volunteers (estimate if nece elated business revenue from Part | | | . | 6 7a | 120 | | | | | |
| | | elated business revenue from Part lated business taxable income from | , ,,, | | : | 7a 7b | 0 | | | | | |
| | D Net dille | atta basiness taxable income from | | | or Year | | Current Year | | | | | |
| O, | 8 Contribut | nons and grants (Part VIII, line 1h) | | | 746,308 | | 447,054 | | | | | |
| in Lie | 9 Program | service revenue (Part VIII, line 2g) | | | 2,664,987 | | 2,322,273 | | | | | |
| Rəvenue | l | ent income (Part VIII, column (A), l | | | 621 | | 1,605 | | | | | |
| _ | 11 Other rev | venue (Part VIII, column (A), lines | 5, 6d, 8c, 9c, 10c, and 11e) | | 187,576 | | 174,969 | | | | | |
| | | enue—add lines 8 through 11 (mus | | 12) | 3,599,492 | | 2,945,901 | | | | | |
| | | nd similar amounts paid (Part IX, co | , ,, | | 0 | | 0 | | | | | |
| | | paid to or for members (Part IX, co other compensation, employee ber | | | 1 991 935 | | 2,289,445 | | | | | |
| Ses | | otner compensation, employee ber onal fundraising fees (Part IX, colun | | | 1,991,935 | | 2,289,445 | | | | | |
| Expenses | | raising expenses (Part IX, column (D), Irr | | | | | | | | | | |
| ă | | penses (Part IX, column (A), lines 1 | , | _ | 1,653,174 | | 1,561,845 | | | | | |
| | 18 Total exp | enses Add lines 13–17 (must equa | al Part IX, column (A), line 25) | | 3,645,109 | | 3,851,290 | | | | | |
| | 19 Revenue | less expenses Subtract line 18 fro | m line 12 | | -45,617 | | -905,389 | | | | | |
| Net Assets of Fund Balances | | | | Beginning | of Current Year | | End of Year | | | | | |
| alar | 20 Total ass | ets (Part X, line 16) | | | 3,273,535 | | 2,451,759 | | | | | |
| od B | | ılıtıes (Part X, line 26) | | 425,142 | | 508,755 | | | | | | |
| F.E | | s or fund balances Subtract line 2 | | | 2,848,393 | | 1,943,004 | | | | | |
| | | ature Block | | | | | | | | | | |
| | | erjury, I declare that I have examıı f, ıt ıs true, correct, and complete | | | | | | | | | | |
| | nowledge | . ,, | -1 | | | | | | | | | |
| | ***** | * | | | | | | | | | | |
| Sign | Signati | ure of officer | | | | | | | | | | |
| lere | Michae | | | | | | | | | | | |
| | | l McCarron Executive Director | | | | | | | | | | |
| | | I McCarron Executive Director r print name and title | Preparer's signature | | | | | | | | | |

May the IRS discuss this return with the preparer shown above? (see instru For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶ 1 Montgomery Street Suite 1700

San Francisco, CA 94104

Firm's name Marcum LLP

Paid

Preparer

Use Only

| Forn | 990 (2016) | | | | | Page 2 |
|------|--|---|----------------------------|---------------------------|---|---------------|
| Pai | t IIII Statemen | t of Program Servic | e Accomplis | hments | | |
| | Check If Sch | edule O contains a respo | onse or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly describe the | organization's mission | | · | | |
| cour | try, the Apollo Progra | | ace The USS Ho | rnet Museum connects | andmark, and its role in naval avia s the greatest generation of Ameri | |
| 2 | the prior Form 990 | n undertake any significa or 990-EZ? | | <i>-</i> , | | ☐ Yes ☑ No |
| 3 | If "Yes," describe the Did the organization services? | □Yes ☑No | | | | |
| | If "Yes," describe th | nese changes on Schedul | e O | | | |
| 4 | Section 501(c)(3) a | | ons are required | to report the amount of | largest program services, as mea of grants and allocations to others | |
| | (Code |) (Expenses \$ | 1,705,520 | including grants of \$ |) (Revenue \$ | 1,872,325) |
| | See Additional Data | | | | | |
| 4b | (Code See Additional Data |) (Expenses \$ | 537,285 | including grants of \$ |) (Revenue \$ | 615,017) |
| 4c | (Code |) (Expenses \$ | 1,031,355 | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | , (Expenses ¢ | | morating grants of \$ | , (Nevenue \$ | , |
| 4d | 1 | vices (Describe in Schedi | ule O) | | | |
| 4d | | ` | • | | | |
| 4d | Other program serv (Expenses \$ Total program serv | ıncl | uding grants of 3,274,1 | <u> </u> |) (Revenue \$ |) |

Yes

1

2

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11a

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11d

11e

11f

12a

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14a

14h

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18

19

Yes

Yes

Yes

Yes

Yes

Part IV Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . .

or X as applicable

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?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🔧

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Nο

Page 3

No

Nο Nο Nο Nο

Nο

Nο

Nο

No

No

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Nο

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Nο

Νo

Νo

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Nο

Nο

Form **990** (2016)

29

Page 4

Νo

Nο

Nο

No

Nο

Νo

Nο

| Part IV | Checklist of Required Schedules (continued) | | |
|---------|---|-----|---|
| | | Yes | N |
| | | | |

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

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,

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

No 20b

Yes

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22

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24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

36

37

Yes

Form 990 (2016)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| orm | 990 (2016) | | | Page 5 |
|------------|--|-------|-----|---------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by | | | |
| | this return | 2b | Yes | |
| D | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 103 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| Ĭ | If test, to fine su of sp, and the organization me form occor is a first in the fir | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| LO | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b |] | | |
| L 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| L2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| L3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand |] | | |
| | | المما | | No |
| L4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | NO |

| orm 9 | 90 (2016) | | | Page 6 |
|-------|--|--------|-----------|---------------|
| Part | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions | · | nse to li | |
| Sec | Check If Schedule O contains a response or note to any line in this Part VI | • • | | <u> </u> |
| | son and son | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year a | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 8 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | No |
| | Did the organization have a written whistleblower policy? | 13 | | No |
| | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | | No |
| | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | 100 | | |
| | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| L8 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | available for public inspection Indicate now you made these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ Upon request. ☐ Other (explain in Schedule O) | | | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records Michael McCarron 707 W Hornet Avenue Alameda, CA 94501 (510) 521-8448 | | | |
| | | | | 0 (2015) |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, or 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

| Check this box if neither the organization no | r any related oi | ganızat | ion c | omp | ens | ated a | ny c | urrent officer, dire | ctor, or trustee | |
|--|--|-----------------------------------|-----------------------|-----------------------------|----------------------------|------------------------------|------------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related | Position than o | on (de one be | (C o no ox, i n of |) t ch unle ficei | eck mo ss pers | ore son | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) Glenn Gabel Vice-Chairman | 3 00 | X | | × | | | | 0 | 0 | 0 |
| (2) Duane Doyle TRUSTEE | 3 00 | Х | | | | | | 0 | 0 | 0 |
| (3) KENNETH G WINANS TRUSTEE | 3 00 | Х | | | | | | 0 | 0 | 0 |
| (4) KURT LIBBY TRUSTEE | 3 00 | Х | | | | | | 0 | 0 | 0 |
| (5) ROBERT FISH TRUSTEE | 3 00 | Х | | | | | | 0 | 0 | 0 |
| (6) TIMOTHY LUTZ TREASURER | 3 00 | Х | | × | | | | 0 | 0 | 0 |
| (7) Ray Fortney CHAIRMAN & CEO | 2 00 | х | | х | | | | 0 | 0 | 0 |
| (8) Alexandra Hall Trustee | 3 00 | х | | | | | | 0 | 0 | 0 |
| (9) Jill Knowland Rapposelli Executive Director (to 9/30/17 | 40 00 | | | х | | | | 175,000 | 0 | 0 |
| (10) Eileen DesMeules SECRETARY (non-voting) | 3 00 | | | х | | | | 0 | 0 | 0 |
| (11) MICHAEL MCCARRON EXecutive Director (FR 10/1/17 | 40 00 | | | х | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

(A)

compensation from the organization ▶ 0

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

(E)

(D)

Page 8

Name and Title Average Position (do not check more Reportable Reportable hours per amount of other than one box, unless person compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Highest compensatemplovee Former Individual trustee or director Office organizations es employee related Institutional Trustee below dotted organizations line) • c Total from continuation sheets to Part VII, Section A . 175,000 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 1 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes." complete Schedule J for such individual 3 No 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Nο **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

| Form 9 Part | 90 (2016) VIIII Statement of | Pevenue | | | | | | | | | Page 9 |
|---|--|----------------------|---------|---------------------|-----------|----------------|-------------------|-------------------------------|--------------------------------|---|--|
| Part | | | respor | nse or note to any | line in t | his Part VIII | | | | | 🗆 |
| | Check ii Schedul | e o contains a | ССБС | ise of fisce to any | (| (A) revenue | Rela ex fur | (B) ated or empt nction venue | (C) Unrelated business revenue | | (D) Revenue excluded from x under sections 512-514 |
| | 1a Federated campaig | ns | 1a | | | | 10 | venue | | | 312-314 |
| ınts | b Membership dues | [| 1b | 58,467 | | | | | | | |
| Gra | c Fundraising events | [| 1c | | | | | | | | |
| fs. r Ai | d Related organizatio | ns | 1d | | | | | | | | |
| E E | e Government grants (co | ontributions) | 1e | | | | | | | | |
| ributions, Gifts, Grants Other Similar Amounts | f All other contributions, and similar amounts nabove | | 1f | 388,587 | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g Noncash contribution | ons included | _ | | | | | | | | |
| Cont and | h Total.Add lines 1a-1 | .f | | • | | 447,054 | | | | | |
| a. | _ | | | Business | Code | _ | | | | | |
| Program Service Revenue | 2a Admissions, tours, & e | | | | 900099 | 2,3 | 22,273 | 2,322 | .,273 | | |
| 숍 | b | | - | | | | | | | | |
| AC. | с — | | - | | | | | | | | |
| ₹ | d ———————————————————————————————————— | | - | | | | | | | | |
| ran | f All other program se | rvice revenue | - | | | | | | | | |
| } og | · - | | | 2,3 | 22,273 | | | | | | |
| | g Total.Add lines 2a-2f | | | • | 1 | | 1 | | | | |
| | 3 Investment income (ii similar amounts) . | | | terest, and other | | 1,605 | 5 | | | | 1,605 |
| | 4 Income from investme | | | | <u> </u> | | | | | | |
| | 5 Royalties | | • • | | | | | | | | |
| | 6a Gross rents | (ı) Real | | (II) Personal | 1 | | | | | | |
| | | 9 | 9,900 | | | | | | | | |
| | b Less rental expenses | | 0 | | | | | | | | |
| | c Rental income or | Ġ | 9,900 | | | | | | | | |
| | (loss) d Net rental income o | r (less) | | | 4 | 9,900 | | | | | 9,900 |
| | d Net rental income o | (i) Securitie | | (II) Other | | | | | | | 9,500 |
| | 7a Gross amount | (1) Decarrere | | (ii) Stiller | 1 | | | | | | |
| | from sales of assets other | | | | | | | | | | |
| | than inventory | | | | | | | | | | |
| | b Less cost or other basis and | | | | | | | | | | |
| | sales expenses C Gain or (loss) | | | | 1 | | | | | | |
| | d Net gain or (loss) . | | | > | 1 | | | | | | |
| | 8a Gross income from fi | | | | | | | | | | |
| Other Revenue | (not including \$ contributions reporte | of ed on line 1c) | | | | | | | | | |
| S | See Part IV, line 18 | | а | | | | | | | | |
| å | b Less direct expense | | ь | | | | | | | | |
| hei | c Net income or (loss) 9a Gross income from g | | _ | nts > | 1 | | | | | | |
| δ | See Part IV, line 19 | | | | | | | | | | |
| | t. | | a | | - | | | | | | |
| | b Less direct expensec Net income or (loss) | | b L | <u>.</u> | | | | | | | |
| | 10aGross sales of invent | | Γ | | | | | | | | |
| | returns and allowand | ces . | | 202 205 | | | | | | | |
| | b Less cost of goods s | ald | a b | 283,305 | - | | | | | | |
| | c Net income or (loss) | | | | _ | 150,438 | 3 | 150,438 | | | |
| | Miscellaneous | | IVENICO | Business Code | | | | | | | |
| - | 11a _{Miscellaneous} | | + | 900099 | 7 | 14,631 | ι[| 14,631 | | | |
| | | | | | | | 1 | | | | |
| | b | | | | | | | | | | |
| | | | | | | | | | | | |
| | С | | | | | | | | | | |
| | | | | | | | | | | | |
| | d All other revenue . | | | | | | | | | | |
| | e Total. Add lines 11a | -11d | | • | | 14,631 | | | | | |
| | 12 Total revenue. See | Instructions . | | • • • • | | 2,945,901 | 1 | 2,487,342 | | 0 | 11,505 |
| | | | | | | | | | | | Form 000 (2016) |

| Form 990 (2016) | | | | Page 10 |
|--|--------------------------------|------------------------------------|--|----------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must complete all co | olumns All other orga | anizations must comp | lete column (A) | _ |
| Check if Schedule O contains a response or note to any | line in this Part IX | | | <u> U</u> |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 162,500 | 138,911 | 3,876 | 19,713 |
| 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 | 1,829,201 | 1,563,672 | 43,629 | 221,900 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 134,317 | 114,819 | 3,204 | 16,294 |
| 10 Payroll taxes | 163,427 | 139,704 | 3,898 | 19,825 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 160,281 | 132,509 | 14,807 | 12,965 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 255,468 | 238,029 | 3,781 | 13,658 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 302,405 | 270,070 | 5,313 | 27,022 |
| 17 Travel | 22 651 | 14 703 | | 7 948 |

82,495

154,136

329,632

117,917

62,792

29,921

44,147

3,851,290

80,780

133,807

329,329

17,536

61,936

38,355

3,274,160

1,715

18,516

303

856

29,921

5,725

496,742

Form 990 (2016)

100,381

1,813

67

80,388

| 7 Other salaries and wages | 1,829,201 | 1,563,672 |
|---|-----------|-----------|
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | | |
| 9 Other employee benefits | 134,317 | 114,819 |
| 10 Payroll taxes | 163,427 | 139,704 |
| 11 Fees for services (non-employees) | | |

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

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 ► ☐ If following SOP 98-2 (ASC 958-720)

20 Interest

23 Insurance . . .

a fOOD SERVICE

b COMMUNICATION

e All other expenses

21 Payments to affiliates . . .

expenses on Schedule O)

c LICENSE, DUES, AND FEES

d ANNUAL CAMPAIGN AND APP

22 Depreciation, depletion, and amortization .

| | | | 1 | | |
|--------|---|--|---------|---|--------|
| | 3 | Pledges and grants receivable, net | 20,000 | 3 | 10,000 |
| | 4 | Accounts receivable, net | 523,331 | 4 | 28,423 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| ets | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 36,810 | 8 | 37,469 |
| < | 9 | Prepaid expenses and deferred charges | 45,117 | 9 | 62,747 |
| | | | | | |

| | | section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L | f section 501(c)(9) | | 6 | | |
|-----|-----|---|---------------------|-----------|-----------|-------------|-----------|
| ets | 7 | Notes and loans receivable, net | | 7 | | | |
| \$8 | 8 | Inventories for sale or use | 36,810 | 8 | 37,469 | | |
| Ø | 9 | Prepaid expenses and deferred charges | 45,117 | 9 | 62,747 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 3,799,598 | | | |
| | b | Less accumulated depreciation | 10b | 2,225,194 | 1,609,042 | 10 c | 1,574,404 |
| | 11 | Investments—publicly traded securities - | | | | 11 | |

| 9 | 1 - | ,, | | _ | | | |
|----|-----|--|---------|-----------|-----------|--------|-----------|
| SS | 8 | Inventories for sale or use | | 36,810 | 8 | 37,469 | |
| A | 9 | Prepaid expenses and deferred charges | 45,117 | 9 | 62,747 | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | 3,799,598 | | | |
| | ь | Less accumulated depreciation | 10b | 2,225,194 | 1,609,042 | 10c | 1,574,404 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |
| | 12 | Investments—other securities See Part IV, line | 11 . | | | 12 | |
| | 13 | Investments—program-related See Part IV, line | e 11 . | | | 13 | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | 89,705 | 15 | 200,409 | | |
| | 16 | Total assets.Add lines 1 through 15 (must equ | al line | 34) | 3,273,535 | 16 | 2,451,759 |

17

18

19

20

21

23

24

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > \(\square\$ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗹 and

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

347,347

77.795

425,142

2,605,390

2,848,393

3.273.535

243.003

17 18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

318,466

60.033

130.256

508,755

1,927,931

1,943,004

2.451.759 Form **990** (2016)

15,073

3а

3b

Nο

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 94-3226801

Name: Aircraft Carrier Hornet Foundation

Form 990 (2016)

Form 990 (2016)

Form 990, Part III, Line 4a:

Live Aboard is for single or group overnight stays on the ship as well as birthday parties and weddings/receptions, Private Events are usually large group or corporate events, Education programs are designed for school age children in accordance with STEM (science, technology, engineering, math), USS Hornet Events are programs to capture large groups of visitors to the Museum on important holidays such as the 4th of July or Memorial Day, etc.

Form 990, Part III, Line 4b: General Administation relates to operations staff who work to keep the museum in good running order. The museum also has a museum store which sells various memorabilia to the USS Hornet's visitors

Form 990, Part III, Line 4c: The USS Hornet is a vintage WW II aircraft carrier. Maintaining such a large ship in good order is costly. Moreover, the ship operates as a museum serving the public. consequently, there are many local inspections designed to secure public safety. Maintaining the ship/museum is an on-going project

| 990EZ) | | | | Public Charity Status and Public Support omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. offormation about Schedule A (Form 990 or 990-EZ) and its instructions is at | | | | | 2016 Open to Public |
|--------|----------|---|---|--|--|---|-----------------------|-----------------------------------|---------------------------|
| nterna | l Reven | the Treasurv ue Service ne organiza | | | | ov/form990. | , una res miser | Employer identific | Inspection |
| | | er Hornet Found | | | | | | ' ' | ation number |
| Pa | rt I | Reason 1 | or Public (| Charity Stat | us (All organization | s must complet | te this part.) : | l 94-3226801 See instructions. | |
| | | | | | e it is (For lines 1 thro | | | | |
| 1 | | A church, c | onvention of | churches, or as | ssociation of churches | described in sect | tion 170(b)(1) | (A)(i). | |
| 2 | | A school de | scribed in se | ction 170(b)(| 1)(A)(ii). (Attach Sch | nedule E (Form 9 | 90 or 990-EZ)) | | |
| 3 | | A hospital c | r a cooperati | ve hospital ser | vice organization desci | rıbed ın section | 170(b)(1)(A)(| (iii). | |
| 4 | | | esearch orga and state _ | nızatıon operat | ed in conjunction with | a hospital descri | bed in section | 170(b)(1)(A)(iii). E | nter the hospital's |
| 5 | | | ition operated [iv]. (Comple | | t of a college or unive | rsity owned or op | erated by a gov | vernmental unit descri | bed in section 170 |
| 6 | | | | • | governmental unit de | scribed in sectio | on 170(b)(1)(| 4)(v). | |
| 7 | | section 17 | O(b)(1)(A)(| vi). (Complete | · | | - | unit or from the gener | al public described in |
| 8 | | A communi | ty trust descr | ıbed ın sectio ı | 170(b)(1)(A)(vi) | (Complete Part II | [) | | |
| 9 | | | | | escribed in 170(b)(1) ee instructions Enter | | | | ege or university or a |
| 0 | ✓ | from activit | les related to Income and I | ıts exempt fur ınrelated busır | (1) more than 33 _{1/3} % actions—subject to cert less taxable income (le amplete Part III) | taın exceptions, a | and (2) no more | than 331/3% of its su | pport from gross |
| 1 | | An organiza | ition organize | d and operate | d exclusively to test fo | r public safety S | ee section 509 | (a)(4). | |
| 2 | | more public | ly supported | organizations | d exclusively for the be described in section 5 the type of supporting | 09(a)(1) or sec | tion 509(a)(2 |). See section 509(a | |
| а | | organizatioi | n(s) the powe | | rated, supervised, or co appoint or elect a majo | | | | |
| b | | manageme | nt of the supp | | ervised or controlled in ation vested in the sar | | | | |
| С | | | | | supporting organizatio | | | | ited with, its |
| d | | Type III n functionally | on-function integrated | ally integrate he organizatio | d. A supporting organi n generally must satis rt IV, Sections A and | Ization operated i fy a distribution r | in connection w | th its supported orgai | |
| e | | Check this l | oox if the org | anızatıon recei | ved a written determir | nation from the IF | RS that it is a Ty | /pe I, Type II, Type II | I functionally |
| f | Enter | - | | on-functionally organizations | integrated supporting | organization | | | |
| g | | | | - | upported organization(| s) | | | |
| i)N | | f supported o | | (ii)EIN | (iii) Type of | (iv | | (v) | (vi) |
| | | (described on lines your governing document? monetary sup | | Amount of monetary support (see instructions) | Amount of other support (see instructions) | | | | |
| | | | | | | Yes | No | | |
| | | | ' | | | | | | |
| | | | | | | | | | |
| ota | | unul Dadee | tion Act Not | ion one the T | nstructions for | Cat No 11285 | · E | Schedule A (Form 9 | 00 04 000 57) 3011 |

| Sch | nedule A (Form 990 or 990-EZ) 2016 | | | | | | Page 2 |
|----------|---|---------------------------|--------------------|--------------------|---------------------------|--------------------|----------------|
| P | art II Support Schedule for | Organizations | Described in S | ections 170(b |)(1)(A)(iv) ar | d 170(b)(1)(A | (vi) |
| | (Complete only if you ch | ecked the box o | n line 5, 7, 8, o | r 9 of Part I or i | f the organization | on failed to quali | |
| | III. If the organization fa | ails to qualify un | der the tests lis | ted below, plea: | se complete Par | t III.) | |
| <u>S</u> | Section A. Public Support | T | T | Т | T | T | |
| | Calendar year (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f)Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| _ | include any "unusual grant ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from | | | | | | |
| _ | line 4 | | | | | | |
| | Section B. Total Support Calendar year | | | | | | |
| | (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | | | | | | | |
| | 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 | | | | | | | |
| 12 | 10 Gross receipts from related activities, | etc (see instruction | l ns) | | | 12 | |
| | | | | 1.6 11 601 | | | |
| 13 | First five years. If the Form 990 is fo | - | | | • | · · · · · <u>-</u> | _ |
| _ | check this box and stop here | | | | | <u> ₽ L</u> | |
| | Section C. Computation of Public | | | (6) | | | |
| | Public support percentage for 2016 (lin | | | Loiumn (r)) | | 14 | |
| | Public support percentage for 2015 Sc | | | | 4.4 22 | 15 | |
| 16a | a 33 1/3% support test—2016. If the | | | | ie 14 is 33 1/3% o | r more, check this | |
| | and stop here. The organization quali | | | | | /20/ | |
| b | 33 1/3% support test—2015. If th | | | | and line 15 is 33 i | ./3% or more, chec | |
| | box and stop here. The organization a 10%-facts-and-circumstances test | | | | o 12 165 or 16h | and line 14 | ▶□ |
| 1/a | is 10% or more, and if the organization | | | | | | |
| | in Part VI how the organization meets | | | | | | |
| | organization | | | | | | ightharpoons |
| b | 10%-facts-and-circumstances tes | st— 2015. If the o | rganization did no | t check a box on I | ine 13, 16a, 16b, | or 17a, and line | - - |
| _ | 15 is 10% or more, and if the organiz | zation meets the "I | facts-and-circums | ances" test, chec | k this box and sto | p here. | |
| | Explain in Part VI how the organization | on meets the "facts | s-and-circumstanc | es" test. The orga | inization qualifies | as a publicly | . — |
| | supported organization | | | | | | ▶□ |
| 18 | Private foundation. If the organization | on did not check a | box on line 13, 1 | 6a, 16b, 17a, or 1 | /b, check this box | and see | . — |
| | instructions | | | | | | <u>▶</u> ∐ |
| | | | | | Schodu | le Δ (Form 990 o | ruun_F/17016 |

| P | Support Schedule for | | | | | | _ |
|-----------|--|---------------------------------------|-----------------------|------------------------|-------------------|--------------------|--------------------|
| | (Complete only if you o | | | | | to qualify under | Part II. If |
| | the organization fails to | qualify under | tne tests listed t | pelow, please col | mpiete Part II.) | | |
| <u>Se</u> | ction A. Public Support Calendar year | Т | T | | | 1 | |
| | (or fiscal year beginning in) ▶ | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e) 2016 | (f)Total |
| | Gifts, grants, contributions, and membership fees received (Do not | 223,748 | 857,695 | 1,578,755 | 746,308 | 447,054 | 3,853,560 |
| 2 | include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 2,311,471 | 2,424,323 | 3,403,538 | 2,951,051 | 2,605,578 | 13,695,961 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 2,535,219 | 3,282,018 | 4,982,293 | 3,697,359 | 3,052,632 | 17,549,521 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | C |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b | | | | | | C |
| 8 | Public support. (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | 17,549,521 |
| Se | ction B. Total Support | | | | | | |
| | Calendar year | (a)2012 | (b) 2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
| 9 | (or fiscal year beginning in) ► Amounts from line 6 | 2,535,219 | 3,282,018 | 4,982,293 | 3,697,359 | 3,052,632 | 17,549,521 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,555,213 | 3,202,010 | 1,302,233 | 3,637,4333 | 3,632,632 | 17,013,023 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 17,840 | 24,418 | 17,599 | 20,121 | 11,505 | 91,483 |
| С | Add lines 10a and 10b | 17,840 | 24,418 | 17,599 | 20,121 | 11,505 | 91,483 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 2,553,059 | 3,306,436 | 4,999,892 | 3,717,480 | 3,064,137 | 17,641,004 |
| 14 | First five years. If the Form 990 is fo | or the organization | n's first, second, th | nird, fourth, or fifth | tax year as a sec | tion 501(c)(3) org | <u> </u> |
| | check this box and stop here | | | | | | ▶⊔ |
| | ection C. Computation of Public | | | ! (5) | | T -= T | |
| 15 | Public support percentage for 2016 (III | | | column (T)) | | 15 | 99 480 % |
| 16 | Public support percentage from 2015 S | · · · · · · · · · · · · · · · · · · · | • | | | 16 | 99 430 % |
| | ection D. Computation of Invest Investment income percentage for 20 | | | line 13 column (f) | ١ | 1471 | 0.500.00 |
| 17 | Investment income percentage for 20 Investment income percentage from 2 | | | e 13, Column (f) | , | 17 | 0 520 % 0 570 % |
| 18 | Investment mediae percentage II offi z | Juneaule A, | . u. c 111, IIIC 1/ | | | 18 | 05/0% |

Investment income percentage from 2015 Schedule A, Part III, line 17

20

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

19a 331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

ightharpoonsnot more than 33 1/3%, 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 Schedule A (Form 990 or 990-EZ) 2016 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)

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes Nο

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose. describe the designation. If historic and continuing relationship, explain

1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described 2

in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination

3а Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied 3h 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

3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4h supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

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 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b 5c 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 (1) 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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

| Par | Supporting Organizations (continued) | | | |
|--------|--|----------|---------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| 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 | | |
| С | 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 | | |
| Se | ction B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 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 Par 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax 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 | 2 | | |
| Se | ction C. Type II Supporting Organizations | | | |
| | Green Co. Type 12 Cupper ting Crystinations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) | f | | |
| | | 1 | | |
| | | | | |
| Se | ection D. All Type III Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's | | 163 | 140 |
| • | 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 organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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 | | | |
| | | | | I |
| | ction E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and the Activities Test Complete line 2 below | LIONS) | | |
| a b | | | | |
| | | | | |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (se | e instru | ctions) |) |
| 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 "Yes," 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 | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the | | | |
| | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard | | | |
| | , | 3b | | <u>L</u> |

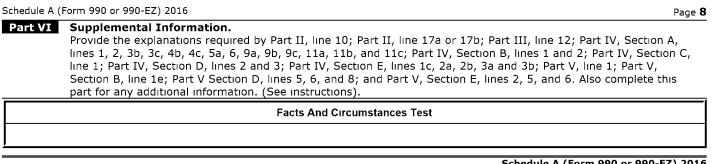
2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

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

Schedule A (Form 990 or 990-F7) 2016

temporary reduction (see instructions)

instructions)



efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, OMB No 1545-0047

DLN: 93493129020178

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **Employer identification number** Aircraft Carrier Hornet Foundation 94-3226801 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 223,158 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2016

| Pai | t III | Organizations Mai | intaining Coll | ections of A | Art, Histor | ical Tre | asures, or | Other | Similar Ass | sets (co | ontinued) | |
|--------|----------|---|------------------------------|------------------|----------------|-------------|--------------------|------------|----------------|-------------------|---------------------------|------------|
| 3 | | ng the organization's acqui ns (check all that apply) | isition, accession | , and other red | cords, check | any of th | e following t | hat are a | significant us | e of its | collection | |
| а | ✓ | Public exhibition | | | d | Пг | oan or excha | ange prog | ırams | | | |
| b | | Scholarly research | | | e | | ther | | | | | |
| С | ✓ | Preservation for future o | generations | | | | | | | | | |
| 4 | | ride a description of the or XIII | - | ections and ex | plain how th | ey further | r the organiz | ation's ex | cempt purpos | e ın | | |
| 5 | | ing the year, did the orgar ets to be sold to raise fund | | | | | | | ular | ☐ Yes | ✓ No | |
| Pa | rt IV | Escrow and Custo Complete if the orga X, line 21. | | | n Form 99 |), Part I\ | /, line 9, or | reporte | ed an amour | nt on Fo | orm 990, Part | |
| 1a | | ne organization an agent, I uded on Form 990, Part X? | | an or other inte | ermediary fo | r contribu | tions or othe | er assets | | ☐ Yes | □ No | |
| ь | If " | Yes," explain the arrangem | nent in Part XIII | and complete | the following | g table | | | An | nount | - | |
| С | Beg | inning balance | | | | | • | 1c | | | | |
| d | Add | itions during the year | | | | | • | 1d | | | | |
| е | | ributions during the year | | | | | | 1e | | - | | |
| f | End | ing balance | | | | | | 1f | | | | |
| 2a | | the organization include a | n amount on Fo | rm 990. Part X | . line 21. for | escrow o | ı r custodıal a | ccount lia | ability? | ☐ Yes | | |
| | | • | | | | | | | • | | | |
| b | | es," explain the arrangem | | | | | | | | | <u>. ⊔</u> | |
| Pa | art V | Endowment Funds | s. Complete If | | | | | | | | | |
| | D | | | (a)Current ye | ear (b) | Prior year | (c)Two ye | ears back | (d)Three year | s back (| (e) Four years bac | . <u>k</u> |
| | _ | nning of year balance . | | | | | | | | -+ | | _ |
| | | ributions | | | | | | | | $-\!+$ | | _ |
| | | nvestment earnings, gains | | | | | | | | \longrightarrow | | _ |
| | | ts or scholarships | | | | | | | | - | | _ |
| | and p | r expenditures for facilities programs | | | | | | | | | | _ |
| | | nistrative expenses | | | | | | | | | | _ |
| g | End c | of year balance | | | | | | | | | | |
| 2 | Pro۱ | vide the estimated percent | tage of the curre | nt year end ba | lance (line 1 | .g, columr | n (a)) held a | s | | | | |
| а | Boa | rd designated or quasi-end | dowment 🟲 | | | | | | | | | |
| b | Perr | manent endowment 🕨 | | | | | | | | | | |
| С | Tem | porarily restricted endowr | ment 🕨 | | | | | | | | | |
| | The | percentages on lines 2a, 2 | 2b, and 2c shoul | d equal 100% | | | | | | | | |
| 3a | orga | there endowment funds na anization by | | sion of the orga | anızatıon tha | at are held | d and admini | stered fo | r the | | Yes No | _ |
| | | unrelated organizations . | | | | | | | | 3a(| | _ |
| | | related organizations . | to discuss | | | | | | | 3a(| | _ |
| ь 4 | | res" on 3a(II), are the relat cribe in Part XIII the inten | - | • | | | | | | 31 | b | _ |
| | | | | | endowment | Tunus | | | | | | |
| 1.6 | rt VI | Land, Buildings, a Complete of the orga | | | Form 990 | . Part IV | . line 11a | See For | n 990. Part | X. line | 10. | |
| | Desc | ription of property | (a) Cost or oth (investme | er basis (b | Cost or othe | | | | epreciation | | I)Book value | |
| 1a | Land | | | | | | | | | | | |
| | Buildi | _ | | | | | | | | | | — |
| | | ehold improvements | | | | 2,710, | 461 | | 1,242,498 | | 1,467, | 963 |
| | | oment | | | | 1,089, | | | 982,696 | | 106, | |
| | Other | | | | | -,505, | | | - 52,550 | | 130, | |
| | | d lines 1a through 1e <i>(Colu</i> | umn (d) must ed | ual Form 990. | Part X. colu | mn (B). lı | ne 10(c)) . | | > | | 1,574, | 404 |
| | | (((| , | , | , | \-// " | | - | l l | | 1,5/7, | |

| Schedule D (Form 990) 2016 | | 1.07 | Page 3 |
|--|-----------------------|-----------------------------|--|
| Part VII Investments—Other Securities. Complete if the of See Form 990, Part X, line 12. | | | |
| (a) Description of security or category (including name of security) | (b) Book value | | d of valuation -year market value |
| (1)Financial derivatives | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | _ |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII Investments—Program Related. Complete if the See Form 990, Part X, line 13. | organization ansv | vered 'Yes' on Form 9 | 90, Part IV, line 11c. |
| (a) Description of investment | (b) Book value | | od of valuation -year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | | |
| Part IX Other Assets. Complete if the organization answered 'Ye (a) Description | es' on Form 990, Part | : IV, line 11d See Form 9 | 990, Part X, line 15 (b) Book value |
| (1) Cash held for long-term use (1) | | | 200,409 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answ | wored 'Ves' on For | m 990 Part IV line 1: | 200,409 |
| See Form 990, Part X, line 25. | | | |
| 1. (a) Description of liability (1) Federal income taxes | (0) 600 | ok value | |
| | | | |
| (2) | | | |
| | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the | • footnote to the ora | anization's financial state | ments that reports the |
| organization's liability for uncertain tax positions in Part XIII, provide the text of the | | | |

2h Donated services and use of facilities . 1.346.806 h c Recoveries of prior year grants . . . 2c

2d 132.867 d Other (Describe in Part XIII) . . . е Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 . 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a

Add lines 4a and 4b . . . 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Supplemental Information

Schedule D (Form 990) 2016

Part XI

Part XII

1

2

b

3

4

b

c 5

Part XIII

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2h

2c 2d

4a 4b

Explanation

1.346.806

132,867

2e 3

4c

4c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page 4

1,479,673

2,945,901

2,945,901

5,330,963

1,479,673

3.851.290

3,851,290

Schedule D (Form 990) 2015

| Schedule D (Form 990) 2015 | | | | | | |
|--|-----|-------------|----------------------------|--|--|--|
| Part XIII Supplemental Information (continued) | | | | | | |
| Return Referer | nce | Explanation | | | | |
| | | | | | | |
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| | | | Schedule D (Form 990) 2016 | | | |

Additional Data

Software ID: Software Version:

EIN: 94-3226801

Name: Aircraft Carrier Hornet Foundation

Supplemental Information

| supplemental imormation | |
|-------------------------|---|
| Return Reference | Explanation |
| Part III, Line 1a | The United States Navy approved the use of the ship as a museum on contract via the histor ic ship donation program in 1998. During a national emergency, at the government's request, title to the vessel may revert to the government. Accordingly, the value of the ship was not recognized on the Foundation's financial statements. The Foundation has restored a significant portion of the ship and commenced the operation of the museum. The USS Hornet and its related museum are located at its present site at Alameda Point. California. |

| upplemental Information | |
|-------------------------|---|
| Return Reference | Explanation |
| Part III, Line 4 | The Foundation maintains and displays collections and individual items of significance, wh ich are not held for financial gain, but rather are held for public exhibition, education or research in the furtherance of public service. Examples of historical treasures include rare items from World War II and early space travel. The period of economic benefit or se rvice potential for inexhaustible historical treasures is extraordinarily long due to efforts of the Foundation to protect and preserve the assets in a manner greater than that for similar assets without such cultural, aesthetic or historical value. |

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| Part X, Line 2 | THE FOUNDATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701D OF THE CALIFORNIA REVENUE AND TA XATION CODE ACCORDINGLY, IT IS EXEMPT FROM FEDERAL AND CALIFORNIA INCOME TAXES AND IS NOT LIABLE FOR FEDERAL UNEMPLOYMENT TAXES US GAAP REQUIRES MANAGEMENT TO EVALUATE THE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS TAKEN AN UN CERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXI NG AUTHORITIES MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT AS OF JUNE 30, 2017, IT MAINTAINED THEIR TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POS ITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS THE FOUNDATIO N IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY PERIODS PENDING OR IN PROGRESS |

| upplemental Information | | | | | |
|---|----------------------------|--|--|--|--|
| Return Reference | Explanation | | | | |
| Part XI, Line 2d - Other Adjustments | cost of goods sold 132,867 | | | | |

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| upplemental Information | | | | | |
|--|----------------------------|--|--|--|--|
| Return Reference | Explanation | | | | |
| Part XII, Line 2d - Other Adjustments | cost of goods sold 132,867 | | | | |

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DLN: 93493129020178

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

2015

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

Name of the organization

Employer identification number

| | | 94-3226801 | | | |
|----|---|--|------------|-----|----|
| Pa | rt I Questions Regarding Compensation | 1 | | | |
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | | |
| | Travel for companions | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Health or social club dues or initiation fees | | | |
| | □ Discretionary spending account | → Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de | 1b | | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | | | |
| 3 | Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens | | | | |
| | □ Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | Compensation survey or study | | | |
| | Form 990 of other organizations | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, or a related organization | Part VII, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control payment? | | | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | Νo |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | | | | No |
| | If "Yes" to any of lines 4a-c, list the persons and pro | ovide the applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat | ions must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of | , line 1a, did the organization pay or accrue any | | | |
| а | The organization? | | 5a | | Νo |
| b | Any related organization? | | 5b | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of | , line 1a, did the organization pay or accrue any | | | |
| а | The organization? | | 6 a | | Νo |
| b | Any related organization? | | 6b | | Νo |
| | If "Yes," on line 6a or 6b, describe in Part III | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | | | Νo |
| 8 | Were any amounts reported on Form 990, Part VII, public subject to the initial contract exception described in in Part III | oald or accured pursuant to a contract that was Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | N. |
| _ | | | 8 | | No |
| 9 | If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)? | e rebuttable presumption procedure described in Regulations | 9 | | |

Page 2

Schedule J (Form 990) 2015

175.000

compensation as deferred on prior Bonus & incentive Other reportable (1) compensation compensation compensation Form 990 1 Jill Knowland Rapposelli 150,000

25.000

Executive Director (to

9/30/17

Schedule J (Form 990) 2015

| Schedule J (Form 990) 2015 | | | | | | | | |
|--|-------------------------|--|--|--|--|--|--|--|
| Part III Supplemental Information | | | | | | | | |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information | | | | | | | | |
| Return Reference | Explanation Explanation | | | | | | | |

Schedule J (Form 990) 2015

| efile GRAPH | IIC print | - DO NOT PROCESS | As Filed Data - | | DLI | N: 93493129020178 | |
|--|-------------|---|------------------|-----------------|---|-------------------|--|
| SCHEDIII | ΕΛ | Supplemental Information to Form 990 or 990- | | 90-F7 | OMB No 1545-0047 | | |
| SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury | | Complete to provide information for responses to specific questic Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instruwww.irs.gov/form990. | | ions on on. | 2016 Open to Public Inspection | | |
| Internal Revenue Gervice Name of the organization Aircraft Carrier Hornet Foundation | | | | | Employer identification number 94-3226801 | | |
| 990 Schedul | e O, Sup | plemental Information | 1 | | | | |
| Return Reference | Explanation | | | | | | |
| Form 990, Part VI, Section B, Iine 11b | THE CEC | D, CFO AND COO REVIEW | THE FORM 990 BEF | ORE IT IS FILED | | | |

Return Explanation

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section B,
line 15b

THE BOARD OF DIRECTORS REVIEW AND APPROVE THE SALARIES OF THE CEO THE CEO REVIEWS AND APPROVES
ALL SALARIES OF SHIP STAFF

Return Explanation

990 Schedule O. Supplemental Information

Form 990,
Part VI,
Section C,
line 19

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, No change from prior year Part XII, Line