Form **990**

Return of Organization Exempt From Income Tax

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

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

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

2020 Open to Public Inspection

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable C Name of organization D Employer identification number Address change AIRCRAFT CARRIER HORNET FOUNDATION Name change USS HORNET SEA, AIR & SPACE MUSE 94-3226801 Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite 707 W. HORNET AVENUE 510-521-8448 termi ated 919,653. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende ALAMEDA, CA 94501 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARK EPPERSON for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3)) (insert no.) 4947(a)(1) or If "No." attach a list. See instructions J Website: ► WWW.USS-HORNET.ORG H(c) Group exemption number K Form of organization: X Corporation Association L Year of formation: 1995 M State of legal domicile: CA Other > Part I Summary Briefly describe the organization's mission or most significant activities: AIRCRAFT CARRIER HORNET Governance FOUNDATION PRESERVES AND HONORS THE LEGACY OF THE USS HORNET. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 124 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 182 RECEIVED 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, Attorney General's Office b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** MAY 2 0 2022 314,748. 525,085. 8 Contributions and grants (Part VIII, line 1h) 1,423,429. 282,833. 9 Program service revenue (Part VIII, line 2g) program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

Registry of Charitable Trusts 226. 101. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 143,498. 83,583. 1,881,776. 891.727. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 1,195,870. 716,504. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundralsing fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,078,669. 546,260. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,274,539. 1,262,764. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -392,763. -371,037. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 2,073,603. 2,048,210. 1,371,833. 1,725,203. 21 Total liabilities (Part X, line 26) 701,770. 323,007. 22 Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 22 TIM LUTZ, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 🦯 05/12/2022 P01008919 MAGA E. KISRIEV Paid Firm's name NOOD & STRONG LLP Firm's EIN > 94-1254756 Preparer Firm's address > 275 BATTERY STREET, STE 900 Phone no. 415.781.0793 SAN FRANCISCO, CA 94111 X Yes May the IRS discuss this return with the preparer shown above? See instructions

346,324.

Form 990 (2020)

Total program service expenses

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B. Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	l		
	during the tax year? If "Yes." complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			۱
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			۱.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		٠,,	:
_	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	١.		٠,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- T
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ŀ		
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_^_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	۱.,,		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	^
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	۱		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Α_
128		ـ مـ ا		х
h	Schedule D, Parts XI and XII	12a		Α_
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	10.		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F. Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		⇈
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	۳,		Ħ <u>¨</u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	<u> </u>		
••	column (A). lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		<u> </u>
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes."	<u> </u>		T -
, ,	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			†
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			77
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	000		х
	Schedule J	23		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	İ	х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ļ		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		İ	v
	"Yes, " complete Schedule L, Part IV	28a	├	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
	"Yes," complete Schedule L, Part IV	28c 29	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25	1	_
30		30		х
24	contributions? f "Yes," complete Schedule M	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>	1	
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u> </u>	\Box
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
[D-	Note: All Form 990 filers are required to complete Schedule 0	38	<u> </u>	Щ_
Ра	rt 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	٥	res	T'140
	Enter the number reported in Box 5 or Form 1050. Enter 6 in Not applicable	ŏ	1	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7	1	1
С	(gambling) winnings to prize winners?	1c	1]
03200	(garibinity) whitings to prize winners.		n 990	(2020)

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Part V

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AIRCRAFT CARRIER HORNET FOUNDATION 94-3226801 Form 990 (2020) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12h b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website Describe on 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.

CHRISTINE JACKSON - 510-521-8448 707 W. HORNET AVENUE, ALAMEDA, CA 94501

Form **990** (2020)

State the name, address, and telephone number of the person who possesses the organization's books and records

032006 12-23-20

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organize		organization compensate						Ĭ	1		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box, unless person is officer and a director/					compensation	compensation	amount of		
	week				П	Π	T T	from the	from related organizations	other	
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	compensation from the	
	related	36 Of	Stee		ŀ	usate	İ	(W-2/1099-MISC)	(** E/ 1000 (***100)	organization	
	organizations	ndividual trustee or director	nstitutional trustee		уве	Highest compensated employee				and related	
	below	ridual	tution	191	Кеу етрюуве	est co	787			organizations	
	line)	Indi	Insti	Officer	кеу	High emp	Former				
(1) MARK EPPERSON	40.00	1			İ						
EXECUTIVE DIRECTOR		╙		X		乚	L	39,279.	0.	0.	
(2) CHRISTINE JACKSON	40.00				l						
FINANCE DIRECTOR				Х		L	<u> </u>	34,252.	0.	348.	
(3) SAM LAMONICA	4.80										
CHAIR		Х		Х				0.	0.	0.	
(4) RAY FORTNEY	4.80				ŀ						
VICE CHAIR		X	Щ	Х		L	L	0.	0.	0.	
(5) TIM LUTZ	1.90										
TREASURER		Х		Х			L	0.	0.	0.	
(6) SUE RODERICK	5.00										
SECRETARY		X	Ш	Х				0.	0.	0.	
(7) BOB BAKER	1.90								1		
BOARD MEMBER		Х	Щ		_			0.	0.	0.	
(8) WHITNEY HISCHIER	3.00				l	1	•				
BOARD MEMBER		Х			_	L	<u> </u>	0.	0.	0.	
(9) KURT LIBBY	5.00						l	_	_	_	
BOARD MEMBER		Х	Щ				<u> </u>	0.	0.	0.	
(10) ROB MCHENRY	0.60							_	_ ,		
BOARD MEMBER		Х				_		0.	0.	0.	
(11) MAUREEN VAVRA	4.00	.						_			
BOARD MEMBER		Х	Н		_		<u> </u>	0.	0.	0.	
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032007 12-23-20

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	Hic	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)	(C)					(D)	(E)	(F))	
Name and title	Average	Position				nne.	Reportable	Reportable	Estimated		ated	
	hours per	(do not check more than one box, unless person is both an			is bott	an	compensation	compensation	amount of		nt of	
	week	officer and a director/trustee)			or/trus	юе)	from from related			other		
	(list any hours for	rector						the	organizations	C	ompen	
	related	io r di	ee.			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	from organiz	
	organizations	ustee	trust		43	ued:		(***2/1033-101130)		'	and re	
	below	fual tr	tiona	_	npley	st cor					organiz	
	line)	Individual trustee or director	Institutional trustee	Officer	ei employee	Highest compensated employee	Former				J	
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	l	<u> </u>	<u> </u>				<u>. </u>	52 524				2.4.0
1b Subtotal								73,531.	0			348.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.	0			0.
							<u> </u>	73,531.	0	٠		348.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d at	ονε	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Ye	s No
3 Did the organization list any former officer	, director, trust	ee,	key e	empl	loye	e, o	r hig	hest compensated emp	loyee on	-		-
line 1a? If "Yes," complete Schedule J for s	auch individual									L	3	X
4 For any individual listed on line 1a, is the s	um of reportab	le co	ompe	ensa	ition	anc	oth	ner compensation from t	he organization	-		1
and related organizations greater than \$15	0.000? If "Yes,	" cc	mpl	ete S	Sche	edule	e J f	for such individual		L	4	X
5 Did any person listed on line 1a receive or												ı
rendered to the organization? If "Yes," con											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	nt co	ontr	acto	rs t	hat received more than S	100,000 of compen	sation	n from	
the organization. Report compensation for												
(A)								(B)			(C)	
Name and business	address	N	ONI	3				Description of s	services	Con	npensa	tion
	·											
2 Total number of independent contractors (including but a	Ot E	mito	d to	the	منا می	stad	l above) who received m	ore than			
2 Total number of independent contractors (\$100,000 of compensation from the organ		J. II				0	u	. above, who received III	mari			
φτου,σου οι compensation from the organ	Zation					<u> </u>			L	F,	_{rm} 99	0 (2020

94-3226801 AIRCRAFT CARRIER HORNET FOUNDATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (C) Revenue excluded Unrelated Related or exempt Total revenue from tax under business revenue function revenue sections 512 - 514 1 a Federated campaigns Grants 37,865. 1b **b** Membership dues 1c c Fundraising events Gifts, d Related organizations 1d 1e e Government grants (contributions) Contributions, f All other contributions, gifts, grants, and 487,220 similar amounts not included above 33,002 Noncash contributions included in lines 1a-1f 525,085. Total. Add lines 1a-1f **Business Code** 282,833 2 a ADMISSIONS, TOURS, EVE 900099 282,833. Program Service f All other program service revenue 282,833. Total. Add lines 2a-2f Investment income (including dividends, interest, and 226. 226 other similar amounts) Income from investment of tax-exempt bond proceeds ,337 1,337. 5 Royalties (i) Real (ii) Personal 39,820. 6 a Gross rents 0. b Less: rental expenses 39,820. Rental income or (loss) 39,820. 39,820 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ __ contributions reported on line 1c). See Part IV. line 18 b Less: direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 70,352 and allowances b Less: cost of goods sold 42,426. 42,426 c Net income or (loss) from sales of inventory **Business Code** iscellaneous 11 a d All other revenue

0.

891,727.

Total. Add lines 11a-11d

Total revenue. See instructions

325,259.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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	1			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	(00 207	222 755	206 642	
7	Other salaries and wages	609,397.	222,755.	386,642.	
8	Pension plan accruals and contributions (include	4,541.	1,972.	2,569.	
^	section 401(k) and 403(b) employer contributions)	50,553.	16,509.	34,044.	
9	Other employee benefits	52,013.	20,242.	31,771.	
10	Payroll taxes	32,013.	20,242.	31,771.	
11	Fees for services (nonemployees): Management	İ			
a b		14,255.		14,255.	
c	Legal	16,150.		16,150.	
d		20/200		20/200	· · · · · · · · · · · · · · · · · · ·
e	B () () () () () () () () () (
f	Investment management fees				
g					
3	column (A) amount, list line 11g expenses on Sch O.)	2,699.			2,699.
12	Advertising and promotion	6,080.	5,638.	442.	
13	Office expenses	84,162.	54,937.	29,225.	
14	Information technology	54,184.	4,135.	50,049.	
15	Royalties				
16	Occupancy	152,687.	39.	152,648.	
17	Travel	4,264.	2,445.	1,819.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			1 0 5 1	
20	Interest	1,351.		1,351.	
21	Payments to affiliates	00 550		90 500	
22	Depreciation, depletion, and amortization	89,568. 105,835.	10 040	89,568. 93,795.	
23	Insurance	105,835.	12,040.	93,793.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TTODAGE OUR AND DEED [10,014.	601.	9,413.	
b	PROGRAM SUPPLIES	5,011.	5,011.	,	
c			,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,262,764.	346,324.	913,741.	2,699.
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)				
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Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 607,411. 630,488. 1 1 1,613.Savings and temporary cash investments 1,577. 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 0. 19.127. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 29,011. 16,979. Inventories for sale or use 8 Prepaid expenses and deferred charges 32,638. 25,868. a 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b 1,402,930. 1,354,171. b Less: accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 2,073,603. 2,048,210. 16 16 400,782. 543,790. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 138,139. 106,860. Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 774,912. 1,040,024. 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X <u>34,5</u>29. 58,000. of Schedule D 725,203. 371,833. Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33, 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here

X and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 30 30 701 770. 323,007. 31 Retained earnings, endowment, accumulated income, or other funds 31 701, 770. 323,007. 32 Total net assets or fund balances 32 073,603. 2,048,210. 33 Total liabilities and net assets/fund balances 33

Form 990 (2020)