

2013

Open to Public Inspection

Short Form

Return of Organization Exempt From Income Tax

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

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

Form 990-EZ

Department of the Treasury Internal Revenue Service

ENVELOPE - APR 11 2014 POSTMARK DATE

Form header section including: A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013; B Check if applicable; C Name of organization The Spaatz Association, Inc.; D Employer identification number 63-1183842; E Telephone number 310-440-2670; F Group Exemption Number; G Accounting Method: Cash; H Check if the organization is not required to attach Schedule B; I Website: www.spaatz.org; J Tax-exempt status: 501(c)(3); K Form of organization: Corporation; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes a 'Part I' header and a 'Check if the organization used Schedule O' box. Revenue total is 49928, Expenses total is 1759, and Net Assets total is 247199.

SCANNED APR 23 2014

Handwritten marks: G8, 12, NE

**Part II Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	240852	22	248002
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	<b>Total assets</b>	240852	25	248002
26	<b>Total liabilities</b> (describe in Schedule O)		26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	240852	27	248002

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose? \_\_\_\_\_

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

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28	Promote the organization and raise funds for charitable expense -- flight scholarships and grants See Statement 2 Attached			
	(Grants \$ 1028) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	1028
29				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30				
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31	Other program services (describe in Schedule O)			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)		32	1028

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Statement 1 Attached				

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

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
<b>35b</b>	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		✓
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
<b>37b</b>	Did the organization file Form 1120-POL for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
<b>40b</b>	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>40c</b>	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>40d</b>	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>40e</b>	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>Dr. Bruce Krell, Treasurer</u> Telephone no. ▶ <u>310-440-2670</u> Located at ▶ <u>12381 Ridge Circle, Los Angeles, CA 90049</u> ZIP + 4 ▶ <u>90049</u>		
<b>42b</b>	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>44b</b>	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>44c</b>	c Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>44d</b>	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>45b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . **46**  Yes  No

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . . **47**  Yes  No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**  Yes  No

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**  Yes  No

b If "Yes," was the related organization a section 527 organization? . . . . . **49b**  Yes  No

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

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

f Total number of other employees paid over \$100,000 . . . . . **0**

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

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

d Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** Signature of officer: *Bruce E. Krell* Date: *4/10/2014*  
 Dr. Bruce E. Krell, Treasurer  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: Preparer's signature: Date: Check  if self-employed PTIN:  
 Firm's name: Firm's EIN:  
 Firm's address: Phone no.

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization <b>The Spaatz Association, Inc.</b>	Employer identification number <b>63-1183842</b>
-----------------------------------------------------------------	-----------------------------------------------------

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	Yes	No
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15781	6099	9275	5927	45835	82917
<b>2</b> 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 . . . .	9964	15031	10787	16369	6199	58350
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . .	25745	21130	20062	22296	52034	141267
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> 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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						141267

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .	25745	21130	20062	22296	52034	141267
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .			7272	3181	6347	16800
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .			7272	3181	6347	16800
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	25745	21130	27334	25477	58381	158027
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	89.3 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	91.7 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	10.7 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	<b>18</b>	8.2 %
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> 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 not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . ▶ <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ <input type="checkbox"/>		

**SCHEDULE O**  
**Form 990 or 990-EZ**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**The Spatz Association, Inc.**

**63-1183842**

**990-EZ, Part 1, Line 10: Grants, Aerospace Leadership Scholarship, \$1027, See Statement 2**

**990-EZ, Part 1, Line 15, Other Expenses:**

**Web Site Fees: \$221**

**CC Fees: \$510**

**Bank Fees, Supplies: \$0**

**Total Other Expenses: \$731**

**990-EZ, Part 1, Line 20, Changes in Net Assets or Fund Balances:**

**Dividends And Capital Gains: \$6347**

**Flight Scholarships: (\$1028)**

**Net Gain(Loss) In Fund Balance: \$5318**



Form 990-EZ

Part IV – List of Officers, Directors,  
Trustees, and Key Employees

Statement 1

---

Name And Address	Title, Avg Hrs/Wk	Compensation	Emp. Ben Plan Contrib	Expense Account
Ted Bowlds 1809 N. Randolph St. Arlington, VA 22207	President, 5	0	0	0
Janon Ellis 21 Arell Court Alexandria, VA 22304	Vice President, 5	0	0	0
Dr. Bruce Krell 12381 Ridge Circle Los Angeles, CA 90049	Treasurer, 5	0	0	0
Mike Hower 19030 Burnt Leaf Way Monument, CO 80132	Secretary, 5	0	0	0
Totals Included On Form 990-EZ, Part IV		0	0	0

Form 990-EZ

NonCash Grants and Allocations

Statement 2

---

Classification  
Scholarship

Donee's Name  
Josiah Gourley

Donee's Address  
7301 Tucker Road  
Walnut Cove, NC 27052

Relationship Of Donee  
None

Description Of Property  
Cash

Book Value  
2500

Amount Given  
412

---

Classification  
Scholarship

Donee's Name  
Miranda Ellinghaus

Donee's Address  
7313 Frost Lane  
Denton, TX 76210

Relationship Of Donee  
None

Description Of Property  
Cash

Book Value  
2500

Amount Given  
615

---

The Spaatz Association, Inc.

63-1183842

Form 990-EZ

Special Fundraising Events And Activities

Statement 3

---

<u>Event Description</u>	<u>Gross Receipts</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
2013 Winter Dinner	5801	5801	8242	(2441)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
To Form 990-EZ, Line 6	5801	5801	8242	(2441)

- A. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... [ ] Yes [X] No
  
- B. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... [ ] Yes [X] No

8:45 AM  
04/10/14  
Cash Basis

**TSA**  
**Profit & Loss - General Fund**  
January through December 2013

	<u>Jan - Dec 13</u>
<b>Income</b>	
2013 Winter Dinner	5,801.28
Contributions, Gifts, Grants... Gifts Received	<u>33,900.00</u>
<b>Total Contributions, Gifts, Grants...</b>	<b>33,900.00</b>
Membership Dues and Assessments 2013 Dues	<u>6,935.28</u>
<b>Total Membership Dues and Assessments</b>	<b>6,935.28</b>
Other Income Sale of TSA Coins	<u>398.00</u>
<b>Total Other Income</b>	<b>398.00</b>
<b>Total Income</b>	<b>47,034.56</b>
<b>Expense</b>	
Coin production	211.84
Management and General ePN CC Fees	<u>509.97</u>
<b>Total Management and General</b>	<b>509.97</b>
Website Domain Registration	161.83
Hosting Services	<u>59.40</u>
<b>Total Website</b>	<b>221.33</b>
Winter Dinner 2013	7,242.50
Winter Dinner 2014	<u>1,000.00</u>
<b>Total Expense</b>	<b>9,185.64</b>
<b>Net Income</b>	<b><u>37,848.92</u></b>

9:23 AM  
04/10/14  
Cash Basis

**TSA** *Scholarship Fund*  
**Profit & Loss**  
January through December 2013

	<u>No item</u>	<u>TOTAL</u>
<b>Income</b>		
<b>Contributions, Gifts, Grants...</b>		
ALS Donation	5,000.00	5,000.00
<b>Total Contributions, Gifts, Grants...</b>	<u>5,000.00</u>	<u>5,000.00</u>
<b>Total Income</b>	5,000.00	5,000.00
<b>Expense</b>		
<b>Aerospace Leadership Scholarshi</b>		
2013-Ellinghaus	615.85	615.85
2013 - Gourley	412.11	412.11
<b>Total Aerospace Leadership Scholarshi</b>	<u>1,027.96</u>	<u>1,027.96</u>
<b>Bank Charge</b>	180.00	180.00
<b>Computer Software</b>	324.95	324.95
<b>Total Expense</b>	<u>1,532.91</u>	<u>1,532.91</u>
<b>Net Income</b>	<u><u>3,467.09</u></u>	<u><u>3,467.09</u></u>

4:42 PM  
04/10/14  
Accrual Basis

**TSA**  
**Balance Sheet -This FY**  
**As of December 31, 2013**

	<u>Dec 31, 13</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
BofA-GenFund-Auto	126.25
TSA General Fund	48,326.35
TSA Scholarship Fund	30,550.08
<b>Total Checking/Savings</b>	<u>79,002.68</u>
<b>Total Current Assets</b>	79,002.68
<b>Other Assets</b>	
RBC	169,000.00
<b>Total Other Assets</b>	<u>169,000.00</u>
<b>TOTAL ASSETS</b>	<u><b>248,002.68</b></u>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
Opening Balance Equity	55.00
Retained Earnings	206,631.67
Net Income	41,316.01
<b>Total Equity</b>	<u>248,002.68</u>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<u><b>248,002.68</b></u>