

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

OMB No. 1545-1150

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning 7/01, 2015, and ending 6/30, 2016

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Honor Flight Central Coast California  
P. O Box 1750  
Paso Robles, CA 93447

**D** Employer identification number  
46-3872980

**E** Telephone number  
(805) 909-2030

**F** Group Exemption Number ..... ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.honorflightccc.org

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ..... ▶ \$ 151,113.

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1																147,634.												
	2																												
	3																												
	4																												
	5a																												
	5b																												
	5c																												
	6																												
	6a																												
	6b																												
6c																													
6d																													
7a																3,479.													
7b																2,882.													
7c																597.													
8																													
9																148,231.													
EXPENSES	10																												
	11																												
	12																												
	13																												
	14																												
	15																704.												
	16	See Schedule O															125,262.												
17																125,966.													
18																22,265.													
ASSETS	19																24,088.												
	20																												
	21																46,353.												

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

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**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	24,088.	46,353.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 <b>Total assets</b>	24,088.	46,353.
26 <b>Total liabilities</b> (describe in Schedule O)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	24,088.	46,353.

**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  **Expenses**

What is the organization's primary exempt purpose? See Schedule O (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28 <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	125,966.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	125,966.

**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
Loretta Borges Secretary	10	0.	0.	0.
Jay Conner Board Member	2	0.	0.	0.
John Gajdos Chairperson	2	0.	0.	0.
Bear McGill Board Member	4	0.	0.	0.
Greg McGill Chairperson	2	0.	0.	0.
Bruce McGrath Chairperson	2	0.	0.	0.
Rich Powell Vice Chairperso	2	0.	0.	0.
T. Robert Tolan Board Member	2	0.	0.	0.
Ron Waltman Treasurer	4	0.	0.	0.
Martin Wright Chairperson	2	0.	0.	0.

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33-41 covering topics like IRS reporting, organizational changes, unrelated business income, liquidation, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of Ron Waltman Telephone no. (805) 909-2030 Located at PO Box 1750 Paso Robles CA ZIP + 4 93447

Table for question 42b and 42c regarding foreign financial accounts. 42b: 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? 42c: At any time during the calendar year, did the organization maintain an office outside the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table for questions 44a-45b regarding donor advised funds, hospital facilities, indoor tanning services, controlled entities, and Form 720 reporting.



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

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

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

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

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

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

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

**b** If 'Yes,' was the related organization a section 527 organization? 49 b

**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. ▶

**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. ▶

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

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

**Sign Here**  
 Signature of officer: Ron Waltman Date: \_\_\_\_\_  
 Type or print name and title: Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name <u>David G Tolan, E.A.</u>	Preparer's signature <u>David G Tolan, E.A.</u>	Date <u>12/14/16</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00008876</u>
Firm's name ▶ <u>Tolan Tax Services</u>	Firm's address ▶ <u>3459 State Street</u> <u>Santa Barbara, CA 93105</u>		Firm's EIN ▶ <u>45-4045519</u>	Phone no. <u>(805) 687-7888</u>

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