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

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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

B Check if applicable C Name of organization Address change AIRBORNE LAW ENFORCEMENT ASSOCIATION INC	_
Address A TODODNE I AM ENEODOEMENT ACCOCIATION INC	
Change AIRBORNE LAW ENFORCEMENT ASSOCIATION INC	
Name change Doing business as 23-7032776	
Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number	
Final 50 CARROLL CREEK WAY 260 (301) 631-240	6
terminal ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 2,469,	375.
X Amended FREDERICK, MD 21701 H(a) Is this a group return	
	X No
pending SAME AS C ABOVE H(b) Are all subordinates included? Yes [No
I Tax-exempt status X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instruction	ons)
J Website: ▶ PUBLICSAFETYAVIATION.ORG H(c) Group exemption number ▶	
K Form of organization X Corporation Trust Association Other Lyear of formation: 1976 M State of legal dom	icile; CA
Part 1 Summary	
1 Briefly describe the organization's mission or most significant activities: TO SUPPORT, PROMOTE AND ADVANCE	<u> </u>
THE SAFE AND EFFECTIVE UTILIZATION OF AIRCRAFT BY GOVERNMENTAL Check this box Inf 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) Number of independent voting members of the governing body (Part VI, line 1b)	
2 Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	12
	12
ชื่อ 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	7
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 74	87
7 a Total unrelated business revenue from Part VIII, column (C), line 12	
b Net unrelated business taxable income from Form 990 T, line 34	<u>903.</u>
Prior Year Current Ye	
8 Contributions and grants (Part Vill, line 1h)	0.
9 Program service revenue (Part VIII, line 2g)	
	259.
The Other revenue (Part Vill, Column (A), lines 5, 50, 80, 90, 100, and 11e)	988.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,833,530 . 1,596,	
	500.
14 Benefits paid to or for members (Part IX) column (A), line 4)	0.
15 Salaries, differ compensation, employee projectits (Part IX, column (A), lines 5-10) 305,833. 345,	310.
2 16a Professional Jundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 7 Other expenses (Part IX Follows (A) Times 11a-11d, 11f-24e) 1 194 878 1.219.	<u> </u>
b Total fundraising expenses (Part IX, sellumin D), line 25)	
Other expenses (See Section 1) that it is a real training to the section of the	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,542,711. 1,603,	
	41.>
Beginning of Current Year End of Ye	
20 Total assets (Part X, line 16) 4,364,022. 4,202,	
4 000 000 4 005	958.
Part II Signature Block	211.
\	of stan
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 bel	ei, # 15
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Consider at other	
DANTEL D. COUNTREPACH EVECUATURE DEP	
Type or print name and title	
Printerly proparer straine	0.8
DANDARA O. ROTTER	
Use Only Firm's address 201 THOMAS JOHNSON DRIVE FREDERICK, MD 21702 Phone no. (301) 662-9	200
May the IRS discuss this return with the preparer shown above? (see instructions) X Yes	No

SCANNED APR 0'1 2019

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

P.1820

Form 990 (2015)

-orm	990 (2016) AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
•	TO SUPPORT, PROMOTE AND ADVANCE THE SAFE AND EFFECTIVE UTILIZATION OF
	AIRCRAFT BY GOVERNMENTAL AGENCIES IN SUPPORT OF PUBLIC SAFETY MISSIONS
	THROUGH TRAINING, NETWORKING, ADVOCACY AND EDUCATIONAL PROGRAMS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 654,651. moluding grants of \$ 39,500.) (Revenue \$ 758,765.)
74	ALEA HOLDS AN ANNUAL EDUCATIONAL CONFERENCE AND EXHIBITION IN A
	DIFFERENT LOCATION EACH YEAR, BRINGING TOGETHER HUNDREDS OF PUBLIC
	SAFETY AIRCREW, MANUFACTURERS, AND SUPPLIERS. THE CONFERENCE IS
	PRECEDED BY 3-DAY PRECONFERENCE COURSES. THE CONFERENCE CONSISTS OF AN
	EXHIBIT AREA AND MORE THAN 50 WORKSHOPS, SEMINARS, ROUNDTABLES, AND
	FORUMS.
4b	(Code) (Expenses \$ 353,899 - including grants of \$) (Revenue \$)
	AIR BEAT IS A BI-MONTHLY, FULL-COLOR MAGAZINE DEDICATED TO PUBLIC
	SAFETY AVAIATION. A FULL SUBSCRIPTION, INCLUDING THE ANNUAL BUYER'S
	GUIDE AND SPECIAL ALEA ANNUAL CONFERENCE & EXPOSITION PREVIEW ISSUE, IS
	INCLUDED WITH MEMBERSHIP IN ALEA. IN ADDITION TO THE PRINT EDITION, AIR
	BEAT IS ALSO PROVIDED IN DIGITAL FORMAT TO ALL ALEA MEMBERS. MEMBERS
	HAVE THE OPTION OF CHOOSING DIGITAL, PRINT, OR BOTH EDITIONS.
4c	(Code) (Expenses \$ 201,719. including grants of \$) (Revenue \$)
т-	MEMBERSHIP IN ALEA IS OPEN TO ALL INDIVIDUALS (U.S. AND
	INTERNATIONAL) THAT ARE INTERESTED IN PUBLIC SAFETY AVIATION AND ALL
	CORPORATIONS WHO SUPPLY THE INDUSTRY, INDIVIDUAL MEMBERSHIP MAY BE
	CONFERRED ON ANY PERSON WHO DEMONSTRATES AN INTEREST IN PUBLIC SAFETY
	THROUGH ADVANCEMENT OF THE USE OF PUBLIC AVIATION. ONLY INDIVIDUAL
	MEMBERS WHO ARE EMPLOYED OR APPOINTED AS PEACE OFFICERS BY A
	GOVERNMENTAL LAW ENFORCEMENT AGENCY UNDER THE LAWS OF ANY STATE OR
	NATION, WHOSE DUTIES AND RESPONSIBILITIES INCLUDE THE ASSIGNMENT AS
	AIRCREW OR SUPERVISION AND MANAGEMENT OF THE AGENCY'S AVIATION
	OPERATIONS UNIT, SECTION, DIVISION OR DEPARTMENT MAY HOLD OFFICE AS A
	DIRECTOR OR OFFICER OF THE CORPORATION. CORPORATE MEMBERSHIP MAY BE
	CONFERRED ON ANY ENTITY PROVIDING PRODUCTS AND/OR SERVICES RELATED TO
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$ 94,134.)
4e	Total program service expenses ► 1,210,269.

Form 990 (2015) AIRBORNE LAW Partily 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	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
	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			
	dunng 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			
	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			
	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,	:		
	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			
	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	ĺ		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			7.0
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D.			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	į		
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		Х
ď	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	Ī		
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	•		
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	•		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	į		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	Ī		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	}		**
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_ ا		v
	complete Schedule G. Part III		gan.	X

	· (controlled)			
			Yes	No
	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			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		——
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? // "Yes," complete			х
	Schedule J	23		<u> </u>
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
_	Schedule K. If "No", go to line 25a	24b		-
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds? 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	270		1
ZOA	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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? If "Yes,"		İ	
	complete Schedule L, Part II	26		Х
27	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			
	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)	, 1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			۱,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		├ ^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part! Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
JE	•	32		ж
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33]	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	f		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192		NP.	
	Note, All Form 990 filers are required to complete Schedule O	38	990	
		FORM	3434 I I	ついもん

Page 5

	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in 8ox 3 of Form 1096 Enter -0- if not applicable 1a 6		W					
þ	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable		S.	2002				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1.657				
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	300	2550 2550 2550 2550 2550 2550 2550 2550					
	filed for the calendar year ending with or within the year covered by this return 2a 7							
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X					
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	Х					
	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		Х				
b	If "Yes," enter the name of the foreign country		1447	Maria Maria				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	X.,						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>				
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b	And Selection is	laske				
7	Organizations that may receive deductible contributions under section 170(c).	影廳 7a	C.JOESOLT	1894 X				
а								
þ								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x				
	to file Form 8282?	7c	1289344					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e	100000000	X				
ę	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X				
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		 -				
g	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	779	1),505,277	*6-7-				
~	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.		ille.	MAGE				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	7.1. 4.1.1	1				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	130						
а	Initiation fees and capital contributions included on Part VIII, line 12	100		4 N				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10.2				
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	200	2015 2000 2000 2000	rich,				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1972 (\$45.27) 155 (55.27)		17,000				
	amounts due or received from them)			(M)				
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	******************************	3233800				
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	的語		STATE OF				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ojism	-Q865711059				
	Note. See the instructions for additional information the organization must report on Schedule O		x N					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	27						
	organization is licensed to issue qualified health plans			聯技				
_	Enter the amount of reserves on hand	nikkii.	.e~ Set .*	X X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		-^-				
Þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

Rart 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 in Schedule O. See instructions

	to the da, bb, or rob below, accumbe the circumstances, proceeded, or only good modern or our masses in									
	Check if Schedule O contains a response or note to any line in this Part VI			[X]						
Sec	tion A. Governing Body and Management									
		10000	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 12		4/10	横洲						
	If there are material differences in voting rights among members of the governing body, or if the governing			estado.						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			riggraf). Water						
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 12	医侧	. 1	18						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	id . :0		Street, Let						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision									
	of officers, directors, or 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?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?	6	<u> X</u>	ļ						
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	X	<u>L</u>						
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		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Symite.	4ffit	XIII SI						
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X	ļ						
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		X						
Sec	tion 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?	10a	X							
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		X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		180	251 74 521 74						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c		Х						
13	Did the organization have a written whistleblower policy?	13	X	L						
14	Did the organization have a written document retention and destruction policy?	14	Х	[
15	Did the process for determining compensation of the following persons include a review and approval by independent	(K		400						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1000							
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>						
b	Other officers or key employees of the organization	15b		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	200	n ing.	1387 S						
16a	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		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		LIGH.							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	32022	10.0	2.0						
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶CA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	, –							
	for public inspection. Indicate how you made these available. Check all that apply									
	X Own website Another's website X Upon request Other (explain in Schedule O)	-	-							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finance	al							
,,,	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									
2.0	DANIEL B. SCHWARZBACH - (301) 631-2406									
	50 CAPROLL CREEK WAY GUE 260 FREDERICK MD 21701									

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

X

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 Φ 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title				[[(ز			(D)	(E)	(F)
	(B) Average	(C) Position					Reportable	Reportable	Estimated	
Harrio aria Timo	hours per		(do not check more than one box, unless person is both an					compensation	compensation	amount of
	week		officer and a director/trustee)		r/trustee)		from	from related	other	
	(list any	흲						the	organizations	compensation
	hours for					pale		organization	(W-2/1099-MISC)	from the
	related	stee	truste		يو [pens		(W·2/1099·MISC)		organization
	organizations below	lau I	lenoi		ploy	1 com				and related organizations
	fine)	Individual trustee or director	Institutional trustee	Olficer	Key employee	Highest compensaled employes	Pormer			Organizations
1) STEPHEN ROUSSELL	12.00	-	-	٦	_	ㅗㅎ	<u>. </u>	-		
PRESIDENT		х		x				0.	0.	0.
2) KURT FRISZ	8.00									
MMEDIATE PAST PRESIDENT		х		х				0.	0.	0.
3) KEVIN CAFFERY	2.00		Г	Ī						
VICE PRESIDENT		Х		х				0.	0.	0.
4) DAN CUNNINGHAM	4.00									
SECRETARY		Х		Х				0.	0.	0.
5) GREGG WEITZMAN	4.00	ļ						‡		
PREASURER		Х		Х	<u>L</u>	_		0.	0.	0.
6) MURRAY MASCHMEYER	3.00	į			1			 	_	_
DIRECTOR		X						0.	0.	0.
7) RYAN MILLER	4.00			ļ				_		_
DIRECTOR		Х		<u> </u>				0.	0.	0.
8) DELON FREUND	1.00			}				_		
DIRECTOR		X	_	<u> </u>	<u> </u>			0.	0.	0.
9) DAVID MCVEY	6.00			1					•	_
DIRECTOR	1 00	Х		<u> </u>	<u> </u>	_		0.	_0.	0.
10) RICHARD BRAY	1.00	٠,-		ļ					0.	0.
DIRECTOR	3.00	Х		_	⊢			0.	0.	0.
11) DAVE ELLIS	3.00	x	•	ļ	i			0.	0.	0.
DIRECTOR (12) ROB O'QUINN	3.00	^	_	_	_			<u> </u>		•
DIRECTOR	3.00	х		ļ				o.	0.	0.
13) DAVID GEE	3.00	^		 		_			•	
DIRECTOR	3.00	х		Ī				0.	0.	0.
14) ED VAN WINKLE	5.00				 	-			*	
DIRECTOR	3.00	х	İ	İ				o.	0.	0.
15) DANIEL SCHWARZBACH	55.00	- -	-	•	T					
EXECUTIVE DIRECTOR				Х				110,645.	0.	5,710.
		-								
		<u> </u>						* * *		
			Ī							

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue business exempt function réventie revenue Grants mounts 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a CONFERENCES & MEETINGS 900099 758,765. 758,765. 401.388 b AIR BEAT 401,388. 541800 218,021. 218,021 c MEMBERSHIPS 900099 900099 77,655. 77,655. d E-NEWSLETTER & WEBSITE 900099 3,860. 3,860. e SPECIAL PROJECTS f All other program service revenue 459,689. q Total, Add lines 2a-2f Investment income (including dividends, interest, and 109,870. 109,870. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Reat (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (n) Other (i) Securities 7 a Gross amount from sales of 886,828. assets other than inventory b Less cost or other basis 872,070. 369. and sales expenses <369.> 14,758. c Gain or (loss) 14,389. <369.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, Ime 18 b Less direct expérises c. Net income or (loss) from fundraising events 9 a Gross income from garning 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 and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 9,703. 9,703. 900099 11 a MERCHANDISE SALES b OTHER INCOME 900099 3.285. 3,285. C d. All other revenue 12,988. e Total, Add lines 11a-11d 124,628. 596,936.1,070,920. 401.388. Total revenue See instructions.

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
~	8b, 9b, and 10b of Part VIII	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
^	and domestic governments. See Part IV, line 21			With the second	A COLOR OF THE PROPERTY OF THE
2	Grants and other assistance to domestic	39,500.	39,500.		
2	individuals. See Part IV, line 22. Grants and other assistance to foreign.	33,300.	33,300.	Service Carry Control of Service A. Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry Control of Service Carry C	A STATE OF THE PROPERTY OF THE
3	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,			12 3 121 172 17 17 17 17 17 17 17 17 17 17 17 17 17	1. 1 Co. 9 2 2 1 1 1 1 1 1 1 1 1 1 1 1
•	trustees, and key employees	116,355.	46,542.	69,813.	•
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	186,985.	107,506.	79,479.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	923.	92.	831.	
9	Other employee benefits	19,383.	7,344.	12,039.	
10	Payroil taxes	21,664.	11,276.	10,388.	
11	Fees for services (non-employees)	·			1
a	Management			<u> </u>	
b	Legal	27,784.		27,784.	
¢	Accounting	13,263.		13,263.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
. 9	Other (If line 11g amount exceeds 10% of line 25,			4.5.00	
	column (A) amount, list line 11g expenses on Sch O.)	10,259.		10,259. 13,119.	<u> </u>
12	Advertising and promotion	19,264.	6,145.	13,119.	
13	Office expenses	168,249.	137,385.	30,864.	
14	Information technology	40,812.	40,812.	ļ	
15	Royalties	00.001	10 010	13 677	
16	Occupancy	23,891. 151,448.	10,019. 142,361.	13,872. 9,087.	<u> </u>
17	Travel	131,445.	142,301.	9,007.	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	271,464.	232,047.	39,417.	
19	Conferences, conventions, and meetings	211,404	232,04/.	39,411.	
20	Interest		 	 	
21	Payments to affiliates	38,598.	16,211.	22,387.	
22	Depreciation, depletion, and amortization	27,420.	3,565.	23,855.	
23	Insurance	SESTER I DELL'ARRIGINATE			Analogaethittandt mabiel
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 expenses on Schedule 0.) PRINTING AND PUBLICATIO	189,879.	188,702.	1,177.	an and thousant of the organization of the same of the
a	CONTRACTOR FEES	148,435.	142,498.	5,937.	
b	COMMISSIONS	34,256.	33,743.	513.	
e H	TAXES & OTHER FEES	30,175.	20,551.	9,624.	
e	All other expenses	23,970.	23,970.		T
25 25	Total functional expenses. Add lines 1 through 24e	1,603,977.	1,210,269.	393,708.	0.
25 26	Joint costs. Complete this line only if the organization	<u></u>		1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			Į.	
			1	1	!

	Check if Schedule O contains a resp	onse or not	e to any	Line in this Part X			<u></u>
					(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		44,375.	1	104,296		
2	Savings and temporary cash investi	nents	38,694.	2	34,38		
3	=			3			
4			207,520.	4	173,078		
5	Loans and other receivables from o	irrent and fo	rmer of	ficers, directors,		1	
	trustees, key employees, and higher						
	Part II of Schedule L		5				
6	Loans and other receivables from o	her disqualif	fied per	sons (as defined under			
	section 4958(f)(1)), persons describe	ed in section	4958(0)(3)(B), and contributing		舞曲	
	employers and sponsoring organiza						
·	employees' beneficiary organization			the state of the s		6	
7						7	
8	Inventories for sale or use					8	
9	Prepaid expenses and deferred cha	rges			77,545.	9	61,23
10.	a Land, buildings, and equipment co	st or other					
1	basis Complete Part VI of Schedule	D	10a	862,480.			
	b Less accumulated depreciation		10b	147,968.	740,754.	10c	714,51 3,092,35
11	Investments - publicly traded securi	ties			3,235,772.	11	3,092,35
12			1			12	
13	3 Investments - program-related See	Part IV, line	11			13	<u> </u>
14	Intangible assets			14			
15	Other assets See Part IV, line 11		19,362.	15	22,61		
16	Total assets. Add lines 1 through 1	5 (must equ	4}	4,364,022.	16	4,202,46	
17	 Accounts payable and accrued exp 	enses	,		49,350.	17	66,45
18	Grants payable				1	18	
19	Deferred revenue				244,003.	19	110,50
20	Tax-exempt bond liabilities					20	
21	f Escrow or custodial account liability	Complete l	Part IV	of Schedule D		21	
22	2 Loans and other payables to current	t and former	officer	s, directors, trustees,			
	key employees, highest compensat	ed employee	s, and	disqualified persons			
22	Complete Part II of Schedule L		`			22	
23	3 Secured mortgages and notes paya	ble to unrela	ited this	rd parties		23	ļ
24	Unsecured notes and loans payable	to unrelated	d third p	parties		24	<u> </u>
25	Other liabilities (including federal including ome tax, pa	yables	to related third				
	parties, and other liabilities not inclu	ided on lines	17-24)	. Complete Part X of			
	Schedule D				2,000.	25	
26					295,353.	26	176,95
	Organizations that follow SFAS 1			k here ▶ X and		編器	
	complete lines 27 through 29, and	l lines 33 an	d 34.			(8556)	RESERVATION OF THE
27					4,068,669.	27	4,025,51
28	. ,					28	
29	•				CONTRACTOR CONTRACTOR	29	makanyénaj prakénamajadikina nabadia
27 28 29 30 31 32	Organizations that do not follow \$		SC 958	3), check here 🕨 🛄		i i i i i i i i i i i i i i i i i i i	
	and complete lines 30 through 34						
30	• • •				<u></u>	30	 -
31	• • •	-			<u> </u>	31	
32	_	umulated in	come,	or other funds	4 000 000	32	4 605 54
33					4,068,669.	33	4,025,51
34	Total liabilities and net assets/fund	balances			4,364,022.	34	4,202,46

	990 (2015) AIRBORNE LAW ENFORCEMENT ASSOCIATION INC	23-7	32776	Page 12
Par	TXI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			4 506	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,596	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,603	
3	Revenue less expenses. Subtract line 2 from line 1	3		041.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,068	
5	Net unrealized gains (losses) on investments	5	<36,	117.>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8	_ ~	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,025	<u>,511.</u>
Pai	TEXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	,		/es No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis			
Þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate beconsolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	Jasis,		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,	17 以 18 18 18 18 18 18 18 18 18 18 18 18 18	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedi	ule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	ie Audit	2. 管理基件	544 ESE
	Act and OMB Circular A-133?		3a	<u>X</u> _
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit	}	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete 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.

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

OMB No 1545-0047

 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		AIRB	ORNE LAW E	NFORCEMENT AS	SSOCIA	TION	INC	2	3-7032776			
Pa	rt 🖂	Reason for Public C										
-		zation is not a private found	<u></u>									
1							VAYO					
	=	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
2	=	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
3	\vdash		, -									
4		A medical research organiza	ation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii), Enter	the nospital's name,			
		city, and state										
5	\Box	An organization operated for	r the benefit of a col	liege or university owned	or operate	ed by a go	vernmental unit	describe	ed in			
		section 170(b)(1)(A)(iv). (C	ompiete Part II)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normal	ly receives a substa-	ntial part of its support fi	om a gove	ernmental (unit or from the	general p	oublic described in			
		section 170(b)(1)(A)(vi). (C	-		_							
8		A community trust describe		(1)(A)(vi). (Complete Par	: 11.3							
	$\overline{\mathbf{x}}$	An organization that normal				-antahutia	ns membershin	fees an	d gross receipts from			
9	نعف	•										
		activities related to its exem										
		income and unrelated busin		(less section 5 i i tax) in	m busines	sses acquir	eo by the organ	ization a	iter June 30, 1975			
		See section 509(a)(2). (Cor										
10	\vdash	An organization organized a										
11	Ш	An organization organized a										
		more publicly supported org							Check the box in			
		lines 11a through 11d that of	describes the type o	f supporting organization	and com	plete lines	11e, 11f, and 11	1g				
а	. \square	Type I. A supporting orga	inization operated, s	supervised, or controlled	by its supp	oorted orga	anization(s), typi	cally by (giving			
		the supported organization	n(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	ipporting			
		organization. You must o	omplete Part IV, Se	ections A and B.								
þ		Type II. A supporting org	anization supervised	for controlled in connect	tion with its	s supporte	d organization(s), by hav	ing			
		control or management of										
		organization(s) You mus			·		_	•				
		Type III functionally inte			in connect	tion with a	ind functionally i	integrate	d with.			
	_	its supported organization	•									
		Type III non-functionally						d oroans	ration(s)			
C	'											
		that is not functionally int	-					1 Titelitia	161600			
	_	requirement (see instructi						~				
e	,	Check this box if the orga					type i, type ii,	t Abe til				
		functionally integrated, or		nally integrated supports	ng organiz	ation						
f	Ente	er the number of supported o	organizations									
9		ride the following information		ed organization(s)	<u> </u>			 				
	(i) Name of supported	(i:) EiN	(iii) Type of organization (described on lines 1-9	(v) is the o	rganization in your			(vs) Amount of			
		organization		above (see instructions))	governing		support (se instruction		other support (see instructions)			
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	insi detion	3)	manucuona)			
-		.,										
								-				
						["						
				 								
				}	 			~				
				}								
			General General Control of the Contr	l Lagrandia de la composição de la composição de la composição de la composição de la composição de la composição	(YMILES A.	d udhooska						
.												

	edule A'(Form 990 ar 990 EZ) 2015 A	IRBORNE L	AW ENFORCI	EMENT ASS	CIATION I	NC 23-703	2776 Page 2
Рa	Support Schedule for						
	(Complete only if you checked				n failed to qualify u	nder Part III If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part II	1)	<u> </u>	<u> </u>	
Sec	tion A. Public Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014 🔨	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		•		· · ·	• • •	
	membership fees received. (Do not	,	بد ♦			'	
	include any "unusual grants")		<u> </u>				
2	Tax revenues levied for the organ-			·		·	. •
	ization's benefit and either paid to		- ,		ļ		
	or expended on its behalf	ļ				<u>•</u>	
3	The value of services or facilities					٠,	•
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			
4 "	Total, Add lines 1 through 3	Carata Strain at March Carata	ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AND ASSESSMENT AS	1_455466000000000000000000000000000000000	Martin de esta la Caracter de Caracter	TO A STATE OF THE	
5	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	A CONTRACTOR OF THE STATE OF TH				The results of the second seco	-· · ·
	amount shown on line 11, column (f)						
_			Service Constitution				
	Public support. Subtract line 5 from line 4 ction B. Total Support		biffed besident to an interest		Tabesa Easterwarminger Supergoder paggs	ETN. ATTACHES STORY STORY STORY OF STORY	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	(a) 20:1	1012012	(0) 2015	10, 2014	(6) 2010	17 TOTAL
,	Gross income from interest.			· · · · · ·			 ,
Ü	dividends, payments received on				•	±*	ı
'	secunties loans, rents, royalties	, ,	l		l	, <u>-</u>	
	and income from similar sources					´• .	
9	Net income from unrelated business	}		,	· .		
. •	activities, whether or not the	1		•		1	
	business is regularly carried on	,					
10	Other income Do not include gain	^.			,	•	
-	or loss from the sale of capital			•			
	Or 1033 iron i the sale or capital .				-		
	·						,
11	assets (Explain in Part VI) Total support. Add lines 7 through 10						,
	assets (Explain in Part VI)					12 TOP 13 TOP 12 ,' 	
12	assets (Explain in Part VI) Total support. Add lines 7 through 10	etc (see instruction	ons)	d, fourth, or fifth ta	.•	12	, <u> </u>
12 13	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and stop	etc (see instruction the organization)	ons) s first, second, third	d, fourth, or fifth ta	.•	12 1501(c)(3)	
12 13 Sec	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public	etc (see instruction the organization) here comport Per	ons) s first, second, thire centage		.•	12	<u> </u>
12 13 Sec	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and stop	etc (see instruction the organization) here comport Per	ons) s first, second, thire centage		.•	12 501(c)(3)	▶ □
12 13 Sec 14 15	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014	etc (see instruction the organization's phere ic Support Per line 6, column (f) di Schedule A, Part	ons) s first, second, third centage vided by line 11, c	olumn (f))	x year as a section	12 1501(c)(3) 14 15	%
12 13 Sec 14 15	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014 33 1/3% support test - 2015. If the	etc (see instruction the organization's phere comport Per line 6, column (f) di Schedule A, Part organization did no	centage vided by line 11, c II, line 14	olumn (f)) n line 13, and line	x year as a section	12 1501(c)(3) 14 15	%
12 13 60 14 15 16a	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014 3 3 1/3% support test - 2015. If the stop here. The organization qualifies	etc (see instruction the organization's phere comport Per line 6, column (f) di Schedule A, Part organization did no as a publicly supp	centage vided by line 11, c II, line 14 of check the box of orted organization	olumn (f)) n line 13, and line	ax year as a section / 14 is 33 1/3% or m	12 1501(c)(3) 14 15 15 15 15 15 16 16 17 17 17 17 17 17	
12 13 60 14 15 16a	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public Public support percentage for 2015 (Public support percentage from 2014 33 1/3% support test - 2015. If the stop here. The organization qualifies 33 1/3% support test - 2014. If the	etc (see instruction the organization's phere ic Support Per line 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did no organization did no organiza	centage vided by line 11, c II, line 14 of check the box of orted organization of check a box on I	olumn (f)) n line 13, and line ine 13 or 16a, and	ax year as a section / 14 is 33 1/3% or m	12 1501(c)(3) 14 15 15 15 15 15 16 16 17 17 17 17 17 17	
12 13 14 15 16a	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014 33 1/3% support test - 2015. If the stop here. The organization qualifies and stop here. The organization qual	etc (see instruction the organization) to here ic Support Per line 6, column (f) did Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly see in the see in	ons) s first, second, third centage vided by line 11, c II, line 14 of check the box of orted organization of check a box on I supported organization	olumn (f)) In line 13, and line Ine 13 or 16a, and	14 is 33 1/3% or m	12 1501(c)(3)	s box
12 13 14 15 16a	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014 33 1/3% support test - 2015. If the stop here. The organization qualifies 33 1/3% support test - 2014. If the and stop here. The organization qualifies 10% -facts-and-circumstances test	etc (see instruction the organization's phere ic Support Per line 6, column (f) did Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly street to 15. If the organization is the column organization did no lifies as a publicly street to 15.	centage vided by line 11, c II, line 14 of check the box or orted organization of check a box on I supported organization ganization did not c	olumn (f)) I line 13, and line Ine 13 or 16a, and ation Theck a box on line	14 is 33 1/3% or m	12 1501(c)(3) 14 15 15 16 16 16 16 16 16	% and s box or more.
12 13 14 15 16a	assets (Explain in Part VI) Total support. Add lines 7 through 10 Gross receipts from related activities, First five years. If the Form 990 is fo organization, check this box and sto- ction C. Computation of Public Public support percentage for 2015 (I) Public support percentage from 2014 33 1/3% support test - 2015. If the stop here. The organization qualifies and stop here. The organization qual	etc (see instruction the organization's phere ic Support Per line 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did no lifies as a publicly street and circumstanticum the cots-and-circumstanticum the organization did no lifies as a publicly street and circumstanticum the organization did not contain the organization did no	centage vided by line 11, c II, line 14 of check the box of orted organization of check a box on I supported organization ganization did not of ces" test, check the	olumn (f)) In line 13, and line Ine 13 or 16a, and Intion Theck a box on line Is box and stop f	14 is 33 1/3% or m Hine 15 is 33 1/3% e 13, 16a, or 16b, a here. Explain in Pa	12 1501(c)(3) 14 15 15 16 16 16 16 16 16	% and s box or more,

b 10% -facts-and-circumstances test - 2014. 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 stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776 Page 3 [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.)

Sec	ction A. Public Support	Jion, production					
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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	1046821.	1094367.	1138343.	1296195.	1068004.	5643730.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		•				
4`	Tax revenues levied for the organ- ization'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	1046821.	1094367.	1138343.	1296195.	1068004.	5643730.
7:	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ł	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.	}					0.
•	Add lines 7a and 7b						0.
	Public support, (Subjection / nomines)	Machine the community of the community o	Action of the second of the se	Maria Maria de contro de como de per la contro de contro	- restingues of the state of the	The state of the s	5643730.
	······································	(-) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	endar year (or fiscal year beginning in)	(a) 2011 1046821.	1094367	1138343.	1296195.	1068004.	5643730.
_	d Gross income from interest, dividends, payments received on securities loans, rents, royalties	61,604.	77,636.	73,925.		124,259.	431,563.
	and income from similar sources Unrelated business taxable income	01,004.	77,030+	737323.	72,233.	121,2001	202,000
•	(less section 511 taxes) from businesses acquired after June 30, 1975	152,473.	466,299.	480,990.	443,453.	401,388.	1944603.
	Add lines 10a and 10b	214,077.	543,935.	554,915.	537,592.		2376166.
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	1,115.	530.	1,324.	687.	3,285.	6,941.
13	accete (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	1262013.	1638832.	1694582.	1834474.	1596936.	8026837.
	First five years. If the Form 990 is for	r the organization's		d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						▶□
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2015 (I	ine 8, column (f) dr	vided by line 13, c	olumn (f))		15	70.31 %
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	73.90 <u>%</u>
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)15 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	29.60 %
18						18	26.04 %
19:	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box at 33 1/3% support tests - 2014. If the						pd.
1	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che						~
20	Private foundation, if the organization						` □

Schedule A (Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I if you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 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.
- 2 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 in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b 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 supervised by or in connection with its supported organizations.
- c 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
- 5a 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 amendment to the organizing document)
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) 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 organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 Lof Schedule L (Form 990 or 990-EZ)
- 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)
- 9a 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
- b 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
- c 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	dule A (Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-70	3277	6 _{Pa}	age 5
Ŗа	Supporting Organizations (continued)	·		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	Mineral Act		in the state of th
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1000	建罐.
	below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
c	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		
Sec	tion 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		灌	
	tax year? If "No," describe in Part 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	THE SECOND		allon.
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Y 4.50	4587.3
2	Did the organization operate for the benefit of any supported organization other than the supported	SHEET OF		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			Pet 1
•	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	THE PROPERTY OF		
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations		,	T
		Zescensous and	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	Springer 1	Chian	185
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		<u> </u>	Γ
•		onther se	Yes	No Britists
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's 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	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	uistids.	30.0386
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	\$299 7 3.35%	######################################	45 2 2555
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	11/4/E/ 4-7 E	(-2.0H)	3994(6)
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2 2000066	icenteris.	1302700
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	\$400 m	57/2000	Section.
500	supported organizations played in this regard. Ition E. Type III Functionally-Integrated Supporting Organizations	3		<u> </u>
1 2	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below			
a b	The organization is the parent of each of its supported organizations. Complete line 3. below			
G	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	nuctione)		
2	Activities Test. Answer (a) and (b) below	racions	Yes	No
e. a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	***		
4	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
				1
		i de la companya de l		
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	ar remortise.	T. P. Careconn
ь		11110017	. 10%	880
, υ	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			343
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b	pr. 2,7,	- w.ne./ 12 P
3	activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below	7000 100 100 100 100 100 100 100 100 100	F75; (55.29	24039
a	the same of the sa		1448	
a	trustees of each of the supported organizations? Provide details in Part VI	3a	- var sales	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	No American		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		150 C 181 2 ()

	dule A'(Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT			3-7032776 Page 6
* 2 mil	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		ctions. All
Sect	other Type III non-functionally integrated supporting organizations must clien A - Adjusted Net Income	ompiete 3	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	, and the second	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			Continued to the second
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	la la		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c	[
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	接觸		
	factors (explain in detail in Part VI)	\$25.00 F		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	. 5		
6	Multiply line 5 by 035	6		<u>'</u>
. 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	并是他们的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally⊲ntegra	ited Type III supporting organ	nization (see

instructions)

Schedule A (Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount (i) (n) (iii) Underdistributions Distributable **Excess Distributions** Amount for 2015 Pre-2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 3 d From 2013 e From 2014 f Total of lines 3a through e g. Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2015 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3) and 4c Breakdown of line 7 c Excess from 2013 d Excess from 2014

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A (Form 990 or 990 EZ) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776 Page 8 Part VIT Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:
HALLWAY EASEMENT/SAFETY PROG
2011 AMOUNT: \$ 1,115.
2012 AMOUNT: \$ 530.
2013 AMOUNT: \$ 1,324.
2014 AMOUNT: \$ 687.
2015 AMOUNT: \$ 3,285.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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

OMB No 1545-0047 **Open to Public** Inspection

Name of the organization

AIRBORNE LAW ENFORCEMENT ASSOCIATION INC

Employer identification number 23-7032776

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	_	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor at		used only
Ŭ	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" on Form 990,	
1	Purpose(s) of conservation easements held by the organization	-	
-	Preservation of land for public use (e.g., recreation or el		torically important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rela	eased, extinguished, or terminated by the	e organization during the tax
_	year >	, , , ,	
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	iibition, education, or research in furthera	ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical trea-	asures, or other similar assets for financia	ıl gaın, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

		LAW ENFO						23-70			ige 2
	t III Organizations Maintaining Co										
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	are a sig	gnificant	use of its c	oliection :	tems	
	(check all that apply)		. —								
а	Public exhibition	(hange progra	ıms					
ь	Scholarly research	•	• [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Part	XIII		
5	During the year, did the organization solicit or					r sımılar	assets	r	٦		1
-	to be sold to raise funds rather than to be ma								Yes		No
Par			ete if the	organizatio	n answered °	Yes" on	Form 99	10, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributions	s or other ass	ets not	included	_	7	_	١
	on Form 990, Part X?							<u></u>	Yes		No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the fo	illowing ta	able			_				
							-	 	Amount		
C	Beginning balance						1c	 			
ď	Additions during the year						10	 			
e	Distributions during the year						<u>1e</u>	 			
f	Ending balance						1f			_	 ~
	Did the organization include an amount on Fo						ity?	L	J Yes	느	No
	If "Yes," explain the arrangement in Part XIII									ـبـاـــ	<u> </u>
Par	t V Endowment Funds. Complete		T						· · · - ^		
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		<u> </u>		ļ	∤					
ь	Contributions	-	<u> </u>		•						
С	Net investment earnings, gains, and losses		<u> </u>		ļ						
d	Grants or scholarships		 		<u> </u>				ļ ·		
e	Other expenditures for facilities]			}					
	and programs		ļ			{					
f	Administrative expenses		<u> </u>					 			
g	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	g, column (a)) held as						
а	Board designated or quasi-endowment 🕨		%								
þ	Permanent endowment >	%									
¢	Temporanily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c shot										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	ed for th	ne organi	zation	-م	~	
	by									Yes	No_
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								_ <u>3b</u>	!	
	Describe in Part XIII the intended uses of the		wment f	unds							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	·									
	Description of property	(a) Cost or o	1	, ,	or other	• •	ccumula	I	(d) Book	value	?
		basis (investi	ment)		(other)	de	preciatio	<u>n</u>	201	- ,	<u> </u>
1a	Land				1,200.		4 4 70 7		201	~	
þ	Buildings			54	9,887.		110,0	15/.	439	, 8 .	<u> </u>
c	Leasehold improvements	<u> </u>									—
d	Equipment				1 222					<u>.</u>	
_ е	Other			11	1,393.		37,9	711.		, 48	
Total	Add lines 1a through 1e. (Column (d) must e	aual Form 900 Part	V colum	n (Q) line 11	Oc 1			>	714	. 5]	12.

Schedule D (Form 990) 2015 AIRBORNE LA	W ENFORCEMENT	ASSOCIATION INC	23-7032776 Page 3
Part VII Investments - Other Securities.	-		
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Co	st or end-of-year market value
Financial derivatives			
2) Closely-held equity interests		· · · · · · · · · · · · · · · · · · ·	
3) Other	-		
(A)			
<u>(B)</u>		 	
(C)		 	· · · · · · · · · · · · · · · · · · ·
(D)		 	
<u>(E)</u>	ļ	ļ	
<u>(F)</u>	 	<u> </u>	
(G)	ļ	 -	
(H)	-	The state of the s	
Fotal, (Col. (b) must equal Form 990, Part X, col. (b) line (2.) Part VIII Investments - Program Related.	<u> </u>	Community of Section Complete Configuration of the configuration of the	
Complete if the organization answered "Yes"	on Corm ODA Cort IV Iron	110 See Form 800 Bort V line 1	2
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)	(2) 20011 12:00	(5)	
(2)		 	
(3)		 	·
(4)	-		~~
(5)	 	 	
(6)		1	
(7)	 		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line	15
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	¥	, une 25 Constanting
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)		165 681 01 55 11 11 11 11 11 11 11 11 11 11 11 11	
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)		Section of the sectio	
(9)		TOP STATE OF THE S	
Total. (Column (b) must equal Form 990. Part X, col. (B) lin		THE STATE OF THE S	AND BEEN STREET
2. Liability for uncertain tax positions. In Part XIII, provide			, `
organization's liability for uncertain tax positions unde	FIN 48 (ASC 740) Check	there if the text of the footnote ha	•
			Schedule D (Form 990) 201:

	edule D (Form 990) 2015 AIRBORNE LAW ENFORCEMENT		23-7032776 Page 4
Pai	成以 Reconciliation of Revenue per Audited Financial State		Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements	,	1
2	Amounts included on line 1 but not on Form 990, Part Vill, line 12	1 . 1	
a	Net unrealized gains (losses) on investments	2a	
þ		<u>2b</u>	
C		2c	
· d	,	2d [388353441
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 - 1	
a		4a	The state of the s
þ	,	46	
	Add lines 4a and 4b		40
.Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Tt:XII: Reconciliation of Expenses per Audited Financial State	aments With Expenses n	er Return
`z-` c	Complete if the organization answered "Yes" on Form 990, Part IV, line		· ·
4	Total expenses and losses per audited financial statements	124	1
1	Amounts included on line 1 but not on Form 990, Part IX, line 25		oral:
2		2a	
a		2b	750 1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ь		2c	
c d		2d	
e		100	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		900
a		4a	
ь		45	TEST I
c		,	4c
5			5
Pa	The state of the s		
	rt XIII Supplemental Information.		
	rex.iii Supplemental Information. Indee the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, I		
Prov		Part IV, lines 1b and 2b, Part V,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	
Prov	ide 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,	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990. Part iv, line 140, 15, or 16. ►

2015
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number

AIRBORNE LAW EN				23-703277	
		ctivities Out	side the United States. Comple	ete if the organization answered "Ye	es" on
Form 990, Part IV					
-	_		is to substantiate the amount of its gra he selection criteria used to award the		Yes 🗌 No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's p	procedures for maniforing the use of its	s grants and other assistance outsic	de the
-			n be duplicated if additional space is n	T	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	ļ	•			
NORTH AMERICA	0	0	PROGRAM SERVICES	SAFETY CONFERENCE	28,561
	}				
EUROPE		0	PROGRAM SERVICES	CONFERENCE	5,460
				,	
SOUTH AMERICA	0	D	PROGRAM SERVICES	CONFERENCE	1,250
	<u></u>	^			· · · · ·
		,		:	
				· ·	
		,			
<u> </u>					
			·		
	i				
3 a Sub-total	0	0	in an in the second of the sec		35,271
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a	a	0			35,271

23-7032776

· Page 2

AIRBORNE LAW ENFORCEMENT ASSOCIATION INC

Schedule F (Form 990) 2015 AIRBORNE_I

ALADONING ARM DAFONCE

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

•	•		,			•		
t (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					-		· ,	
							,	
						-		
							,	
		. ,	3	• ,		· · · · · ·	,	
				*				
							•	
					•			
2 Enter total number of	recipient organization	ns listed above that are n	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-exe	ampt by .:		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2015

^{3 ·} Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2015 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC 23-7032776

Partill Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2015
(g) Description of non-cash assistance							Schedule
(f) Amount of non-cash assistance		**************************************					
(e) Manner of cash disbursement	10 10 10 10 10 10 10 10 10 10 10 10 10 1			,		** - ** - * - * - * - * - * - * - * - *	
(d) Amount of cash grant	+ + + + + + + + + + + + + + + + + + +		 **************************************			**************************************	
(c) Number of (d) Amount of recipients cash grant			 **************************************	**************************************		**************************************	,
(b) Region				* * * * * * * * * * * * * * * * * * *			
(a) Type of grant or assistance (b) Region				**************************************			

Schedule F (Form 990) 2015

	Page 5	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 3:		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. PART I, LINE 3:		
THE EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GENERALLY ACCEPTED		
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. F. I., LINE 3: EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GENERALLY ACCEPTED. DUNTING PRINCIPLES, WHICH IS THE SAME METHOD OF ACCOUNTING AS THE		
ACCOUNTING PRINCIPLES, WHICH IS THE SAME METHOD OF ACCOUNTING AS THE		
FINANCIAL STATEMENTS		
TIMMOTAL STATEMAND.		
<u> </u>		
	<u>-</u>	

SCHEDULE (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Ŷ Employer identification number 23-7032776 Open to Public, Inspection X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.is.cov//form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ■ Attach to Form 990. AIRBORNE LAW ENFORCEMENT ASSOCIATION INC Partiss General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service

	, line 21, for any	(h) Purpose of grant or assistance						Schedule I (Form 990) (2015)
	es" on Form 990, Part IV	(g) Description of non-cash assistance					-	
	inization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)						
d States	Somplete if the orgaled	(e) Amount of non-cash assistance	-					
unds in the United	Governments. ((d) Amount of cash grant		# # # # # # # # # # # # # # # # # # #	######################################		isted in the line 1 table	
pring the use of grant i	ations and Domestic	(c) IRC section if applicable	5	# - # # #	# # # # # # # # # # # # # # # # # # #		lons	ons for Form 990.
cedures for monitor	Domestic Organiz 5.000 Part II can	(b) EIN				•	nd government org	see the Instruction
2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	[智典] Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government			**************************************		2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	l

Schedule I (Form 990) (2015)

532102 10-28-15

Page 2

23-7032776

AIRBORNE LAW ENFORCEMENT ASSOCIATION INC

Schedule I (Form 990) (2015)

Part III:

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AIRBORNE LAW ENFORCEMENT ASSOCIATION INC

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 23-7032776

OMB No 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AGENCIES IN SUPPORT OF PUBLIC SAFETY MISSIONS THROUGH TRAINING,
NETWORKING, ADVOCACY AND EDUCATIONAL PROGRAMS.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PUBLIC SAFETY AVIATION. EACH CORPORATE MEMBERSHIP SHALL BE ENTITLED TO
ONE (1) VOTE EXERCISED BY AN EMPLOYEE DESIGNATED BY THE CORPORATE
ENTITY.
CURRENT MEMBERSHIP TOTALS APPROXIMATELY 3,100.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
E-NEWSLETTER, SPECIAL PROJECTS, MERCHANDISE SALES AND OTHER INCOME
EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 94,134.
FORM 990, PART VI, SECTION A, LINE 6:
LINE 6 EXPLANATION - REFER TO SCHEDULE O FORM 990 PART III LINE 4C PROGRAM
SERVICE ACCOMPLISHMENT.
FORM 990, PART VI, SECTION A, LINE 7A:
LINE 7A EXPLANATION - THE MEMBERS ELECT AND APPROVE SIGNIFICANT DECISIONS
OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990, 990T AND STATE RETURNS ARE REVIEWED BY THE EXECUTIVE
COMMITTEE, ACTING ON BEHALF OF THE BOARD OF DIRECTORS, PRIOR TO THE

Employer identification number Name of the organization 23-7032776 AIRBORNE LAW ENFORCEMENT ASSOCIATION INC EXECUTION AND SUBMISSION OF THE TAX RETURNS.~ FORM 990, PART VI, SECTION B, LINE 12: THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST AS THEY OCCUR, NOT ANNUALLY, BASED ON THE CONFLICT OF INTEREST POLICY IN PLACE. EACH DIRECTOR IS AWARE OF AND SIGNS A COMMITTMENT FORM RELATED TO THE POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE UTILIZES COMPENSATION DATA AVAILABLE THROUGH THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES, HISTORICAL EXECUTIVE COMPENSATION, AND OTHER FINANCIAL RESOURCES AVAILABLE TO DETERMINE INITIAL COMPENSATION. ANNUAL ADJUSTMENTS ARE PERFORMANCE BASED DETERMINED BY THE ANNUAL EVALUATION PERFORMED BY THE EXECUTIVE COMMITTEE. THEN, IT IS REPORTED TO THE FULL BOARD. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND THE ANNUAL 990 ARE AVAILABLE VIA THE ALEA WEBSITE OR UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS PART OF THE EMPLOYEE HANDBOOK AND IS AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE BY REQUEST. FORM 990, SECTION VII THE 2015 W-2 FOR THE EXECUTIVE DIRECTOR WAS AMENDED SUBSEQUENT TO THE ORIGINAL RETURN FILING. UPDATED COMPENSATION ON THE AMENDED RETURN REFLECTS THE COMPENSATION ON THE AMENDED W-2.

532212 09-02-15

Name of the organization AIRBORNE LAW ENFORCEMENT ASSOCIATION INC	Employer identification number 23-7032776
FORM 990, PART XII, LINES 2A AND 2C	
SUBSEQUENT TO THE ORIGINAL 990 FILING, THE ORGANIZATION'S	FINANCIAL
STATEMENTS WERE REVIEWED BY AN INDEPENDENT ACCOUNTANT AND	THERE IS A
COMMITTEE THAT ASSUMES THE RESPONSIBLITY FOR THE REVIEW.	
COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE REVIEW.	
<u> </u>	
ENTIRE FORM 990 AND RELATED REQUIRED SCHEDULES	
DURING 2015, THE AIRBORNE LAW ENFORCEMENT ASSOCIATION (ALI	EA) UNDERWENT
A SOFTWARE CONVERSION OF ITS ACCOUNTING SOFTWARE. THIS CO	ONVERSION
CAUSED UNEXPECTED RECORDING AND REPORTING ISSUES FOR THE C	ORGANIZATION.
DURING 2018, ALEA WAS ABLE TO COMPLETE THE PROCESS OF COR	RECTING THEIR
ACCOUNTS FOR THE YEAR ENDED 12/31/2015 AND IS FILING AMENI	DED RETURNS TO
REFLECT ANY CHANGES.	
PARTS AND LINES THAT WERE MODIFIED FROM THE ORIGINALLY FIL	LED RETURN ARE
AS FOLLOWS:	
AB FOLLOWS.	
	
FORM 990, PAGE 1, G, GROSS RECEIPTS	
FORM 990, PART I, LINES 7A, 7B,	
FORM 990, PART I, CURRENT YEAR, LINES 8-12, 15, 17-22	
FORM 990, PART III, REVENUES AND EXPENSES FOR LINES 4A, 41	B, 4C, 4D AND
4E	
FORM 990, PART VII, COLUMNS D & F	
FORM 990, PART VIII, LINES 2A-2D, 3, 7, 11 & 12	
FORM 990, PART IX, LINES 5, 7-10, 11B, 11G, 12-14, 16-17,	19, 22-23,
24A-24E & 25	
FORM 990, PART X, LINES 1-2, 4, 9, 10A-10B, 11, 15-16, 17	
	edule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization AIRBORNE LAW ENFORCEMENT ASSOCIATION INC	Employer identification number 23-7032776
33 & 34	<u></u>
FORM 990, PART XI, LINES 1-10	
PART XII, LINES 2A AND 2C	<u></u>
SCHEDULE A, PART III, COLUMN E, LINES 2, 6, 8, 9, 10A-10C,	12, 13, 15 &
17	
SCHEDULE A, PART VI, 2015 AMOUNT FOR OTHER INCOME	
SCHEDULE D, PART VI, LINES 1E AND TOTAL	
SCHEDULE F, PART I, LINE 3	
SCHEDULE O NARRATIVE FOR 990, PART VI, SECTION B, LINE 11	
SCHEDULE O NARRATIVE ADDED FOR: 990 PART VII, AS WELL AS X	III LINES 2A
AND 2C	
FORM 990, PAGE 1, SECTION J	
THE WEBSITE FOR AIRBORNE LAW ENFORCEMENT ASSOCIATION HAS C	HANGED FROM
ALEA.ORG TO PUBLICSAFETYAVIATION.ORG	
	·
·	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	<u> </u>

29 75,903. 30 31 75,903. 32 33 1,000. Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 74.903 Form 990-T (2015)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

68

523701 01-06-18

33

34

LHA For Paperwork Reduction Act Notice, see instructions

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Total deductions. Add lines 14 through 28

Net operating loss deduction (limited to the amount on line 30)

Part II	[i] Tax Computation		
35	Organizations Taxable as Corporations See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	30	
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	影響	
	(1) \$ (2) \$ (3) \$	14.68	
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
-	(2) Additional 3% tax (not more than \$100,000)		
c	Income tax on the amount on line 34	35c	13,726.
	Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 34 from:	65.058888	· · · · · · · · · · · · · · · · · · ·
50	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax See instructions	37	
38	Alternative minimum tax	38	
	Total: Add lines 37 and 38 to line 35c or 36, whichever applies	39	13,726.
Partit	Tax and Payments	บอ	107,200
4	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	0.00000000	
	Other credits (see instructions) 40b	100000	
	· · · · · · · · · · · · · · · · · · ·		
	General business credit. Attach Form 3800 40c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) Table and the Add least 40 through 40d	400	
	Total credits Add lines 40a through 40d	40e	13,726.
	Subtract line 40e from line 39	41	13,120.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42	13,726.
-	Total tax. Add lines 41 and 42	43 🗙	13,720.
	Payments: A 2014 overpayment credited to 2015 44a 17, 958.	300000	
	2015 estimated tax payments 44b 16,978.		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 446		
	Backup withholding (see instructions) 44e		
	Credit for small employer health insurance premiums (Attach Form 8941)		
g	Other credits and payments:		
	Form 4136 Other Total ▶	7 7	24 026
45	Total payments. Add lines 44a through 44g	45	34,936.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🛄	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	01 010
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	21,210.
49	Enter the amount of line 48 you want; Credited to 2016 estimated tax	49	0.
	Statements Regarding Certain Activities and Other Information (see instructions)		1 1
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial acc		Yes No
	irities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Final	ncial	
2 Durin	counts. If YES, enter the name of the foreign country fiere. If the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? See instructions for other forms the organization may have to file.		_ X
			X
	r the amount of tax-exempt interest received or accrued during the tax year		
	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A	т. т	
	ntory at beginning of year 1 6 Inventory at end of year	6	
	chases 2 7 Cost of goods sold. Subtract line 6	an line	
3 Cos	t of labor 3 from line 5. Enter here and in Part I, line 2	7	ŧ I
	tional section 263A costs (att schedule) 42 8 Do the rules of section 263A (with respect to		Yes No
	er costs (attach schedule) 4b property produced or acquired for resale) apply to		
5 Tota	Add lines 1 through 4b 5 the organization?	dee and baket it.	
Sign	Under penalties of perjury, if declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ega sura celler, K l	o vue,
Here		lay the IRS discus	
		ne preparer shown	-
		structions)? X	Yes No
	The product of the pr	#f PTIN	`
Paid	BARBARA IT. ROMAN Self-employed		72000
Prepa	rer Ettata a talanta		72808
Use C	nly Firm's name ► LINTON SHAFER WARFIELD & GARRETT, P.A. Firm's EIN ►	<u> 52-i</u>	273734
	201 THOMAS JOHNSON DRIVE	2011	60 0000
	Firm's address ► FREDERICK, MD 21702 Phone no		62-9200
523711 01-	09-16	Forn	n 990-T (2015)

23-7032776

Page 3

Form/990-T (2015) AIRBOR	NE :	LAW ENF	ORCEMEI	A TN	SOCIATION	INC	· 2:	<u>3-7032776</u>	5 Page
Schedule G - Investme	nt In	come of a					on -		
(see inst	ruction	ns)			· · ·			•	
, 1 Desc	subpián a	f income	•		2 Amount of income	directly	fuctions ' connected schedule)	4. Set-asides (altach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)			,						
(2)					, .]		r	
(3)		1				<u> </u>			<u> </u>
(4)	•							·	
10 mg - 10 mg	•	,	•	, ′	Enter here and on page 1, Part I, line 9, column (A)				Fletter here and on page 1, Part I, line 9, column (9)
Totals		*		▶	0.				0.
Schedule I - Exploited (see instri			Income,	Other	Than Advertising	ng Incor	ne		,
	Ţ.	<u> </u>			4 Net income (loss)	T			7.5
€ 1. Description of		2. Gross elated business	3 Exper directly con		from unrelated trade or business (column 2		is income tivity that	6. Expenses	 /. Excess exempt expenses (column •
exploited activity		income from	with produ		minus column 3) If a	is not u	inrelated	attributable to column 5	6 minus column 5, but not more than
•	ta	de or business	business in		gain, compute cols 5 - through 7	busines	s income .		column 4)
(1)	1				. ,	 	· ·	•	<u> </u>
(2)	 					├ ~─	.		
(3)	 	-				 			
(4)	+		 			 		,	 .
	Ent	ter here and on	Enter here :	and on .	HERERER DER WELLTE				Enter here and
	p lin	eage 1, Part I, ne 10, col (A)	page 1, P tine 10, co	1 (8)					on page 1, Part II, line 26
<u>Totals</u>	<u>. </u>	0.		0.			9.417524-17753-16e32-5U		0.
Schedule J - Advertisi	ng In	come (see	instructions)		, , , , , , , , , , , , , , , , , , ,			•** • • • • • • • • • • • • • • • • • •	<u> </u>
Partil Income From	Perio	dicais Rep	orted on	a Cons	solidated Basis			•	•
		•					<u>, </u>		
•		2 · Gross		Oirect	Advertising gain or (loss) (col. 2 minus		rculation	6 Readership	7 Excess readership costs (column 6 minus
1. Name of periodical		advertising income		sing costs	col 3) Il a gain, compu		come ,	costs	column 5, but not more
•	٠				cols 5 through 7	hodes			lhan column 4)
(1)					16534000 124 TO 174 TO				
(2)		<u> </u>							
(3)		<u> </u>		<u>';</u>			•		
· <u>(4)</u>						1001		<u> </u>	
•	٠,	\ <u>.</u>	_	_		{		. [_
Totals (carry to Part II, line (5))	<u> </u>		0.	0			<u></u>		· <u>0</u> .
Partill Income From				a Sepa	irate Basis (For	each perio	odical listed in	n Part II, fill in 🕝	1
columns 2 through	17 on a	a line-by-line ba	15:5)	·					
		2 Gross	,	Direct	4 Advertising gain or (loss) (col 2 minus		irculation	& Readership	7. Excess readership costs (column 6 minus
1 Name of periodical		advertising income		sing costs	col 3) if a gain, compu		сота	costs	column 5, but not mare
					cols 5 through 7	<u> </u>			, than column 4)
(1) AIR BEAT		401,40	6. 245	, 332	1567074	- +-		*	· · · · · · · · · · · · · · · · · · ·
(2)							·		
(3)									
(4)						l			·
Totals from Part I	<u> </u>		0.	0	• 13. 2.2.00				.0.
-		Enter here and page 1, Part I		ere and on 1, Part I,					Enter here and on page 1,
		line 11, col (A		1, col (8)					Part II, line 27
Totals, Part II (lines 1-5)		401,40		,332					
Schedule K - Compen	satio	n of Officer	s, Directo	ors, an	d Trustees (see	e instructio	ons)	-	· _
		•		T	· _ ·		3 Percent o time devoted	in Goropi	ensation attributable
1. 1	Name				2. Title		business	to unr	elated business
(1) DANIEL B. SCH	WAR	ZBACH		EXEC	UTIVE DIRE	CTOR	15.00	0 %	18,834.
(2)		-				<u> </u>		%	
(3)			_	· ·				%	
(4)					,			%	
Total Enter here and on page 1, I	Part II 1	line 14					•	>	18,834.
Total Circl Hore are an page 1.1	. pay a file i	NOW II							- 000 T

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

Information about Form 4626 and its separate instructions is at www.irs gov/form4626

OMB No 1545-0123

		AIRBORNE LAW ENFORCEMENT ASSOCIATION INC			23-7032776
		Note: See the instructions to find out if the corporation is a small corporation exempt		opp27-e	
		from the alternative minimum tax (AMT) under section 55(e).		1844 S.W.	
1		Taxable income or (loss) before net operating loss deduction	j	1	74,903.
2		Adjustments and preferences:			
	a	Depreciation of post-1986 property		2a	
		Amortization of certified pollution control facilities		2ხ	
		Amortization of mining exploration and development costs		2c	
		Amortization of circulation expenditures (personal holding companies only)		2đ	
		Adjusted gain or loss		2e	
	_	Long-term contracts		21	
	a	Merchant marine capital construction funds		20	
		Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
	;	Tax shelter farm activities (personal service corporations only)	•	2i	
		Passive activities (closely held corporations and personal service corporations only)		2j	
	-	Łoss limitations		2k	
	ï	Depletion		2!	
		Tax-exempt interest income from specified private activity bonds		2m	
	n	Intangible drilling costs		2n	
		Other adjustments and preferences		20	
3		Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	74,903.
4		Adjusted current earnings (ACE) adjustment:		9 ¹⁰ 138	
•	а	ACE from line 10 of the ACE worksheet in the instructions	4a 74,903.	E SE	
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
		negative amount (see instructions)	46 0.	100	
	c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c		
		Enter the excess, if any, of the corporation's total increases in AMTI from prior			
		year ACE adjustments over its total reductions in AMTI from prior year ACE	Į į		
		adjustments (see instructions). Note: You must enter an amount on line 4d	[
		(even if line 4b is positive)	4d		
	e	ACE adjustment.			
		If line 4b is zero or more, enter the amount from line 4c)		
		If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount.	P	4e	0.
5		Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT)	5	74,903.
6		Alternative tax net operating loss deduction (see instructions)		6 _	
7		Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual 🔪		
		interest in a REMIC, see instructions		7	74,903.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on I	ine 8c):	计算	
	а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled		1. 188	
		group, see instructions), if zero or less, enter -0-	8a 0 <u>.</u>	1 (8)	
	b	Multiply line 8a by 25% (.25)	8b 0.		
	C	Exemption. Subtract line 86 from \$40,000 (if completing this line for a member of a control	led	K terresiti	
		group, see instructions). If zero or less, enter -0-		8c	40,000.
9		Subtract line 8c from line 7. If zero or less, enter -0-		9	34,903.
10		Multiply line 9 by 20% (.20)		10	6,981.
11		Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)		11	
12		Tentative minimum tax. Subtract line 11 from line 10		12	6,981.
13		Regular tax liability before applying all credits except the foreign tax credit		13	13,726.
14		Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and on		
		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0.
BA	10	For Panarwork Reduction Act Natice see separate instructions			Form 4626 (2015)

9

10

74,903.

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

1	* A	djusted Current Earnings	(ACE) Worksheet		
		► See ACE Worksheet In	structions.		
1	Pre-àdjustment AMTI. Enter the amount from lie	ne 3 of Form 4626		1	74,903.
2	ACE depreciation adjustment;				
;	a AMT depreciation		2a ,		
ı	ACE depreciation:		Harry H		
	(1) Post-1993 property	2b(1)			
	(2) Post-1989, pre-1994 property	2b(2)			
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections			1127,054	
	168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)		23342937 23342937 23342937	
	(7) Total ACE depreciation. Add lines 2b(1) t	hrough 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7			2c	
3	Inclusion in ACE of items included in earnings a	•		1612	
;	a Tax-exempt interest income		3a		
ı	b Death benefits from life insurance contracts		3b	100000	
,	c All other distributions from life insurance contra	icts (including surrenders)	3c	10 (10) 10 (10)	
	d Inside buildup of undistributed income in life in:	•	3d		
	e Other Items (see Regulations sections 1.56(g)-1				
	for a partial list)		3e	22 6 W	
1	F Total increase to ACE from inclusion in ACE of i	tems included in E&P. Add lines 3a th	rough 3e	31	
4	Disallowance of items not deductible from E&P.		_		
	a Certain dividends received		4a	HUMEPPE T USBNE 130	
	b Dividends paid on certain preferred stock of put	olic utilities that are deductible		38540612 28636513 28636513	
	under section 247		45		
,	c Dividends paid to an ESOP that are deductible to	nder section 404(k)	4c		
	d Nonpatronage dividends that are paid and dedu	•			
	1382(c)		4d		
:	e Other items (see Regulations sections 1.56(g)-	l(d)(3)(i) and (ii) for a			
	partial list)		4e	ļģ.	
1	Total increase to ACE because of disallowance of	of items not deductible from E&P. Add	l lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E	&P:			
	a Intangible drilling costs		5a		
	b Circulation expenditures		5b		
	c Organizational expenditures		5c		•
	d LIFO inventory adjustments		5d		
	e Installment sales		5e		
	f Total other E&P adjustments. Combine lines 5a	through 5e	<u> </u>	5f	
6	Disallowance of loss on exchange of debt pools			6	
7	Acquisition expenses of life insurance companie			7	
8	Depletion	-		8	

Form 4626

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
COMMISSSIONS OFFICE EXPENSE TELEPHONE OCCUPANCY BAD DEBT		23,910. 461. 132. 2,437. 2,910.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	29,850.