

EUGENE G. FERNIZ, CPA  
4401 BARNETT STREET, SUITE D  
METAIRIE, LA 70006  
504-390-0880

October 30, 2018

CHIEF WARRANT AND WARRANT  
OFFICERS ASSOCIATION  
12 BROOKLEY AVENUE S.W. Suite JBAB  
WASHINGTON, DC 20032-7733

Dear Client:

Your 2017 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Eugene G. Ferniz

Taxpayer Copy - DO NOT FILE

	2017	2016	DIFF
<b>REVENUE</b>			
CONTRIBUTIONS AND GRANTS.....	207,316	225,528	-18,212
PROGRAM SERVICE REVENUE.....	8,710	8,751	-41
INVESTMENT INCOME.....	48,341	46,386	1,955
OTHER REVENUE.....	6,340	16	6,324
TOTAL REVENUE.....	270,707	280,681	-9,974
<b>EXPENSES</b>			
GRANTS AND SIMILAR AMOUNTS PAID.....	12,647	9,500	3,147
BENEFITS PAID TO OR FOR MEMBERS.....	23,810	29,926	-6,116
SALARIES, OTHER COMPEN., EMP. BENEFITS...	72,653	69,762	2,891
OTHER EXPENSES.....	87,801	88,351	-550
TOTAL EXPENSES.....	196,911	197,539	-628
<b>NET ASSETS OR FUND BALANCES</b>			
REVENUE LESS EXPENSES.....	73,796	83,142	-9,346
TOTAL ASSETS AT END OF YEAR.....	1,133,888	1,066,929	66,959
TOTAL LIABILITIES AT END OF YEAR.....	799	1,110	-311
NET ASSETS/FUND BALANCES AT END OF YEAR.	1,133,089	1,065,819	67,270

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COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR.....	5,995.
2. PURCHASES.....	3,064.
3. COST OF LABOR.....	0.
4. ADDITIONAL 263A COSTS.....	0.
5. OTHER COSTS.....	0.
6. TOTAL (ADD LINES 1 THROUGH 5).....	<u>9,059.</u>
7. INVENTORY AT END OF YEAR.....	<u>4,319.</u>
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6).....	<u><u>4,740.</u></u>

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Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 202018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION**

Employer identification number

**52-6042437**

Name and title of officer

**MARK CORTOR**

**PRESIDENT**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1 a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1 b</b>	<u>270,707.</u>
<b>2 a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2 b</b>	
<b>3 a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3 b</b>	
<b>4 a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4 b</b>	
<b>5 a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) . . . . .	<b>5 b</b>	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize EUGENE G. FERNIZ, CPA to enter my PIN 55201 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN . . . . .

**72009512885**  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

EUGENE G. FERNIZ

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-EO** (2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION</b>	Employer identification number (EIN) or <b>52-6042437</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>12 BROOKLEY AVENUE S.W. JBAB</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20032-7733</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ CAROL SETTEDUCATO

Telephone No. ▶ 202-554-7753 Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 5/15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 \_\_\_\_ or
- ▶  tax year beginning 7/01, 2017, and ending 6/30, 2018.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2017

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 7/01, 2017, and ending 6/30, 2018

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

**C** CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION  
 12 BROOKLEY AVENUE S.W. JBAB  
 WASHINGTON, DC 20032-7733

**D** Employer identification number  
 52-6042437

**E** Telephone number  
 202-554-7753

**F** Name and address of principal officer: MARK CORTOR  
SAME AS C ABOVE

**G** Gross receipts \$ 275,447.

**H(a)** Is this a group return for subordinates? Yes  No

**H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes  No

**I** Tax-exempt status:  501(c)(3)  501(c) ( 19 ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ CWOAUSCG.ORG

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

**L** Year of formation: 1929 **M** State of legal domicile: DC

**H(c)** Group exemption number ▶

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	6	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	6	
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2	
	<b>6</b>	Total number of volunteers (estimate if necessary)	36	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	225,528.	207,316.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	8,751.	8,710.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,386.	48,341.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16.	6,340.
	<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	280,681.	270,707.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,500.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	29,926.	23,810.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,762.	72,653.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,351.	87,801.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	197,539.	196,911.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	83,142.	73,796.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	1,066,929.	1,133,888.
	<b>21</b>	Total liabilities (Part X, line 26)	1,110.	799.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,065,819.	1,133,089.

### Part II Signature Block

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

**Sign Here**

Signature of officer: MARK CORTOR Date: PRESIDENT

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: EUGENE G. FERNIZ Preparer's signature: EUGENE G. FERNIZ Date: \_\_\_\_\_ Check  if self-employed PTIN: P01232060

Firm's name: ▶ EUGENE G. FERNIZ, CPA Firm's EIN: \_\_\_\_\_

Firm's address: ▶ 4401 BARNETT STREET, SUITE D Phone no.: 504-390-0880

METAIRIE, LA 70006

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ including grants of \$ ) (Revenue \$ )

PROVIDE 1 GRANT TO A CHILD OF AN ENLISTED COAST GUARD MEMBER IN THE AMOUNT OF \$4,000 EACH FOR POST SECONDARY EDUCATION. \$1,000 WAS PAID TO THE RECIPIENT, WITH THE ADDITIONAL \$3,000 PAYABLE IN ANNUAL INSTALLMENTS OF \$1,000 AS LONG AS THEY REMAINED ENROLLED AS FULL TIME STUDENTS. PROVIDE 9 GRANTS TO THE CHILDREN OF CWOA MEMBERS IN THE AMOUNT OF \$750 EACH FOR POST SECONDARY EDUCATION.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

PROVIDED DEATH BENEFITS TO DESIGNATED BENEFICIARIES UPON THE DEATH OF AN ASSOCIATION MEMBERS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

PROVIDED FOUR ISSUES OF THE ASSOCIATION MAGAZINE TO MEMBERS, PROVIDING THEM WITH INFORMATION CONCERNING FELLOW MEMBERS, CHAPTERS, AND THEIR BENEFITS PROVIDED BY THE GOVERNMENT.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? .....		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....		
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? <i>If 'Yes,' complete Schedule C, Part III.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part I.</i> .....		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? <i>If 'Yes,' complete Schedule D, Part II.</i> .....		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....	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 assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....		X
c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....	X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
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)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> .....		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....		X
16 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? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> (see instructions). .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i> .....	X	
<b>23</b> 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? <i>If 'Yes,' complete Schedule J.</i> .....		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i> .....		
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i> .....		X
<b>27</b> 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? <i>If 'Yes,' complete Schedule L, Part III.</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		
<b>37</b> 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? <i>If 'Yes,' complete Schedule R, Part VI.</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

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Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. NONE
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) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CAROL SETTEDUCATO 12 BROOKLEY AVENUE S.W., JBAB WASHINGTON DC 20032 202-554-7753

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROL SETTEDUCATO EXECUTIVE DIR.	40 0	X					64,306.	0.	0.	
(2) MARK CORTOR PRESIDENT	16 0	X		X			0.	0.	0.	
(3) RYAN DONNELL VICE PRESIDENT	8 0	X		X			0.	0.	0.	
(4) J. T. GREEN VICE PRESIDENT	2.5 0	X		X			500.	0.	0.	
(5) SARAH CASE VICE PRESIDENT	2 0	X		X			500.	0.	0.	
(6) CHRISTOPHER JONES SECRETARY	2 0	X		X			500.	0.	0.	
(7) JOHN CAICEDO TREASURER	1 0	X		X			500.	0.	0.	
(8) JARED HEINTZ PRESIDENT	16 0	X		X			500.	0.	0.	
(9) RODNEY MOORE VICE PRESIDENT	8 0	X		X			500.	0.	0.	
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						67,306.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						67,306.	0.	0.	
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0									

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b>				
	<b>b</b> Membership dues .....	<b>1 b</b> 200,198.				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 7,118.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f .....		207,316.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>SCHOLARSHIPS</u> .....	<b>Business Code</b>	8,710.	8,710.		
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		8,710.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....		48,341.	48,341.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....				
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b> 3,987.					
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 4,740.				
	<b>c</b> Net income or (loss) from sales of inventory .....		-753.	-753.		
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> <u>MISCELLANEOUS INCOME</u> .....	900099	7,093.	7,093.			
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....		7,093.				
<b>12 Total revenue.</b> See instructions .....		270,707.	63,391.	0.	0.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,647.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	23,810.			
5 Compensation of current officers, directors, trustees, and key employees	67,306.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	428.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	4,919.			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	7,734.			
13 Office expenses	9,792.			
14 Information technology				
15 Royalties				
16 Occupancy	9,573.			
17 Travel	5,520.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,744.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	765.			
23 Insurance	5,233.			
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 O.)				
a <u>NEWSLETTER</u>	17,423.			
b <u>AWARDS</u>	17.			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	196,911.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash – non-interest-bearing	60.	<b>1</b>	60.
	<b>2</b> Savings and temporary cash investments	73,955.	<b>2</b>	101,343.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	5,995.	<b>8</b>	4,319.
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 138,120.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 135,173.	2,079.	<b>10c</b> 2,947.
	<b>11</b> Investments – publicly traded securities	525,056.	<b>11</b>	547,269.
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11	459,784.	<b>13</b>	477,950.
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,066,929.	<b>16</b>	1,133,888.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,110.	<b>17</b>	799.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,110.	<b>26</b>	799.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	1,065,819.	<b>32</b>	1,133,089.
<b>33</b> Total net assets or fund balances	1,065,819.	<b>33</b>	1,133,089.	
<b>34</b> Total liabilities and net assets/fund balances	1,066,929.	<b>34</b>	1,133,888.	

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Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	270,707.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	196,911.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	73,796.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,065,819.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,526.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,133,089.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2c</b>	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>3b</b>	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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Form 990 (2017)

Taxpayer Copy - Do Not File

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

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

Name of the organization

Employer identification number

CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION

52-6042437

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 cover total number, aggregate value of contributions, grants, and end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 c Beginning balance	
1 d Additions during the year	
1 e Distributions during the year	
1 f Ending balance	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings		100,000.	100,000.	0.
c Leasehold improvements		17,433.	15,781.	1,652.
d Equipment		7,459.	6,488.	971.
e Other		13,228.	12,904.	324.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,947.

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CERTIFICATES OF DEPOSIT	139,888.	END OF YEAR MARKET VALUE
(2) MONEY MARKET FUNDS	218,794.	END OF YEAR MARKET VALUE
(3) TAX EXEMPT BOND FUND	108,848.	END OF YEAR MARKET VALUE
(4) U.S. TREASURY BONDS	10,420.	END OF YEAR MARKET VALUE
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)	477,950.	

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization  
**CHIEF WARRANT AND WARRANT  
OFFICERS ASSOCIATION**

Employer identification number  
**52-6042437**

**Part I General Information on Grants and Assistance**

- 1 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 criteria used to award the grants or assistance? .....  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. **SEE PART IV**

**Part II 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	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 0

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 COLONA SCHOLARSHIP	1				
2 KELLER SCHOLARSHIP	9				
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

THE ART AND ELEANOR COLONA SCHOLARSHIP IS AN ANNUAL AWARD IN THE AMOUNT OF \$4,000, WITH THE AWARD TO BE USED TOWARDS POST SECONDARY EDUCATION. UP TO TWO SCHOLARSHIPS ARE AWARDED ANNUALLY. SCHOLARSHIPS ARE PAID IN \$1,000 ANNUAL INSTALLMENTS, AS LONG AS RECIPIENTS REMAINED ENROLLED AS FULL TIME STUDENTS.

**PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION**

THE CWO JOHN A. KELLER CWOA SCHOLARSHIPS IS AN ANNUAL AWARD IN THE AMOUNT OF \$750, WITH THE AWARD TO BE USED TOWARD POST SECONDARY EDUCATION. UP TO NINE SCHOLARSHIPS ARE AWARDED ANNUALLY.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

CHIEF WARRANT AND WARRANT  
OFFICERS ASSOCIATION

Employer identification number

52-6042437

**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

ADVANCE THE PROFESSIONAL ABILITY OF MEMBERS, PROMOTE THE UNITY AND MORALE OF MEMBERS,  
PROVIDE SCHOLARSHIPS TO CHILDREN OF MEMBERS, PROVIDE FINANCIAL SUPPORT TO SURVIVORS  
OF MEMBERS, PROVIDE SCHOLARSHIPS TO CHILDREN OF ENLISTED COAST GUARD MEMBER, ENSURE  
THAT MEMBERS HAVE INFORMATION CONCERNING THEIR BENEFITS AND TO ADVOCATE FOR THEIR  
BENEFITS.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

ADVANCE THE PROFESSIONAL ABILITY OF MEMBERS, PROMOTE THE UNITY AND MORALE OF  
MEMBERS, PROVIDE SCHOLARSHIPS TO CHILDREN OF MEMBERS, PROVIDE FINANCIAL SUPPORT TO  
SURVIVORS OF MEMBERS, PROVIDE SCHOLARSHIPS TO CHILDREN OF ENLISTED COAST GUARD  
MEMBER, ENSURE THAT MEMBERS HAVE INFORMATION CONCERNING THEIR BENEFITS AND TO  
ADVOCATE FOR THEIR BENEFITS.

**FORM 990, PART VI, LINE 1A - EXPLANATION OF MATERIAL DIFFERENCES OF VOTING RIGHTS**

THE ORGANIZATION HAS MEMBERS AND EACH MEMBER HAS ONE VOTING RIGHT.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

FORM 990 IS REVIEWED AT A BOARD MEETING.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY. ANY CHANGES ARE  
DISCUSSED AND VOTED ON BY THE EXECUTIVE COMMITTEE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.

CHIEF WARRANT AND WARRANT  
OFFICERS ASSOCIATION

52-6042437

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
<u>BUILDINGS</u>																
21	HOUSEBOAT	9/03/86		100,000							100,000	100,000	S/L	20		0
	TOTAL BUILDINGS			100,000		0	0	0	0	0	100,000	100,000				0
<u>FURNITURE AND FIXTURES</u>																
1	F&F PRE 2000	12/31/99		3,932							3,932	3,932	S/L	7		0
2	REFRIGERATOR	12/05/00		443							443	443	S/L	7		0
3	SYSTEM FURNITURE	6/20/01		4,704							4,704	4,704	S/L	7		0
4	EXECUTIVE CHAIR	7/30/01		143							143	143	S/L	7		0
5	VACUUM CLEANER	12/19/04		136							136	136	S/L	7		0
6	STORAGE CABINET	5/26/05		220							220	220	S/L	7		0
7	FILE CABINET 6	11/03/09		494							494	483	S/L	7		0
8	42 LCD TV	11/28/09		787							787	777	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			10,859		0	0	0	0	0	10,859	10,838				0
<u>IMPROVEMENTS</u>																
22	PANELING HOUSEBOAT	6/15/88		500							500	500	S/L	18		0
23	HEATING SYSTEM HOUSEBOAT	11/15/89		907							907	907	S/L	17		0
24	ROOF - HOUSEBOAT	4/15/91		3,472							3,472	3,472	S/L	20		0
25	AWNING - HOUSEBOAT	9/26/91	9/01/17	933							933	933	S/L	15		0
26	CARPET - HOUSEBOAT	12/06/95		2,300							2,300	2,300	S/L	20		0
27	SKYLIGHTS - HOUSEBOAT	2/12/01		4,000							4,000	4,000	S/L	5		0
28	FRENCH DOORS - HOUSEBOAT	2/12/01		2,850							2,850	2,850	S/L	5		0

CHIEF WARRANT AND WARRANT  
OFFICERS ASSOCIATION

52-6042437

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29	POWER CORD - HOUSEBOAT	1/23/15		499							499	242	S/L	5		100
30	POWER CORD - HOUSEBOAT	1/05/15		572							572	285	S/L	5		114
38	AWNING - HOUSEBOAT	9/01/17		1,400							1,400		S/L	15		78
TOTAL IMPROVEMENTS				17,433		0	0	0	0	0	17,433	15,489				292
MACHINERY AND EQUIPMENT																
9	HP OFFICE JET 4215	1/25/05	7/01/17	157							157	157	S/L	5		0
10	DELL LCD MONITOR	11/17/05	7/01/17	369							369	369	S/L	5		0
11	DELL LCD MONITOR	11/17/05		369							369	369	S/L	5		0
12	DIGITAL CAMERA	9/06/06		349							349	349	S/L	5		0
13	HP LASER ALL-IN-ONE	3/29/07		845							845	845	S/L	5		0
14	CASIO DIGITAL PROJECTOR	7/02/09		886							886	586	S/L	5		0
15	HP PORTABLE PRINTER	7/02/09	7/01/17	300							300	300	S/L	5		0
16	HP LAPTOP	10/14/10		577							577	548	S/L	5		0
17	HP INKJET ALL-IN-ONE 8600	12/13/11		393							393	388	S/L	5		0
18	DELL MINITOWER COMPUTER	9/04/12		1,319							1,319	1,188	S/L	5		44
19	PANASONIC SCANNER	7/15/13		895							895	716	S/L	5		179
20	TOSHIBA SATELLITE RADIUS	3/29/16		1,000							1,000	250	S/L	5		200
TOTAL MACHINERY AND EQUIPME				7,459		0	0	0	0	0	7,459	6,065				423
MISCELLANEOUS																
31	MS XP PROFESSIONAL	3/05/02		105							105	105	S/L	5		0
32	ADOBE PHOTOSHOP	11/17/05		150							150	150	S/L	5		0
33	QUARK 6.5 GRAPHICS	11/17/05		506							506	506	S/L	5		0
34	ADOBE ACROBAT 8.0	6/04/08		472							472	475	S/L	5		0

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35	MS OFFICE PROFESSIONAL 07	3/13/09		346							346	346	S/L	5		0
36	MS OFFICE PROFESSIONAL 07	3/13/09		346							346	346	S/L	5		0
37	QUICKBOOKS 2015	6/01/15		211							211	88	S/L	5		42
39	QUICKBOOKS 2018	5/04/18		233							233		S/L	5		8
TOTAL MISCELLANEOUS				2,369		0	0	0	0	0	2,369	2,016				50
TOTAL DEPRECIATION				138,120		0	0	0	0	0	138,120	134,408				765
GRAND TOTAL DEPRECIATION				138,120		0	0	0	0	0	138,120	134,408				765
DEPRECIATION ASSETS SOLD				1,759		0	0	0	0	0	1,759	1,759				0
DEPR REMAINING ASSETS				136,361		0	0	0	0	0	136,361	132,649				765

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FORM 990/990-PF																
<u>BUILDINGS</u>																
21	HOUSEBOAT	9/03/86		100,000							100,000	100,000	S/L	20		0
	TOTAL BUILDINGS			100,000		0	0	0	0	0	100,000	100,000				0
<u>FURNITURE AND FIXTURES</u>																
1	F&F PRE 2000	12/31/99		3,932							3,932	3,932	S/L	7		0
2	REFRIGERATOR	12/05/00		443							443	443	S/L	7		0
3	SYSTEM FURNITURE	6/20/01		4,704							4,704	4,704	S/L	7		0
4	EXECUTIVE CHAIR	7/30/01		143							143	143	S/L	7		0
5	VACUUM CLEANER	12/19/04		136							136	136	S/L	7		0
6	STORAGE CABINET	5/26/05		220							220	220	S/L	7		0
7	FILE CABINET 6	11/03/09		494							494	483	S/L	7		0
8	42 LCD TV	11/28/09		787							787	777	S/L	7		0
	TOTAL FURNITURE AND FIXTURE			10,859		0	0	0	0	0	10,859	10,838				0
<u>IMPROVEMENTS</u>																
22	PANELING HOUSEBOAT	6/15/88		500							500	500	S/L	18		0
23	HEATING SYSTEM HOUSEBOAT	11/15/89		907							907	907	S/L	17		0
24	ROOF - HOUSEBOAT	4/15/91		3,472							3,472	3,472	S/L	20		0
26	CARPET - HOUSEBOAT	12/06/95		2,300							2,300	2,300	S/L	20		0
27	SKYLIGHTS - HOUSEBOAT	2/12/01		4,000							4,000	4,000	S/L	5		0
28	FRENCH DOORS - HOUSEBOAT	2/12/01		2,850							2,850	2,850	S/L	5		0
29	POWER CORD - HOUSEBOAT	1/23/15		499							499	342	S/L	5		100

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CHIEF WARRANT AND WARRANT  
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52-6042437

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30	POWER CORD - HOUSEBOAT	1/05/15		572							572	399	S/L	5		114	
38	AWNING - HOUSEBOAT	9/01/17		1,400							1,400	78	S/L	15		93	
	TOTAL IMPROVEMENTS			16,500		0	0	0	0	0	16,500	14,848				307	
	MACHINERY AND EQUIPMENT																
11	DELL LCD MONITOR	11/17/05		369							369	369	S/L	5		0	
12	DIGITAL CAMERA	9/06/06		349							349	349	S/L	5		0	
13	HP LASER ALL-IN-ONE	3/29/07		845							845	845	S/L	5		0	
14	CASIO DIGITAL PROJECTOR	7/02/09		886							886	586	S/L	5		0	
16	HP LAPTOP	10/14/10		577							577	548	S/L	5		0	
17	HP INKJET ALL-IN-ONE 8600	12/13/11		393							393	388	S/L	5		0	
18	DELL MINITOWER COMPUTER	9/04/12		1,319							1,319	1,232	S/L	5		0	
19	PANASONIC SCANNER	7/15/13		895							895	895	S/L	5		0	
20	TOSHIBA SATELLITE RADIUS	3/29/16		1,000							1,000	450	S/L	5		200	
	TOTAL MACHINERY AND EQUIPME			6,633		0	0	0	0	0	6,633	5,662				200	
	MISCELLANEOUS																
31	MS XP PROFESSIONAL	3/05/02		105							105	105	S/L	5		0	
32	ADOBE PHOTOSHOP	11/17/05		150							150	150	S/L	5		0	
33	QUARK 6.5 GRAPHICS	11/17/05		506							506	506	S/L	5		0	
34	ADOBE ACROBAT 8.0	6/04/08		472							472	475	S/L	5		0	
35	MS OFFICE PROFESSIONAL 07	3/13/09		346							346	346	S/L	5		0	
36	MS OFFICE PROFESSIONAL 07	3/13/09		346							346	346	S/L	5		0	
37	QUICKBOOKS 2015	6/01/15		211							211	130	S/L	5		42	
39	QUICKBOOKS 2018	5/04/18		233							233	8	S/L	5		47	
	TOTAL MISCELLANEOUS			2,369		0	0	0	0	0	2,369	2,066				89	

6/30/19

2018 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CHIEF WARRANT AND WARRANT OFFICERS ASSOCIATION

52-6042437

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
	TOTAL DEPRECIATION			<u>136,361</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>136,361</u>	<u>133,414</u>				<u>596</u>
	GRAND TOTAL DEPRECIATION			<u>136,361</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>136,361</u>	<u>133,414</u>				<u>596</u>

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