

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2016 calendar year, or tax year beginning and ending

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **MILITARY OFFICERS ASSOCIATION OF AMERICA**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **201 N WASHINGTON ST.**  
 City or town, state or province, country, and ZIP or foreign postal code: **ALEXANDRIA, VA 22314**

**D** Employer identification number: **53-0172821**

**E** Telephone number: **703-549-2311**

**G** Gross receipts \$: **42,346,813.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**F** Name and address of principal officer: **LT GEN DANA T ATKINS**  
**SAME AS C ABOVE**

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

**J** Website: **WWW.MOAA.ORG**

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

**L** Year of formation: **1944** **M** State of legal domicile: **VA**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO BE THE PROFESSIONAL ASSOCIATION OF CHOICE FOR ALL MILITARY OFFICERS AND THEIR FAMILIES.</b>		
	2	Check this box <input type="checkbox"/> 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)	3	49
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	48
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	107
	6	Total number of volunteers (estimate if necessary)	6	97
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,269,520.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,080,368.	Current Year 667,185.
	9	Program service revenue (Part VIII, line 2g)	11,839,528.	11,152,618.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,623,105.	2,984,182.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,240,935.	10,700,221.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,783,936.	25,504,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,922.	82,092.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,860,042.	9,690,333.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,209,216.	13,972,170.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,137,180.	23,744,595.
19	Revenue less expenses. Subtract line 18 from line 12	1,646,756.	1,759,611.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 115,292,480.	End of Year 122,950,831.
	21	Total liabilities (Part X, line 26)	68,931,976.	69,955,723.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,360,504.	52,995,108.

**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 based on all information of which preparer has any knowledge.

Sign Here: **REGINA D. CHAVIS, CFO** Date: **8/15/2017**

Paid Preparer Use Only: **DAVID TRIMNER** Date: **8.14.2017** Check if self-employed  PTIN: **P00444822**  
 Firm's name: **CLIFTONLARSONALLEN LLP** Firm's EIN: **41-0746749**  
 Firm's address: **901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203** Phone no.: **571-227-9500**

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

1 Briefly describe the organization's mission:

PROVIDE FIRST-CLASS SERVICE TO OUR MEMBERS. WE ARE THE LEADING VOICE ON COMPENSATION & BENEFIT MATTERS FOR ALL MEMBERS OF THE MILITARY COMMUNITY. WE PROVIDE ADVICE & GUIDANCE TO OUR MEMBERS.

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 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 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 \$ )

MILITARY BENEFITS

MOAA PROVIDES TECHNICAL ADVICE AND ASSISTANCE TO MEMBERS, THEIR FAMILIES AND THE BROADER MILITARY COMMUNITY ON MATTERS RELATING TO MILITARY RETIREMENT RIGHTS, BENEFITS, AND PRIVILEGES. THIS INCLUDES MILITARY RETIRED PAY, MEDICAL CARE, SURVIVOR BENEFITS, SOCIAL SECURITY, VA BENEFITS, EMPLOYMENT RESTRICTIONS, MILITARY BASE PRIVILEGES, AND INCOME TAX ISSUES. APPROXIMATELY 20-30 BRIEFINGS ARE PROVIDED EACH YEAR AT THE DEPARTMENT OF DEFENSE (DOD) RETIREE OPEN HOUSE MEETINGS ACROSS THE COUNTRY.

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

CHAPTER SUPPORT

THE ORGANIZATION PROVIDES SUPPORT TO 405 INDEPENDENTLY ORGANIZED AND LOCALLY CONTROLLED CHAPTERS WORLDWIDE. THIS SUPPORT INVOLVES CHARTERING, PROVIDING ORGANIZATIONAL AND ADMINISTRATIVE GUIDANCE AND VISITING APPROXIMATELY 140 OF THESE CHAPTERS ANNUALLY. THESE VISITS ARE TO EDUCATE THE MEMBERS ON THE LEGISLATIVE ADVOCACY EFFORTS OF THE NATIONAL ORGANIZATION AND PROVIDE ADVICE AND ASSISTANCE RELATING TO THEIR EARNED MILITARY SERVICE BENEFITS AND PRIVILEGES.

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

TRANSITION SERVICES

MOAA PROVIDES ASSISTANCE AND INFORMATION TO MEMBERS, THEIR SPOUSES AND THE MILITARY COMMUNITY IN MATTERS RELATING TO CAREER TRANSITION. THIS INCLUDES RESUME ADVICE, JOB LISTINGS AND SELF-MARKETING ASSISTANCE ON EMPLOYMENT OPPORTUNITIES WITH VETERAN-FRIENDLY COMPANIES. MOAA PARTICIPATES IN APPROXIMATELY 200 DEPARTMENT OF DEFENSE TRANSITION ASSISTANCE PROGRAM BRIEFINGS EACH YEAR ACROSS THE COUNTRY. IN ADDITION, MOAA CONDUCTS AT LEAST FOUR LIVE AND VIRTUAL CAREER FAIRS FOR ITS MEMBERS, THEIR SPOUSES AND THE BROADER MILITARY COMMUNITY EACH YEAR.

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> ? .....	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> .....		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? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
<b>34</b> 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	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)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
<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? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O		



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

Main form table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and deductible 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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	49			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		48		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
<b>6</b> Did the organization have members or stockholders?			6	X
<b>7a</b> 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
<b>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?			8b	X
<b>9</b> 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

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 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.  
 Own website  Another's website  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 financial 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: **REGINA D. CHAVIS, CFO - 703-838-8102**  
**201 N WASHINGTON ST, ALEXANDRIA, VA 22314**

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

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

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

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

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

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 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) CHARLES W. ANDERSON MEMBER	1.00	X						0.	0.	0.
(2) CHRISTOPHER L. BURNHAM MEMBER	1.00	X						0.	0.	0.
(3) ROBERT G. CERTAIN MEMBER	1.00	X						0.	0.	0.
(4) ERIC T. CHASE MEMBER	1.00 1.00	X						0.	0.	0.
(5) JOHN J. CHERNOSKI MEMBER	1.00	X						0.	0.	0.
(6) MATTHEW G. CLARK MEMBER	1.00 1.00	X						0.	0.	0.
(7) JAMES M. CONNER MEMBER	1.00	X					1,721.	0.	0.	0.
(8) MICHAEL L. COWAN MEMBER	1.00	X					0.	0.	0.	0.
(9) JUAN M. CROCKETT MEMBER	1.00 1.00	X					0.	0.	0.	0.
(10) SAMUEL P. DE BOW MEMBER	1.00	X					0.	0.	0.	0.
(11) WALTER F. DORAN MEMBER	1.00 1.00	X					0.	0.	0.	0.
(12) KATHLEEN M. DUSSAULT MEMBER	1.00	X					0.	0.	0.	0.
(13) BRUCE C. FRANSEN MEMBER	1.00 1.00	X					2,771.	0.	0.	0.
(14) BRUCE J. HAMILTON MEMBER	1.00	X					0.	0.	0.	0.
(15) EDWARD HANLON, JR. MEMBER	1.00	X					1,180.	0.	0.	0.
(16) JOYCE N. HARTE MEMBER	1.00 1.00	X					0.	0.	0.	0.
(17) CLARE HELMINIAK MEMBER	1.00	X					0.	0.	0.	0.

**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 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			
(18) LARRY L. HERETH MEMBER	1.00	X					706.	0.	0.	
(19) KELLY F. HILLAND MEMBER	1.00	X					0.	0.	0.	
(20) PATRICK J. KUSIAK MEMBER	1.00	X					0.	0.	0.	
(21) RICHARD C. MARR MEMBER	1.00	X					1,446.	0.	0.	
(22) EDWARD L. MARVIN MEMBER	1.00	X					2,525.	0.	0.	
(23) KAY C. MCCLAIN MEMBER	1.00 2.00	X					0.	0.	0.	
(24) ANTONIO T. PIMENTAL MEMBER	1.00	X					926.	0.	0.	
(25) DAVID E. PRICE MEMBER	1.00	X					2,350.	0.	0.	
(26) BARBARA J. RAMSEY MEMBER	1.00	X					1,312.	0.	0.	
<b>1b Sub-total</b>							14,937.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,932,076.	0.	333,391.	
<b>d Total (add lines 1b and 1c)</b>							1,947,013.	0.	333,391.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **31**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X	
4 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? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
QUAD GRAPHICS, 56 DUPLAINVILLE ROAD, SARATOGA SPRINGS, NY 12886	PRINTING	1,284,648.
LM&O ADVERTISING, 2000 NORTH 14TH ST, SUITE 800, ARLINGTON, VA 22201	MARKETING/ADVERTISING	782,790.
PBD WORLDWIDE 16560 BLUEGRASS LAKES PARKWAY, ALPHARETTA, GA 30201	WAREHOUSE/FULFILLMENT	442,195.
PERSONIFY, INC., 1919 GALLOWS ROAD, SUITE 400, VIENNA, VA 22182	SOFTWARE SUPPORT/TRAINING	439,682.
MEMBERSHIP CORP OF AMERICA, 10405 6TH AVENUE NORTH, #130, PLYMOUTH, MN 55441	MARKETING/ADVERTISING	267,941.
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		13

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 line)	(C) Position (check all that apply)						(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			
(27) VELMA L. RICHARDSON MEMBER	1.00	X						0.	0.	0.
(28) RANDALL L. RIGBY MEMBER	1.00	X						0.	0.	0.
(29) CHARLES T. ROBERTSON CHAIRMAN	4.00	X						50,175.	0.	0.
(30) MICHAEL D. ROCHELLE MEMBER	1.00	X						0.	0.	0.
(31) MICHAEL J. ROGERS MEMBER	1.00	X						0.	0.	0.
(32) JOHN J. SHEEHAN MEMBER	4.00	X						0.	0.	0.
(33) ROBERT J. SILAH MEMBER	1.00	X						0.	0.	0.
(34) FRANK J. SNYDER MEMBER	1.00	X						0.	0.	0.
(35) CHARLES N. STARNES MEMBER	1.00	X						1,369.	0.	0.
(36) PETER TROEDSSON MEMBER	1.00	X						1,435.	0.	0.
(37) GORDON E. VAN HOOK MEMBER	1.00	X						0.	0.	0.
(38) RICHARD A. BUCHANAN MEMBER	1.00	X						0.	0.	0.
(39) ROBERT E. DAY MEMBER	1.00	X						695.	0.	0.
(40) JERI I. GRAHAM MEMBER	1.00	X						0.	0.	0.
(41) ALLISON A. HICKEY MEMBER	1.00	X						0.	0.	0.
(42) MATTHEW W. KUSKIE MEMBER	1.00	X						0.	0.	0.
(43) MARY J. MAYER MEMBER	1.00	X						0.	0.	0.
(44) ANDREW C. MCCAWLEY MEMBER	1.00	X						0.	0.	0.
(45) WALTER L. SHARP MEMBER	1.00	X						0.	0.	0.
(46) JOHN F. REGNI MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**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 line)	(C) Position (check all that apply)						(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			
(47) ERNEST E. ROBINSON MEMBER	1.00	X						0.	0.	0.
(48) WALTER J. SMILEY MEMBER	1.00 1.00	X						0.	0.	0.
(49) GARRY R. WHITE MEMBER	1.00	X						0.	0.	0.
(50) NORBERT R. RYAN FORMER PRESIDENT/CEO	32.00 3.00			X				352,726.	0.	29,778.
(51) JAMES O'BRIEN TREASURER	31.00 4.00			X				181,566.	0.	29,900.
(52) JOSEPH G. LYNCH SECRETARY	31.00 4.00			X				176,245.	0.	40,781.
(53) DANA T. ATKINS PRESIDENT/CEO	32.00 3.00			X				277,453.	0.	90,653.
(54) STEVEN STROBRIDGE VP GOVERNMENT RELATIONS	35.00				X			187,398.	0.	24,168.
(55) JAMES CARMAN VP TRANSITION AND MEMBER SERVICES	35.00					X		139,597.	0.	24,639.
(56) MICHAEL TURNER VP DEVELOPMENT	35.00					X		155,121.	0.	23,097.
(57) JONATHAN WITHINGTON VP COMMUNICATIONS	35.00					X		145,960.	0.	24,365.
(58) WILLIAM WRIGHT DIRECTOR OF CHAPTERS AND COUNCILS	35.00					X		132,463.	0.	22,993.
(59) SUZANNE WALKER DIRECTOR EVENTS	35.00					X		129,873.	0.	23,017.
<b>Total to Part VII, Section A, line 1c</b>								<b>1,932,076.</b>		<b>333,391.</b>

**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>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	453,887.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	213,298.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		207,905.				
<b>h Total. Add lines 1a-1f</b> .....			667,185.				
<b>Program Service Revenue</b>	<b>2 a</b> <u>REGULAR &amp; AUXILIARY MEMBER DUES</u>	<b>Business Code</b> 900099	8,832,665.	8,832,665.			
	<b>b</b> <u>ADVERTISING REVENUE</u>	541800	2,269,520.	0.	2,269,520.		
	<b>c</b> <u>TRANSITION SERVICES</u>	511190	50,433.	50,433.			
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total. Add lines 2a-2f</b> .....			11,152,618.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,981,264.			2,981,264.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		10,641,994.			10,641,994.	
	<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) .....		2,918.			
		<b>d</b> Net gain or (loss) .....		2,918.			2,918.
	<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>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....	900099		58,227.		58,227.		
<b>e Total. Add lines 11a-11d</b> .....			58,227.				
<b>12 Total revenue. See instructions.</b> .....			25,504,206.	8,883,098.	2,269,520.	13,684,403.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	82,092.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
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 .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,458,283.			
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 .....	6,277,643.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	803,992.			
9 Other employee benefits .....	584,270.			
10 Payroll taxes .....	566,145.			
11 Fees for services (non-employees):				
a Management .....	10,375.			
b Legal .....	33,373.			
c Accounting .....	108,068.			
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	330,372.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	3,479,836.			
12 Advertising and promotion .....	296,294.			
13 Office expenses .....	3,455,107.			
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	245,823.			
17 Travel .....	521,792.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	399,264.			
23 Insurance .....				
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 <b>FUNDING LIFE MEMBER DEF</b> .....	4,550,000.			
b <b>COMMUNICATIONS</b> .....	275,781.			
c <b>TAXES</b> .....	103,040.			
d <b>FUNDING WIDOWS' TRUST D</b> .....	83,631.			
e All other expenses .....	79,414.			
25 <b>Total functional expenses.</b> Add lines 1 through 24e	23,744,595.			
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**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>	1	Cash - non-interest-bearing .....	200.	1	200.
	2	Savings and temporary cash investments .....	3,942,678.	2	4,475,383.
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	704,650.	4	891,159.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	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 instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	170,734.	8	263,782.
	9	Prepaid expenses and deferred charges .....	78,414.	9	89,209.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 8,558,573.		
	b	Less: accumulated depreciation .....	10b 6,556,591.		
	11	Investments - publicly traded securities .....	2,287,945.	10c	2,001,982.
	12	Investments - other securities. See Part IV, line 11 .....	94,417,968.	11	100,292,996.
	13	Investments - program-related. See Part IV, line 11 .....	12,814,197.	12	13,702,603.
	14	Intangible assets .....		13	
	15	Other assets. See Part IV, line 11 .....		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	875,694.	15	1,233,517.	
		115,292,480.	16	122,950,831.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	2,232,214.	17	1,725,058.
	18	Grants payable .....		18	
	19	Deferred revenue .....	64,382,217.	19	65,916,683.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	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 .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	1,751.	23	52,711.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	2,315,794.	26	2,261,271.
		68,931,976.	26	69,955,723.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	46,241,904.	27	52,787,203.
	28	Temporarily restricted net assets .....	118,600.	28	207,905.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	46,360,504.	33	52,995,108.	
34	<b>Total liabilities and net assets/fund balances</b> .....	115,292,480.	34	122,950,831.	



**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,504,206.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,744,595.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,759,611.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	46,360,504.
5	Net unrealized gains (losses) on investments	5	4,874,993.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior 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	52,995,108.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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.
- 3a 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2016)

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

**MILITARY OFFICERS ASSOCIATION OF AMERICA**

Employer identification number

**53-0172821**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(19) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

**MILITARY OFFICERS ASSOCIATION OF AMERICA**

**53-0172821**

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>453,887.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>207,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MILITARY OFFICERS ASSOCIATION OF AMERICA</b>	Employer identification number  <b>53-0172821</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	COSTUME JEWELRY _____ _____ _____	\$ 207,905.	12/31/16
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>MILITARY OFFICERS ASSOCIATION OF AMERICA</b>	Employer identification number <b>53-0172821</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



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.

OMB No. 1545-0047

2016

Open to Public Inspection

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

Name of the organization: MILITARY OFFICERS ASSOCIATION OF AMERICA; Employer identification number: 53-0172821

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, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Tax Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

**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.

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

2a 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
1a 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%.

3a 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	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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
1a Land		396,034.		396,034.
b Buildings		3,521,250.	2,403,974.	1,117,276.
c Leasehold improvements				
d Equipment		489,224.	375,058.	114,166.
e Other		4,152,065.	3,777,559.	374,506.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,001,982.</b>

**Part VII Investments - Other Securities.**

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 .....	13,702,603.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,702,603.	

**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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) 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.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED LIABILITY OF WIDOWS'	
(3) TRUST	1,316,467.
(4) ACCRUED PENSION AND DEFERRED	
(5) COMPENSATION	944,804.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,261,271.

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.**

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 VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

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

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

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

**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.

**PART X, LINE 2:**

MILITARY OFFICERS ASSOCIATION OF AMERICA IS A TAX-EXEMPT ORGANIZATION, BUT IS SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. MOAA HAS ADOPTED THE GUIDANCE ON THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. SHOULD THE TAX-EXEMPT STATUS BE CHALLENGED IN THE FUTURE, THE ORGANIZATIONS 2012, 2013, AND 2014 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS.

**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.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**MILITARY OFFICERS ASSOCIATION OF AMERICA**  
General Information on Grants and Assistance

Employer identification number  
**53-0172821**

**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.

**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 non-cash assistance	(h) Purpose of grant or assistance
MILITARY OFFICERS ASSOCIATION OF AMERICA SCHOLARSHIP FUND - 201 NORTH WASHINGTON STREET - ALEXANDRIA, VA 22314	54-1659039	501(C)(3)	82,092.	0.			SUPPORT OF CHARITABLE MISSION

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

**3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)



**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**MILITARY OFFICERS ASSOCIATION OF AMERICA**

Employer identification number

**53-0172821**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments                     <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>X</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                     <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                     <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                     <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>		<b>X</b>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>X</b>	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		<b>X</b>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>		
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016



Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:

NORBERT RYAN PARTICIPATES IN THE 457(F) PLAN, BUT DID NOT RECEIVE A DISTRIBUTION IN 2016.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**MILITARY OFFICERS ASSOCIATION OF AMERICA**

Employer identification number

**53-0172821**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <b>COSTUME JEWEL</b> )	<b>X</b>	<b>0</b>	<b>207,905</b>	<b>AVERAGE RETAIL VALUE</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information input.

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

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IS COMPRISED OF THE FOLLOWING:

\*MEN AND WOMEN WHO ARE OR HAVE BEEN OFFICERS - THAT IS, COMMISSIONED OFFICERS, COMMISSIONED WARRANT OFFICERS, AND WARRANT OFFICERS - OF THE REGULAR, RESERVE, NATIONAL GUARD OF THE UNITED STATES, AND OTHER COMPONENTS OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION, AND PUBLIC HEALTH SERVICE. THERE ARE REGULAR MEMBERS, LIFE MEMBERS, AND AUXILIARY MEMBERS.

\*WIDOWS AND WIDOWERS OF DECEASED MEMBERS OR OF ANY DECEASED INDIVIDUAL WHO WOULD, IF LIVING, BE ELIGIBLE FOR MEMBERSHIP.

\*INDIVIDUALS ELECTED AS HONORARY MEMBERS AS SET FORTH BY THE ORGANIZATION.

MEMBERSHIP CONSISTS OF SIX CLASSES:

1. MEMBERS: THOSE ELIGIBLE FOR MEMBERSHIP WHO APPLY FOR MEMBERSHIP AND PAY THE PRESCRIBED ANNUAL DUES.

2. LIFE MEMBERS: THOSE ELIGIBLE FOR MEMBERSHIP WHO APPLY FOR LIFE MEMBERSHIP AND PAY THE PRESCRIBED LIFE MEMBERSHIP FEE.

3. AUXILIARY MEMBERS: WIDOWS AND WIDOWERS OF DECEASED MEMBERS OR OF ANY DECEASED INDIVIDUAL WHO WOULD HAVE BEEN ELIGIBLE FOR MEMBERSHIP.

4. LIFE AUXILIARY MEMBERS: WIDOWS AND WIDOWERS OF DECEASED LIFE MEMBERS OR ANY WIDOW OR WIDOWER OF ANY DECEASED INDIVIDUAL WHO WOULD HAVE BEEN ELIGIBLE FOR MEMBERSHIP WHO PAYS THE PRESCRIBED LIFE AUXILIARY MEMBERSHIP FEE.

5. HONORARY MEMBERS: HONORARY MEMBERSHIPS ARE CONFERRED FOR LIFE BY THE BOARD OF DIRECTORS. CURRENTLY THERE ARE NO HONORARY MEMBERS IN THE ASSOCIATION. HONORARY MEMBERS SHALL NOT BE ENTITLED TO VOTE OR REQUIRED TO PAY DUES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-16

Name of the organization

MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

6. CADETS AND MIDSHIPMEN: THIRD OR FOURTH YEAR STUDENTS ATTENDING THE U.S. MILITARY ACADEMY, U.S. NAVAL ACADEMY, THE U.S. AIR FORCE ACADEMY, OR THE U.S. COAST GUARD ACADEMY; OR THIRD OR FOURTH YEAR STUDENTS PARTICIPATING IN A SERVICE RESERVE OFFICER TRAINING CORPS (ROTC) PROGRAM AT AN ACCREDITED FOUR YEAR COLLEGE OR UNIVERSITY, WHO UPON GRADUATION AND SUCCESSFUL COMPLETION OF THE ROTC PROGRAM WILL BE COMMISSIONED AS AN OFFICER IN ONE OF THE MILITARY SERVICES OF THE UNITED STATES.

FORM 990, PART VI, SECTION A, LINE 7A:

REGULAR AND LIFE MEMBERS ARE ENTITLED TO VOTE UPON ANY MATTER PROPERLY SUBMITTED TO THE MEMBERSHIP FOR VOTE.

FORM 990, PART VI, SECTION A, LINE 7B:

REGULAR AND LIFE MEMBERS MAY PARTICIPATE IN THE ELECTION OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 BEFORE IT IS FILED. COPIES OF THE 990 ARE MADE AVAILABLE TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR THE GENERAL COUNSEL REQUESTS THAT KEY EMPLOYEES AND BOARD MEMBERS REVALIDATE THEIR STATEMENT ABOUT POTENTIAL CONFLICTS. THE GENERAL COUNSEL VERIFIES THERE ARE NO CONFLICTS. IF ANY POTENTIAL CONFLICT ARISES, THE CHAIRMAN OF THE BOARD DICTATES THE RESOLUTION TO THE POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CHAIRMAN OF THE BOARD APPOINTS A PRESIDENTIAL ASSESSMENT COMMITTEE TO

Name of the organization

MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

REVIEW FINANCIAL AND MEMBERSHIP RECORDS OF THE PREVIOUS YEAR. SURVEY OF MEMBERSHIP SATISFACTION IS ALSO REVIEWED. ASSESSMENT COMMITTEE RELAYS ITS FINDINGS TO THE COMPENSATION COMMITTEE WHICH USES FORMS 990 FROM OTHER MILITARY VETERAN NON-PROFITS; AND SALARY SURVEY DATA FROM THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES' (ASAE) ASSOCIATION AND COMPENSATION STUDY, ASSOCIATIONS TRENDS, THE COMPENSATION REPORT, AMONG OTHERS, TO DETERMINE FAIR AND REASONABLE COMPENSATION FOR THE PRESIDENT. ASAE, FOR EXAMPLE, PUBLISHES AN ANNUAL NATIONAL COMPENSATION SURVEY OF PROFESSIONAL ASSOCIATIONS THAT TAKES INTO ACCOUNT THE SCOPE AND SIZE OF THE ASSOCIATION; TYPE OF INDUSTRY; ANNUAL GROSS REVENUES AND LOCATION OF ASSOCIATION HEADQUARTERS. COMPENSATION COMMITTEE THEN MEETS AND REVIEWS ALL COMPARABILITY DATA; AND RECOMMENDS ANNUAL COMPENSATION TO THE ENTIRE BOARD WHO DELIBERATE, DOCUMENT, AND APPROVE THE PRESIDENT'S ANNUAL COMPENSATION. MINUTES OF BOTH THE COMPENSATION COMMITTEE AND CLOSED BOARD DELIBERATIONS ARE DOCUMENTED. THE PROCESS WAS LAST UNDERTAKEN IN 2015.

FOR OTHER OFFICERS AND KEY EMPLOYEES, HUMAN RESOURCES REVIEWS COMPETITIVE MARKET ANALYSIS BY AN INDEPENDENT CONSULTANT (PRM CONSULTING) WHICH DETERMINES THE APPROPRIATE PAY RANGES FOR EACH DIRECTOR'S POSITION. PRM MATCHES MOAA POSITION DESCRIPTIONS TO THE SAME OR SIMILAR POSITIONS COVERED IN THE MOST RELEVANT PUBLISHED PAY SURVEYS. ONCE MATCHED, MOAA IS GIVEN A COMPETITIVE RANGE FOR EACH POSITION. PERFORMANCE EVALUATIONS ARE ALSO USED IN DETERMINING COMPENSATION. COMPENSATION COMMITTEE THEN MEETS AND REVIEWS COMPARABILITY DATA; AND RECOMMENDS ANNUAL SALARY PERCENTAGE RANGE TO THE ENTIRE BOARD FOR DELIBERATION AND APPROVAL. MINUTES OF BOTH THE COMPENSATION COMMITTEE AND CLOSED BOARD DELIBERATIONS ARE DOCUMENTED. ONCE APPROVED, THE PRESIDENT THEN DETERMINES COMPENSATION FOR DIRECTORS WITHIN BOARD GUIDELINES. THE PROCESS WAS LAST UNDERTAKEN IN 2016.

Name of the organization

MILITARY OFFICERS ASSOCIATION OF AMERICA

Employer identification number

53-0172821

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE SUMMARIZED IN MILITARY OFFICER MAGAZINE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER	1,942,130.
CONSULTING SERVICES	355,625.
WEBSITE	78,618.
SOFTWARE SUPPORT	350,000.
MAILHOUSE SERVICES	126,496.
MAILING AND SOLICITATION	272,622.
RECRUITING INITIATIVES	78,093.
CAREER FAIR	98,848.
BANKING AND CREDIT CARD	177,404.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,479,836.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

Name of the organization

**MILITARY OFFICERS ASSOCIATION OF AMERICA**

Employer identification number  
**53-0172821**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MILITARY OFFICERS ASSOCIATION OF AMERICA							
SCHOLARSHIP FUND - 54-1659039, 201 N. WASHINGTON STREET, ALEXANDRIA, VA 22314	EDUCATIONAL ASSISTANCE	VIRGINIA	501(C)3	7	MILITARY OFFICERS ASSOCIATION OF AMERICA		X
VOICES FOR AMERICA'S TROOPS - 27-3519768 201 N. WASHINGTON STREET ALEXANDRIA, VA 22314	EDUCATION	VIRGINIA	501(C)4		MILITARY OFFICERS ASSOCIATION OF AMERICA		X
MOAA MILITARY FAMILY INITIATIVE - 46-4219250 201 N. WASHINGTON STREET ALEXANDRIA, VA 22314	EDUCATION	VIRGINIA	501(C)3	7	MILITARY OFFICERS ASSOCIATION OF AMERICA		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2016

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
							Yes	No			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
MILITARY OFFICERS ASSOCIATION OF AMERICA (1) SCHOLARSHIP FUND	0	646,022.	FAIR MARKET VALUE
(2) VOICES FOR AMERICA'S TROOPS	0	108,849.	FAIR MARKET VALUE
(3) MOAA MILITARY FAMILY INITIATIVE	0	251,231.	FAIR MARKET VALUE
(4) MOAA MILITARY FAMILY INITIATIVE	C	453,887.	FAIR MARKET VALUE
(5) VOICES FOR AMERICA'S TROOPS	0	124,426.	FAIR MARKET VALUE
(6) MOAA MILITARY FAMILY INITIATIVE	N	108,106.	FAIR MARKET VALUE

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
MILITARY OFFICERS ASSOCIATION OF AMERICA (7)SCHOLARSHIP FUND	B	82,092.	FAIR MARKET VALUE
MILITARY OFFICERS ASSOCIATION OF AMERICA (8)SCHOLARSHIP FUND	N	235,027.	FAIR MARKET VALUE
MILITARY OFFICERS ASSOCIATION OF AMERICA (9)SCHOLARSHIP FUND	L	306,814.	FAIR MARKET VALUE
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



