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0718

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150  
**2007**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2007 calendar year, or tax year beginning **SEP 1, 2007** and ending **DEC 31, 2007**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>THE PARACHUTE ASSOCIATION</b> <b>C/O JEREMIAH JONES</b>		<b>D</b> Employer identification number <b>33-1179922</b>
		Number and street (or P.O. box, if mail is not delivered to street address) <b>1/507TH PIR, 11TH IN RGT</b>		<b>E</b> Telephone number <b>706-545-4760</b>
		City or town, state or country, and ZIP + 4 <b>FT. BENNING, GA 31905</b>		<b>F</b> Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

**I** Website: **N/A**

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

**J** Organization type (check only one) —  501(c) ( 7 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ **\$ 36,897.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	36,897.
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8	Other revenue (describe _____)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	36,897.
10	Grants and similar amounts paid	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	9.
16	Other expenses (describe _____ <b>SEE STATEMENT 1</b> )	16	26,906.
17	<b>Total expenses.</b> Add lines 10 through 16	17	26,915.
18	Excess or (deficit) for the year. Subtract line 17 from line 9	18	9,982.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,982.

### Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

		<b>SEP 20 2010</b>				
		<b>RECEIVED</b>				
		<b>IRS OGDEN, UTAH</b>				
22	Cash, savings, and investments	(A) Beginning of year	0.	22	(B) End of year	9,982.
23	Land and buildings			23		
24	Other assets (describe _____)			24		
25	<b>Total assets</b>		0.	25		9,982.
26	<b>Total liabilities</b> (describe _____)		0.	26		0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		0.	27		9,982.

SCANNED OCT 20 2010

Expenses

Net Assets

61  
5

THE PARACHUTE ASSOCIATION

Form 990-EZ (2007)

C/O JEREMIAH JONES

33-1179922

Page 2

<b>Part III</b> Statement of Program Service Accomplishments (See page 60 of the instructions.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28 SEE ATTACHED STATEMENT</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>26,709.</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		
<b>31</b> Other program services (attach schedule)			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>		
<b>32</b> Total program service expenses. Add lines 28a through 31a		<b>32</b>	<b>26,709.</b>

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
C. DEAN GIBSON	PRESIDENT	1.00	0.	0.
CHRISTOPHER HART	VICE PRESIDENT	1.00	0.	0.
JEREMIAH JONES	TREASURER	1.00	0.	0.
DAVID PERRETZ	SECRETARY	1.00	0.	0.

<b>Part V</b> Other Information (Note the statement requirement in General Instruction V.)			<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>			<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>			<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>			<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>		<b>N/A</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>36</b>			<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> <b>37a</b> 0.				
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>			<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>			<b>X</b>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	<b>N/A</b>		
<b>39</b> 501(c)(7) organizations. Enter:				
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>		<b>0.</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>		<b>0.</b>	

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**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b	N/A	

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

40e		X
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41 List the states with which a copy of this return is filed. ▶ GA

42a The books are in care of ▶ JEREMIAH JONES Telephone no. ▶ 706-545-4760  
 Located at ▶ 1/507TH PIR, 11TH IN RGT, FT. BENNING, GA ZIP + 4 ▶ 31905

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b		X
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If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

42c		X
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If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

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

▶ 43 | N/A

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.

Please Sign Here  
 Signature of officer: [Signature] Date: 17 SEP 10  
 Type or print name and title: JEREMIAH Jones PA TREASURER

Paid Preparer's Use Only  
 Preparer's signature: Rhonda W. Machalk, CPA Date: 9/17/10 Check if self-employed:   
 Preparer's SSN or PTIN: P00254224  
 Firm's name (or yours if self-employed), address, and ZIP + 4: ROBINSON, GRIMES & COMPANY, P.C. P.O. BOX 4299 COLUMBUS, GA 31914  
 EIN: 58-1374304  
 Phone no.: 706-324-5435

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TSHIRTS & AIRBORNE COINS FOR MEMBERS & FAMILIES		13,253.	
TRAVEL FOR AIRBORNE PERSONNEL		47.	
AIRBORNE BATTALION EVENTS		5,215.	
GIFTS FOR DEPARTING AIRBORNE PERSONNEL		6,796.	
FOOD FOR AIRBORNE TRAINING		1,388.	
ADMIN/OFFICE EXPENSE		207.	
TOTAL TO FORM 990-EZ, LINE 16		26,906.	

FOOTNOTES	STATEMENT	2
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FORM 990EZ, PAGE 2, PART III, LINE 28  
 PROMOTED MORALE AND ESPRIT DE CORP OF AIRBORNE PERSONNEL BY PROVIDING FUNDS TO PURCHASE SUCH PROPERTY AND SUPPLIES AS APPROVED BY THE COUNCIL, PROVIDING GIFTS AND AWARDS FOR MEMBERS AND GUESTS AT APPROPRIATE OCCASIONS, PURCHASING AIRBORNE MEMORABILIA, SUPPLIES AND REFRESHMENTS FOR ORGANIZATIONAL MEETINGS, ACTIVITIES AND CEREMONIES, AND DISTRIBUTING A TOKEN OF THE AIRBORNE SPIRIT (IN THE FORM OF A COIN) TO ALL PARTICIPATING PARATROOPERS.



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

1) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

3) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO