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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008**Open to Public Inspection****A For the 2008 calendar year, or tax year beginning****03/01, 2008, and ending****02/28/2009****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**INTERNATIONAL AEROBATIC CLUB, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. BOX 3086

City or town, state or country, and ZIP + 4

OSHKOSH, WI 54903**D** Employer identification number**23-7067946****E** Telephone number**(920) 426-4800****F** 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: ▶ **WWW.IAC.ORG****J** Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ **381,559.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	31,378.
	2	Program service revenue including government fees and contracts	2	98,795.
	3	Membership dues and assessments	3	182,984.
	4	Investment income STMT 1.	4	-3,708.
	5 a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒		
	a	Gross revenue (not including \$ of contributions reported on line 1) 6a	1,441.	
b	Less direct expenses other than fundraising expenses 6b	NONE		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STMT 2 6c	1,441.		
7 a	Gross sales of inventory less returns and allowances 7a	70,669.		
b	Less cost of goods sold 7b	44,213.		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	26,456.		
8	Other revenue (describe) 8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9	337,346.		
Expenses	10	Grants and similar amounts paid (attach schedule) 10		
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12	NONE	
	13	Professional fees and other payments to independent contractors 13	6,849.	
	14	Occupancy, rent, utilities, and maintenance 14	7,296.	
	15	Printing, publications, postage, and shipping 15	105,742.	
	16	Other expenses (describe) ▶ STMT 3 16	238,807.	
17	Total expenses. Add lines 10 through 16 ▶ 17	358,694.		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18	-21,348.	
	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	260,834.	
	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	239,486.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments STMT 4	241,458.	218,395.
23 Land and buildings	45,356.	43,411.
24 Other assets (describe) ▶ STMT 5	102,405.	114,517.
25 Total assets	389,219.	376,323.
26 Total liabilities (describe) ▶ STMT 6	128,385.	136,837.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	260,834.	239,486.

JSA
8E1008 1 000

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form **990-EZ** (2008)

BTGASW 649H

5322450.29465

18P

SCANNED JAN 29 2010

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 PUBLICATION - SPORT AEROBATICS, A MONTHLY MAGAZINE IS
ISSUED TO MEMBERS WITH INFORMATION ON THE ART OF
AEROBATIC AVIATION.

28a	135,644.
-----	----------

(Grants \$) If this amount includes foreign grants, check here ►

29a	174,133.
-----	----------

(Grants \$) If this amount includes foreign grants, check here ►

30a	
-----	--

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ►

31a

32 Total program service expenses (add lines 28a through 31a) ▶

32	309,777.
----	----------

(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

SEE STATEMENT 9

-0-

- 0 -

-0-

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 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		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE		
b Did the organization file Form 1120-POL for this year?		X
38a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter	39a N/A	
a Initiation fees and capital contributions included on line 9	39b N/A	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ NONE		
b Section 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," complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Enter amount of tax on line 40c reimbursed by the organization	N/A	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ NONE		
42a The books are in care of ▶ JULIE WATSON Telephone no. ▶ 920-426-4833		
Located at ▶ 3000 POBEREZNÝ ROAD OSHKOSH, WI ZIP + 4 ▶ 54902		
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)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
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	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☒ No
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ Yes ☒ No
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶		NONE		

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 ▶		NONE

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

Sign Here

Signature of officer *Patricia Deimer*

Date *1/15/10*

Type or print name and title *PATRICIA DEIMER, MANAGER*

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP +4

GRANT THORNTON LLP

PO BOX 8100 MADISON, WI 53708-8100

Date

1/15/2010

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

N/A

EIN ▶ N/A

Phone no ▶ 608-257-6761

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

Form 990-EZ (2008)

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	259,113.	371,749.	211,869.	210,823.	214,362.	1,267,916.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	98,142.	122,111.	133,209.	126,214.	118,361.	598,037.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	357,255.	493,860.	345,078.	337,037.	332,723.	1,865,953.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	NONE	NONE	NONE	NONE	NONE	NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	NONE	NONE	NONE	NONE	NONE	NONE
c Add lines 7a and 7b.	NONE	NONE	NONE	NONE	NONE	NONE
8 Public support (Subtract line 7c from line 6)						1,865,953.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	357,255.	493,860.	345,078.	337,037.	332,723.	1,865,953.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,356.	7,764.	13,388.	8,945.	5,177.	37,630.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,356.	7,764.	13,388.	8,945.	5,177.	37,630.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	41.	261.	14.	NONE	NONE	316.
13 Total support. (Add lines 9, 10c, 11, and 12)						1,903,899.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.01%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	98.40%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.98%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.31%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS	41.	261.	14.	NONE	NONE	316.
TOTALS	41.	261.	14.	NONE	NONE	316.

FORM 990EZ, PART I - INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

INTEREST INCOME

2,117.

RENT AND ROYALTY INCOME

-5,825.

TOTAL

-3,708.
=====

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES
=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
RAFFLE TICKET SALES	1,441.	NONE	1,441.
TOTALS	1,441.	NONE	1,441.
	=====	=====	=====

FORM 990EZ, PART I - OTHER EXPENSES
=====

SUPPLIES	5,811.
TRAVEL	27,076.
CONFERENCES, CONVENTIONS	480.
DEPRECIATION	131.
ADVERTISING & PROMOTION	21.
PUBLIC RELATIONS	9,141.
AWARDS	23,094.
BANQUET EXPENSE	10,041.
BACK ISSUES GIVEN AWAY	24.
ADMINISTRATIVE FEES	31,387.
INSURANCE - PROPERTY & LIABILITY	9,382.
COMMISSIONS	8,066.
PHOTOGRAPHIC DEPT	1,678.
PRODUCTION COSTS	14,436.
OUTSIDE SERVICES	17,966.
DUES - NAA	8,625.
EMPLOYEE DEVELOPMENT	3,127.
SALARIES AND WAGES REIMBURSED TO EAA	52,925.
PENSION PLAN CONTRIBUTIONS REIMBURSED TO EAA	4,320.
OTHER EMPLOYEE BENEFITS REIMBURSED TO EAA	4,985.
PAYROLL TAXES REIMBURSED TO EAA	3,457.
MISCELLANEOUS	37.
BANK SERVICE CHARGE	572.
ELECTION EXPENSE	1,845.
MIS/INSTALLATION & PROGRAMMING	158.
AMORTIZATION-TRADEMARK	22.

TOTAL	238,807.
	=====

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
CASH	37,319.	18,689.
SAVINGS	204,139.	199,706.
	-----	-----
TOTALS	241,458.	218,395.
	=====	=====

FORM 990EZ, PART II - OTHER ASSETS
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS RECEIVABLE	43,563.	62,007.
LESS: ALLOWANCE FOR DOUBTFUL ACCOUNTS	2,115.	3,225.
INVENTORIES FOR SALE OR USE	50,835.	41,846.
PREPAID EXPENSES OR DEFERRED CHARGES	2,717.	6,768.
INVENTORY - OFFICE SUPPLIES	7,383.	7,121.
TRADEMARKS	22.	NONE
TOTALS	----- 102,405. =====	----- 114,517. =====

FORM 990EZ, PART II - TOTAL LIABILITIES
=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
ACCOUNTS PAYABLE	8,265.	26,257.
SUPPORT AND REVENUE FOR FUTURE PERIODS	120,120.	110,580.
	-----	-----
TOTALS	128,385.	136,837.
	=====	=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TO ENCOURAGE, AID AND ENGAGE IN RESEARCH, INCLUDING THAT OF A
SCIENTIFIC NATURE, AND IN EDUCATION FOR THE IMPROVEMENT OF AVIATION
SAFETY THROUGH A BETTER UNDERSTANDING OF THE ART OF AEROBATICS AND TO
PROMOTE AND ENCOURAGE AEROBATICS EDUCATION AND COMPETITION ON A
NATIONAL AND INTERNATIONAL LEVEL.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

PROGRAM SERVICE ACCOMPLISHMENT 2

MEMBERSHIP SERVICES - COSTS ASSOCIATED WITH THE FOLLOWING:
JUDGES SCHOOL WHERE PARTICIPANTS LEARN HOW TO JUDGE AERO-
BATIC EVENTS, CONTESTS WHERE THOSE INTERESTED CAN COMPETE IN
AEROBATIC EVENTS OBSERVED BY THE GENERAL PUBLIC, PROMOTION
OF MEMBERSHIP IN THE ORGANIZATION AND DISTRIBUTION OF
VARIOUS AWARDS AND TROPHIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
ALLYSON PARKER-LAUCK 3000 POBERENZY ROAD OSHKOSH, WI 54902	SECRETARY 10.	NONE	NONE	NONE
DOUG BARTLETT 3000 POBERENZY ROAD OSHKOSH, WI 54902	TREASURER 10.	NONE	NONE	NONE
LOUIS J. ANDREW, JR. 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
MIKE HEUER 3000 POBERENZY ROAD OSHKOSH, WI 54902	OFFICER 10.	NONE	NONE	NONE
TOM ADAMS 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
VICKI CRUSE 3000 POBERENZY ROAD OSHKOSH, WI 54902	PRESIDENT 10.	NONE	NONE	NONE
ROBERT ARMSTRONG 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
LISA HOFFMAN 3000 POBERENZY ROAD OSHKOSH, WI 54902	EXEC. DIRECTOR 40.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
DEBBY RIHN-HARVEY 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
GREG DUNGAN 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
NORM DEWITT 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
DARREN PLEASANCE 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
SCOTT POEHLMANN 3000 POBERENZY ROAD OSHKOSH, WI 54902	VICE-PRESIDENT 10.	NONE	NONE	NONE
DOUG SOWDER 3000 POBERENZY ROAD OSHKOSH, WI 54902	VICE PRESIDENT 10.	NONE	NONE	NONE
DOUG LOVELL 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
RANDY REINHARDT 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
BOB HART 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
KLEIN GILHOUSEN 3000 POBERENZY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	INTERNATIONAL AEROBATIC CLUB, INC.	23-7067946
	Number, street, and room or suite no. If a P.O. box, see instructions	
	P.O. BOX 3086	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	OSHKOSH, WI 54903	

Check type of return to be filed (file a separate application for each return):

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► JULIE WATSON

Telephone No. ► 920 426-4833 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 10/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year _____ or
► ☒ tax year beginning 03/01, 2008, and ending 02/28, 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	INTERNATIONAL AEROBATIC CLUB, INC.	23-7067946
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P.O. BOX 3086	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	OSHKOSH, WI 54903	

Check type of return to be filed (File a separate application for each return)

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **JULIE WATSON**

Telephone No **920 426-4833**

FAX No.

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

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

- 4 I request an additional 3-month extension of time until **01/15/2010**
- 5 For calendar year , or other tax year beginning **03/01/2008**, and ending **02/28/2009**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS AN ADDITIONAL EXTENSION OF TIME TO FILE IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title **CPA-PREPARER** Date **10/6/2009**

GRANT THORNTON LLP
PO BOX 8100
MADISON, WI 53708-8100

Form 8868 (Rev 4-2009)