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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: WARBIRDS OF AMERICA, INC.

Number and street (or P O box, if mail is not delivered to street address): P.O. BOX 3086

Room/suite:

City or town, state or country, and ZIP + 4: OSHKOSH, WI 54903-3086

D Employer identification number: 39-1411316

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) ▶

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

I **Website:** ▶ WWW.WARBIRDS-EAA.ORG

J **Organization type** (check only one) - ☒ 501(c) (3) ◀ (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 $1,000,000 or more, file Form 990 instead of Form 990-EZ . . ▶ $ 539,858.

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

	1	Contributions, gifts, grants, and similar amounts received . . . . . STMT 1		1	38,759.
	2	Program service revenue including government fees and contracts		2	85,471.
	3	Membership dues and assessments		3	267,997.
	4	Investment income . . . . . STMT 2		4	11,487.
	5a	Gross amount from sale of assets other than inventory	5a 38,620.		
	b	Less cost or other basis and sales expenses	5b 44,754.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	-6,134.
	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		
	b	Less direct expenses other than fundraising expenses	6b		
	c	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 97,134.		
	b	Less cost of goods sold	7b 57,733.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	39,401.
	8	Other revenue (describe ▶ STMT 3)		8	390.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	437,371.
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	1,600.
	14	Occupancy, rent, utilities, and maintenance		14	12,943.
	15	Printing, publications, postage, and shipping		15	101,713.
	16	Other expenses (describe ▶ STMT 4)		16	322,868.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	439,124.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,753.
	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	429,458.
	20	Other changes in net assets or fund balances (attach explanation) . . STMT 5		20	-119,637.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	308,068.

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 6	535,731.	22	338,619.
23	Land and buildings	69,779.	23	164,855.
24	Other assets (describe ▶ STMT 7)	57,887.	24	103,761.
25	**Total assets**	663,397.	25	607,235.
26	**Total liabilities** (describe ▶ STMT 8)	233,939.	26	299,167.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	429,458.	27	308,068.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? STMT 8

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

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

28	PUBLICATION - "WARBIRDS", A MONTHLY MEMBERSHIP PUBLICATION WITH INFORMATION ON EX-MILITARY AIRCRAFT. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	117,434.
29	SEE STATEMENT 9 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	246,410.
30	(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	363,844.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV)

(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 10		-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	33		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	34		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?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	X	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		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?	37b		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?	38a		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			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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	40b		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	40e		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 POBEREZNY ROAD OSHKOSH, WI ZIP + 4 ▶ 54902

			Yes	No
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
	If "Yes," enter the name of the foreign county ▶			
	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 ?	42c		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

			Yes	No
44.	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

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.

			Yes	No
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		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

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	

Sign Here

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

William R. Fischer — 1-15-10

▶ Signature of officer — Date

▶ WILLIAM R. FISCHER, EXECUTIVE DIRECTOR

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 1/13/2010	Check if self-employed ▶ ☐	Preparer's Identifying Number (See instructions) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ GRANT THORNTON LLP PO BOX 8100 MADISON, WI 53708-8100		EIN ▶ N/A	Phone no ▶ 608-257-6761

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
WARBIRDS OF AMERICA, INC.	39-1411316

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 organzation 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 . . . . . ▶ ☐

JSA
8E1220 1 000
BTGASY 649H 5322450.29466

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 ")	282,472.	317,645.	311,987.	311,810.	306,756.	1,530,670.
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	106,452.	102,265.	95,074.	119,825.	124,527.	548,143.
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	388,924.	419,910.	407,061.	431,635.	431,283.	2,078,813.
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)						2,078,813.

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	388,924.	419,910.	407,061.	431,635.	431,283.	2,078,813.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,251.	10,683.	27,147.	12,676.	11,487.	67,244.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,251.	10,683.	27,147.	12,676.	11,487.	67,244.
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)	493.	3,328.	629.	631.	390.	5,471.
13 **Total support.** (Add lines 9, 10c, 11, and 12)						2,151,528.

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	96.62%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.87%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	3.13%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	2.83%

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	493.	3,328.	629.	631.	390.	5,471.
TOTALS	493.	3,328.	629.	631.	390.	5,471.

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
DIVIDEND INCOME	4,513.
INTEREST INCOME	6,974.
TOTAL	11,487.

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS	390.
TOTALS	390.

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	4,300.
TRAVEL	5,222.
CONFERENCES, CONVENTIONS	1,847.
DEPRECIATION	3,727.
INSURANCE	8,455.
PHOTO SUPPLIES AND EXPENSE	1,620.
PUBLIC RELATIONS	19,517.
BAD DEBTS	60.
OUTSIDE SERVICES	18,202.
CREDIT CARD FEES	11,384.
COMMISSIONS	6,469.
ADVERTISING, PROD & PROMOTION	852.
R&M - BUILDINGS AND GROUNDS	3,562.
MAINTENANCE SUPPLIES	1,543.
IT - MAINTENANCE & PROGRAMMING	223.
AWARDS	17,848.
BANQUET EXPENSES	20,823.
DUES & SUBSCRIPTIONS	79.
EVENT REGISTRATION	19,635.
EMPLOYEE DEVELOPMENT	649.
PROGRAM BENEFIT EXPENSES	5,699.
SALARIES AND WAGES REIMBURSED TO EAA	134,636.
PENSION PLAN CONTRIBUTIONS REIMBURSED TO EAA	6,397.
OTHER EMPLOYEE BENEFITS REIMBURSED TO EAA	30,119.
TOTAL	322,868.

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED LOSS ON MUTUAL FUND	-119,637.
TOTAL	-119,637.

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	16,741.	28,121.
SAVINGS	117,244.	23,907.
INVESTMENTS - SECURITIES	401,746.	286,591.
TOTALS	535,731.	338,619.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,898.	6,055.
INVENTORIES FOR SALE OR USE	55,108.	94,755.
PREPAID EXPENSES OR DEFERRED CHARGES	881.	2,951.
TOTALS	57,887.	103,761.

FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	60,732.	132,174.
SUPPORT AND REVENUE FOR FUTURE PERIODS	165,502.	159,288.
HOTEL DEPOSITS	7,705.	7,705.
TOTALS	233,939.	299,167.

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

TO PROMOTE AND ENCOURAGE THE PRESERVATION AND OPERATION OF EX-MILITARY AIRCRAFT, TO EDUCATE ITS MEMBERS AND OTHER INTERESTED PERSONS IN METHODS OF SAFE OPERATION AND MAINTENANCE OF EX-MILITARY AIRCRAFT, AND TO ORGANIZE AND PROMOTE FLY-INS, AIR SHOWS, AIR MEETS, STATIC DISPLAYS AND OTHER PUBLIC DEMONSTRATIONS OF EX-MILITARY AIRCRAFT.

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

PROGRAM SERVICE ACCOMPLISHMENT 2

MEMBERSHIP SERVICES - COSTS ASSOCIATED WITH THE FOLLOWING: MEMBERSHIP MEETINGS HELD AT VARIOUS FLY-INS, DISTRIBUTION OF VARIOUS AWARDS AT SUCH MEETINGS, EVENT REGISTRATION, PROMOTION OF MEMBERSHIP IN THE ORGANIZATION AND KNOWLEDGE AND INFORMATION PROVIDED TO PROMOTE AND ASSIST IN THE RESTORATION OF EX-MILITARY AIRCRAFT TO ORIGINAL SPECIFICATIONS.

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
RICK SIEGFRIED 3000 POBEREZNY ROAD OSHKOSH, WI 54902	PRESIDENT 10.	NONE	NONE	NONE
DR. WILLIAM E. HARRISON, JR. 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JIM TOBUL 3000 POBEREZNY ROAD OSHKOSH, WI 54902	VICE PRESIDENT 10.	NONE	NONE	NONE
VIC BARRETT 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
WAYNE BOGGS 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
CONNIE BOWLIN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
RAY DIECKMAN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
RICK FERNALLD 3000 POBEREZNY ROAD OSHKOSH, WI 54902	VICE PRESIDENT 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
DICK HANSEN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JACK HARRINGTON 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JUD NOGLE 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
ERIC PAUL 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JOHN RUSSMAN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
DR. MICHAEL SCHLOSS 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
TOM WISE 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
FRED WOMACK 3000 POBEREZNY 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
MIKE ANDERSON 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
ED FINNEGAN 3000 POBEREZNY ROAD OSHKSOH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JOHN T. BAUGH, JR. 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JON GALT BOWMAN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
LINCOLN DEXTER 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JOHN C. HARRISON 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
RICK HEGENBERGER 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
JOE HOWARD 3000 POBEREZNY 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
CHARLIE NOGLE 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
DAVE SCHILINGMAN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
G.L. "JERRY" WALBRUN 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
WILLIAM FISCHER 3000 POBEREZNY ROAD OSHKOSH, WI 54902	EXECUTIVE DIRECTOR 40.	NONE	NONE	NONE
DAVE ROTHENANGER 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
FRED TELLING 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
HAROLD CANNON 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
PAUL DRAPER 3000 POBEREZNY 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
SAM GRAVES 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
MARY WEED 3000 POBEREZNY ROAD OSHKOSH, WI 54902	DIRECTOR 10.	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

Form **8868**
(Rev April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- 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 From 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	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	WARBIRDS OF AMERICA, INC.	39-1411316
	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 54903-3086	

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
[X]	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
▶ [X] 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)

JSA
8F8054 2 000
BTGASY 649H 5322450.29466

- 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	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	WARBIRDS OF AMERICA, INC.	39-1411316
	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 3086	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions OSHKOSH, WI 54903-3086	

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
[X]	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

Form **8868** (Rev 4-2009)

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