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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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.

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning **January 1**, 2009, and ending **December 31**, 20 **09****B** Check if applicable:

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

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

C Name of organization**AUVSI Pathfinder Chapter Inc**

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

1812 Mountain Brook Dr

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

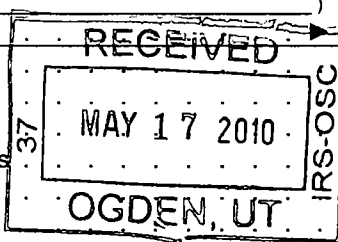
Huntsville, AL 35801**D** Employer identification number**26-1985340****E** Telephone number**256-509-9647****F** Group Exemption

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.auvsipathfinder.com****J** Tax-exempt status (check only one) — ☒ 501(c) (6) ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$**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	
	2	Program service revenue including government fees and contracts	2	
	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	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	159,373
Expenses	b	Less: direct expenses other than fundraising expenses	6b	76,078
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	83,295
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	83,295
	10	Grants and similar amounts paid (attach schedule)	10	74,650
	11	Benefits paid to or for members	11	
Net Assets	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	
	16	Other expenses (describe ▶ <u>Schedule</u>)	16	10,232
	17	Total expenses. Add lines 10 through 16	17	84,882
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(1,587)
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	54,521	
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	52,934	

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 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	0 22 52,934
23	Land and buildings	23
24	Other assets (describe ▶ _____)	24
25	Total assets	25
26	Total liabilities (describe ▶ _____)	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 27 52,934

Expenses

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

28 Grants to 35 schools and three other educational organizations to foster interest in robotics.

28a	59,150
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29a	12,000
------------	---------------

30a	3,500
-----	-------

31a

32	74,650
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(e) Expense account and other allowances

0

0

0

0

0

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

	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	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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 why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?	37b	✓
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 outstanding at the end of the period covered by this return?	38a	✓
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b N/A	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ <u>Don W. Jones</u> Telephone no. ▶ <u>256-539-2714</u> Located at ▶ <u>Huntsville, AL</u> ZIP + 4 ▶ <u>35801-1356</u>		
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	✓
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.?	42c	✓
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
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	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

N/A

- 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 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 a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 50** Complete this table for the organization's 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."

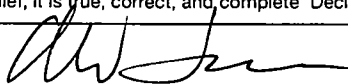
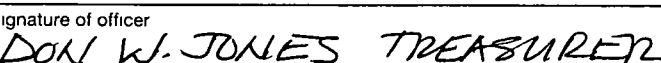
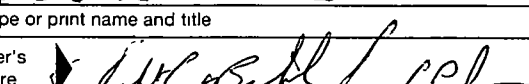
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f** _____

- 51** Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 **d** _____

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.			
	 Signature of officer		5-13-10 Date	
Paid Preparer's Use Only	 Type or print name and title		DON W. JONES TREASURER	
	Preparer's signature	 Date	5/12/10 Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Bibb & Associates, P.C. P.O. Box 2706, Huntsville, AL 35804-2706		EIN 63-0756548 Phone no 256-533-7376
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

AUVSI Pathfinder Chapter Inc

26 : 1985340

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. N/A

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2009

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Roundtable (event type)	Symposium (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	55,702	103,671		159,373
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	55,702	103,671		159,373
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	22,765	43,630		66,395
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,108	5,575		9,683
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(76,078)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				83,295

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. N/A

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

FORM 990-EZ
AUVSI PATHFINDER CHAPTER, INC.
26-1985340
HUNTSVILLE, AL

Part I, Line 10

<u>Recipient</u>	<u>Award</u>	<u>Planned Use</u>
<u>Grants to Schools</u>		
Hampton Cove Elementary	1,000	Robotics Team
Bob Jones High School	1,000	Robotics Team
Holy Family School Cyber Dragons	1,500	6-8th Grade Robotics Teams
Madison Academy Brain Stangs	750	9-12 Robotics Team
Randolph School RaideRobotics	2,000	Grade 5-6 Robotics Team
Grissom High School	2,000	Robotics Team
Athens Middle School Team B.E.A.S.T.	2,000	LEGO Mindstorms
Madison Elementary	500	LEGO and BoeBot
East Limestone High	1,000	Moonbuggy Expenses
Priceville High School	700	Robotics Team
Lincoln County High School F.E.A.R. 547	3,000	Falcon Engineering and Robotics Team 547
Whitesburg Middle School	1,500	Robotics Program
Horizon Elementary	1,500	Horizon Robotics Program
Arab High School Team #538	2,000	First Robotics
Chaffee Elementary School	1,000	WEDO Robotics Registration
New Century	1,500	NCTHS Robotics Program
Jones Valley Elementary	1,000	FIRST Lego League

FORM 990-EZ
AUVSI PATHFINDER CHAPTER, INC.
26-1985340
HUNTSVILLE, AL

Part I, Line 10

Recipient	Award	Planned Use
Team #1		
Jones Valley Elementary	1,000	FIRST Lego League
Team #2		NXT Starter Kit
Lee High School	2,000	Robotics Program
Grace Lutheran School	1,000	Robotics Club Support
Huntsville Middle School	1,000	Robotics Team
Riverside Christian Academy	1,000	Robotics Programs BEST and LEGO Teams
Weatherly Elementary	1,000	Robotics Team LEGO
Brookhaven Middle School	1,000	New NXT Robotics
Discovery Middle School	2,000	FLL Robotics Program
Columbia Elementary	1,750	Triana Robotics Teams
Boys & Girls Club Triana		
Faith Christian Academy	1,000	BEST Robotics
Columbia High School	2,000	Robotics Program
Limestone County Career Tech First Team 34	2,000	FIRST Robotics Team 34
Holly Pond High School	1,000	BEST Robotics
Riverton Middle School	1,000	FLL Robotics
West Madison Elementary	650	FLL Robotics
Bob Jones High School	1,000	FIRST and BEST Robotics
Leon Sheffield Elem. Magnet	600	NXT Kits
Athens Bible School	1,000	BEST Kits
	45,950	

FORM 990-EZ
AUVSI PATHFINDER CHAPTER, INC.
26-1985340
HUNTSVILLE, AL

Part I, Line 10

<u>Recipient</u>	<u>Award</u>	<u>Planned Use</u>
<u>Grants to Other Educational Organizations</u>		
ACTE Tech Fair	3,200	Competition Expenses
SciQuest	5,000	FLL Robotics
Alabama FIRST Lego League Championship Tournament	5,000	Tournament Expenses
<u>Scholarship Endowments</u>		
University of Alabama Huntsville	8,000	Scholarship Fund
Calhoun Community College	4,000	Scholarship Fund
<u>Other</u>		
AUVSI National Best Papers	3,500	Prizes
Total	<u>74,650</u>	

FORM 990-EZ
AUVSI PATHFINDER CHAPTER, INC.
26-1985340
HUNTSVILLE, AL

Part I, Line 16

Other Operating Expenses

Credit card & bank fees	2,341
Meeting expense	2,163
Travel	2,453
Accounting	2,140
Application fee, Form 1024	750
Web operations	324
Post office box	61
	<hr/>
	10,232