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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

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
Georgia Business Aviation Association Foundation, Inc.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
4193 Martin Luther King Jr Dr SW
City or town, state or country, and ZIP + 4
Atlanta GA 30336

D Employer identification number
26-3087330
E Telephone number
(678) 645-4900
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: ► **N/A**

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

► \$ **7,484.**

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	1	7,484.
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"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► _____)	9	7,484.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10	Grants and similar amounts paid (attach schedule)	10	20,600.
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	
16	Other expenses (describe ► Bank Charges)	16	115.
17	Total expenses. Add lines 10 through 16	17	20,715.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13,231.
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	38,060.
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	24,829.

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	38,060.	22
23	0.	23
24	0.	24
25	38,060.	25
26	0.	26
27	38,060.	27

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**

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

What is the organization's primary exempt purpose? To promote the aviation interest of companies.
 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

28

(Grants \$

) If this amount includes foreign grants, check here

28a

29

(Grants \$

) If this amount includes foreign grants, check here

29a

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

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

(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 and deferred compensation	(e) Expense account and other allowances
<u>David Small</u> P. O. Box 43327 Atlanta GA 30336	Chairman 10.00	0.	0.	
<u>Jeff Agur</u> P. O. Box 43327 Atlanta GA 30336	Vice Chairman 1.00	0.	0.	
<u>Chris Ison</u> P. O. Box 43327 Atlanta GA 30336	Secretary 10.00	0.	0.	
<u>Frank Bell</u> P. O. Box 43327 Atlanta GA 30336	Treasurer 5.00	0.	0.	
<u>Ted Hutcheson</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>Jim Amador</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>Scott Carter</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>Mark Hewlett</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>Eddie Wolfe</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>John Skelton</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
<u>Kris Parsons</u> P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 **X**

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No
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 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? Yes No
35a **X**

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No
35b **X**

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 Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
37a **X**

b Did the organization file **Form 1120-POL** for this year? Yes No
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 outstanding at the end of the period covered by this return? Yes No
38a **X**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b **X**

39 Section 501(c)(7) organizations Enter Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a **X**

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b **X**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
40a **X**

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 Yes No
40b **X**

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 Yes No
40c **X**

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40d **X**

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 Yes No
40e **X**

41 List the states with which a copy of this return is filed ► **Georgia** Yes No

42a The organization's books are in care of ► **David G. Small** Telephone no. ► (678) 645-4900
 Located at ► **P. O. Box 43327** GA ZIP + 4 ► 30336

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)? If 'Yes,' enter the name of the foreign country ► _____ Yes No
42b **X**

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ► _____ Yes No
42c **X**

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** Yes No

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

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.

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

	Yes	No
46	X	
47	X	
48	X	
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

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'

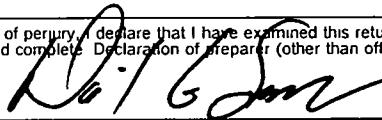
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

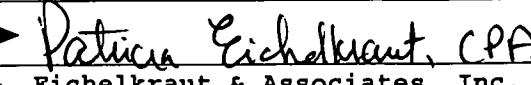
f Total number of other employees paid over \$100,000 ► _____

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 ► _____

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		
	Date		
 Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	►  Patricia Eichelkraut, CPA	Date	04/01/10	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)	► Eichelkraut & Associates, Inc.	EIN	►	Phone no	►	GA 30187
	► 4585 Mason Creek Road						
	Winston						

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2009)

PREPARED FROM INFORMATION
SUPPLIED BY TAXPAYERS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

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 (For lines 1 through 11, check only one box)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

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)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organizations

	Yes	No
11 g (i)		x
11 g (ii)		x
11 g (iii)		x

Total

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

Schedule A (Form 990 or 990-EZ) 2009

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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 and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Gerald Ferriss</u> <u>P. O. Box 43327</u>	Title <u>Director</u>			
Atlanta <u>GA</u> <u>30336</u>	Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____				
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kevin Rodgers</u> <u>P. O. Box 43327</u>	Title <u>Director</u>			
Atlanta <u>GA</u> <u>30336</u>	Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____				
Foreign country _____				

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment	Scholarship		
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Florida Institute of Technology for Alyssa Danos</u> <u>150 W. University Blvd.</u> <u>Melbourne FL 32901</u>	None	3,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>University of North Dakota for Thomas Mett</u> <u>264 Centennial Drive Stop 8371</u> <u>Grand Forks ND 58202</u>	<u>None</u>	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Middle Georgia College for William Hulett</u> <u>1100 2nd St. SE</u> <u>Cochran GA 31014</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Middle Georgia College for Joshua Moxley</u> <u>1100 2nd St. SE</u> <u>Cochran GA 31014</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Embry-Riddle Aeronautical University for Jeff 600 S. Clyde Morris Blvd. Daytona Beach FL 32114	None	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> The Flight School of Gwinnett for Guy Miller 800 Airport Road, Suite 101 Lawrenceville GA 30045	None	2,000.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Darden Executive Education for Susan Ledell an P. O. Box 7186 Charlottesville VA 22906	None	7,600.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Georgia Institute of Technology for Dustin Kilgore</u> <u>270 Ferst Drive</u> <u>Atlanta</u> <u>GA</u> <u>30332</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined