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0918

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

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.**

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

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

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

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

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

J Tax-exempt status (check only one) -- 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 ▶ \$ **72,633.**

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	2,547.
	2	Program service revenue including government fees and contracts	2	70,086.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	72,633.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 2	10	6,000.
	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	100.
	14	Occupancy, rent, utilities, and maintenance	14	945.
	15	Printing, publications, postage, and shipping	15	898.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	68,194.
	17	Total expenses. Add lines 10 through 16	17	76,137.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,504.>
	Net Assets	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
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	12,188.

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	15,692.	12,188.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	15,692.	12,188.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,692.	12,188.

932171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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THE PARACHUTE ASSOCIATION
C/O JEREMIAH JONES

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		X
34	Were any changes made to the organizing or governing documents? 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 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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
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?		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?		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 0.		
b	Gross receipts, included on line 9, for public use of club facilities 39b 0.		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	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		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 ▶ N/A		
d	Section 501(c)(3) and 501(c)(4) organizations. 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. ▶ GA		
42a	The organization's books are in care of ▶ JEREMIAH JONES Telephone no. ▶ 706-545-4760 Located at ▶ 1/507TH PIR, 11TH IN RGT, FT. BENNING, GA ZIP + 4 ▶ 31905		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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.	Yes	No
		42b	X
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: ▶		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> 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

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.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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
- 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 & deferred compensation	(e) Expense account and other allowances
N/A				

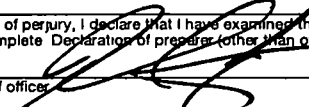
- f Total number of other employees paid over \$100,000 ▶ _____
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

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

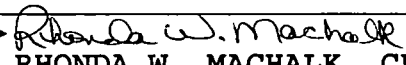
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer:  Date: 17 Sep 10

Type or print name and title: JEREMIAH JONES PA TREASURER

Paid Preparer's Use Only

Preparer's signature:  Date: 9/17/10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ROBINSON, GRIMES & COMPANY, P.C. P.O. BOX 4299 COLUMBUS, GA 31914

Preparer's identifying number (See instr): P00254224

EIN: 58-1374304

Phone no.: 706-324-5435

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
TSHIRTS & AIRBORNE COINS FOR MEMBERS & FAMILIES	12,397.
AIRBORNE BATTALION EVENTS	10,732.
TRAVEL FOR AIRBORNE PERSONNEL	831.
GIFTS FOR DEPARTING AIRBORNE PERSONNEL	30,185.
FOOD FOR AIRBORNE TRAINING	13,666.
ADMIN/OFFICE EXPENSE	383.
TOTAL TO FORM 990-EZ, LINE 16	68,194.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 2

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
DONATION RELAY FOR LIFE 233 12TH ST STE 710 COLUMBUS, GA 31901	NONE	1,000.
DONATION LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE STE 310 WHITE PLAINS, NY 10605	NONE	1,000.
SCHOLARSHIP FUND NORTH GEORGIA COLLEGE 82 COLLEGE CIRCLE DAHLONEGA, GA 30597	NONE	1,000.
SCHOLARSHIP FUND COLUMBUS TECHNICAL COLLEGE 928 MANCHESTER EXPY COLUMBUS, GA 31904	NONE	1,000.
DONATION SANTA'S CASTLE 479 FORT BENNING RD. FT. BENNING, GA 31905	NONE	1,000.
DONATION LEAPFEST 2841 SOUTH COUNTY TRAIL EAST GREENWICH, RI 02818	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		6,000.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

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

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

PROMOTED MORALE AND ESPRIT DE CORP OF APPROXIMATELY 400 AIRBORNE PERSONNEL BY PROVIDING FUNDS TO PURCHASE PROPERTY AND SUPPLIES AS APPROVED BY THE COUNCIL, PROVIDING GIFTS AND AWARDS FOR MEMBERS AND GUESTS AT APPROPRIATE OCCASIONS SUCH AS THE AIRBORNE BALL, PURCHASING AIRBORNE MEMORABILIA AND GIFTS FOR APPROXIMATELY 60 DEPARTING SOLDIERS, SUPPLIES AND REFRESHMENTS FOR ORGANIZATIONAL MEETINGS, ACTIVITIES AND CEREMONIES, PROVIDING FUNDS FOR PASSPORTS AND TRAVEL TO REPRESENT U.S. AIRBORNE IN OTHER COUNTRIES, AND DISTRIBUTING A TOKEN OF THE AIRBORNE SPIRIT (IN THE FORM OF A COIN) TO ALL PARTICIPATING PARATROOPERS.

THE PURPOSE OF THE PARACHUTE ASSOCIATION IS TO PROMOTE THE MORALE AND ESPRIT DE CORP OF ALL AIRBORNE QUALIFIED PERSONNEL AND OFFICIAL GUESTS OF AIRBORNE FUNCTIONS, AS WELL AS DEVELOP A SENSE OF PRIDE AND FRATERNITY AMONG THE MOST RECENT PARATROOPERS.