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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

- —	-,-					
A	For	the 20	009 cal	lendar year, or tax year beginning and ending		
В	Check applic	c if cable	Please	C Name of organization INTERNATIONAL SOCIETY OF TRANSPORT	D Employer identifi	cation number
Γ.	Ad	dress ange	labal as	AIRCRAFT TRADING FOUNDATION		
Ē	Na	me ange	type	Doing Business As	54-1	742507
F	Init ret Ter	urn rmin-	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 401 N. MICHIGAN AVE. 22ND FLOOR		r 321-5169
Ē		ed nended urn	Instruc- tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	472,493.
	Ap	plica- n		CHICAGO, IL 60602	H(a) Is this a group re	eturn
	pe	nding		ne and address of principal officer:RON PIETRZAK	for affiliates?	Yes X No
_				IE AS C ABOVE	H(b) Are all affiliates inc	
				us: X 501(c) (3	⊣ ′	list (see instructions)
					H(c) Group exemption 2006	State of legal domicile: VA
	art		umm		ar or formation:	y Cate of logar actitions, 111
<u> </u>	1	Bri	efly des	scribe the organization's mission or most significant activities. TO SUPPOR	T AVIATION T	RANSPORT
ED AUG Governance		_		RCH AND EDUCATION THROUGH SCHOLARSHIPS, I		
	2			s box F L if the organization discontinued its operations or disposed of mo of voting members of the governing body (Part VI, line 1a)	ore than 25% of its net as 3	ssets 15
_ 				of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)	4	15
∌ ສ	'	_		her of employees (Part V, line 2a)	5	0
ities	6			nber of volunteers (estimate if necessary)	6	0
Ubuc 6 Activities	7			ss unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⊋∢			_	ated business taxable income from Form 990-T, line 34	7b	0.
	 				Prior Year	Current Year
0	. 8	Co	ntrıbutı	ions and grants (Part VIII, line 1h)	714,868.	420,766.
nue	9	Pro	gram s	service revenue (Part VIII, line 2g)		
Revenue	10) Inv	estmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)	76,057.	51,446.
<u> </u>	11	Oth	ner reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		281.
	12	2 Tot	al reve	nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	790,925.	472,493.
	13	3 Gra	ants an	d similar amounts paid (Part IX, column (A), lines 1-3)	241,000.	182,044.
	14		•	paid to or for members (Part IX, column (A), line 4)		· · · · · · · · · · · · · · · · · · ·
es	15			other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16			nal fundraising fees (Part IX, column (A), line 11e)		
X	۔. ا			draising expenses (Part IX, column (D), line 25)	65,552.	138,193.
	17		-	penses (Part IX, column (A), lines 11a-11d, 11 /124f)	306,552.	320,237.
	18	\$ 101	al expe	enses. Add lines 13-17 (must equal Part Top column (A), line 25) less expenses Subtract line 18 from line 12 JUL 0 6 2010	484,373.	152,256.
= 5	3	Re	venue i	less expenses Subtract line to north line 12 VOL V D ZDID	Beginning of Current Year	End of Year
sts	20 20) To	al acco	ets (Part X, line 16)	2,465,175.	3,021,407.
Assets or	21			lities (Part X, line 26)	55,072.	133,960.
Set	22			s or fund balances Subtract line 21 from line 20	2,410,103.	2,887,447.
ĮΡ̈́	art			ture Block		
_		Un	der pena	Ilies of oer pury, I declare that I have examined this return, including accompanying schedules and statements te. Declaration of preparer (other man officer) is based on all information of which preparer has any knowledg	s, and to the best of my knowled	ge and belief, it is true, correct,
		"	(2 000	.4	
Sig	gn		\geq	I male States		5-10
He	re			nature of officer	Date	
				N PIETRZAK, EXECUTIVE DIRECTOR e or print name and title		
_		- P		I Data	heck if Prepare	er's identifying number
Pa	id		eparer's anature		elf- mployed (see ins	structions)
	epare	r's Fir	m's name		EIN ►	
Us	e Only		urs if f-employ		LIIV P	
		ad	dress, an	OAK BROOK, ILLINOIS 60523-1927	Phone no. ▶ (630)545-4500
Ma	w the			s this return with the preparer shown above? (see instructions)	1	X Yes No

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: TO SUPPORT AVIATION TRANSPORT RESEARCH AND EDUCATION THROUGH SCHOLARSHIPS, INTERNSHIPS AND GRANTS.
	Benotiansining, intiliationing and Grants.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 182,044 • including grants of \$ 182,044 •) (Revenue \$)
	SCHOLARSHIPS AWARDED TO COLLEGES, UNIVERSITIES AND STUDENTS TO PROVIDE TUITION TOWARDS AVIATION RELATED STUDIES. GRANTS ARE ALSO AWARDED FOR EDUCATIONAL PROJECTS IN AVIATION-RELATED FIELDS.
4b	(Code:)(Expenses \$ 35,740 · including grants of \$)(Revenue \$) HUMANITARIAN EFFORTS - THESE EFFORTS ARE TO AID COMMUNITIES IN NEED AROUND THE WORLD WITH DIRECT AIR SUPPORT TO BRING IN MUCH NEEDED SUPPLIES AS WELL AS DOCTORS AND NURSES THROUGH OUR AIRLINK INITIATIVE. OVER THE YEARS THE FOUNDATION HAS WORKED WITH NGO'S LIKE THE AMERICAN RED CROSS, SAVE THE CHILDREN, MEDI-SHARE OF MIAMI, MERCY CORPS, AIRLINE AMBASSADORS, HERO, NO BOARDERS PROSTHETIC FOUNDATION AND A HOST OF OTHERNON-PROFITS IN BRINGING AID AROUND THE WORLD.
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
<u> </u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 217,784 ⋅
<u>4e</u>	Total program service expenses ►\$ 217,784.
93200: 02-04-	

Part IV Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	L
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		İ	l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١,,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		-	
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X		₃ ,	
_	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•				
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's slability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
			000 (

Form **990** (2009)

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	<u> </u>		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
-	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		
J J	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
J ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
	And the second s	Form		2009)
			•	

Statements Regarding Other IRS Filings and Tax Compliance Part V

16 Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter 0- if not applicable 10. In U.S. Information Returns Enter 0- if not applicable 10. In U.S. Information Returns Enter 0- if not applicable 10. In U.S. Information Returns Enter 0- if not applicable 10. In U.S. Information Returns Enter 0- if not applicable 10. In U.S. Information Complex with Box with backup withholding rules for reportable payments to vendors and reportable gammar (gambing) winnings to prize winners? 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statuments, filed for the calendar year ending with or within the year covered by this return 5 It is least one is reported on line 2a, dot the organization it ell required federal employment tax returns? 5 Note. If the sum of line 1s and 2 is greater than 250, you may be required to e-file the return (see instructions) 5 It is wise the unit of the sum of the calendar year, did the organization have an interest in, or a signature or other sunfority over, a financial Accounts. 5 It is well as the action of the sum of the foreign country, because the sum of the sum of the foreign country, because the enterturn of other financial account? 5 It is a wise the organization of the foreign country, because the sum of the organization of the sum of the organization that it was or is a party to a prohibited tax sheller transaction? 6 Do any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction of the sum of the sum of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 If the organization shell we organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 If year is contributions that were not tax deductible? 8 I		•			Yes	No
Enter the number of Forms W-20 included in line 1s. Enter 9- of not applicable Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gamming (gambling) with only many and the organization comply with backing with off with the year covered by this return If at least one is reported on line 2a, did the organization like all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife the return (see instructions) About the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? By If Yes, 1 are 1 field a form 990-for for the year If 1"No. *provide an explanation of Schedule* O By If Yes, 1 are 1 field a form 990-for for the year If 1"No. *provide an explanation of Schedule* O By If Yes, 2 are 1 field a form 990-for for the year If 1"No. *provide an explanation of Schedule* O By If Yes, 2 are 1 field a form 990-for for the year If 1"No. *provide an explanation of Schedule* O By If Yes, 2 are 1 field a form 990-for for the year If 1 No. *provide an explanation of Schedule* O By If Yes, 3 are 1 field a form 990-for for the year If 1 No. *provide an explanation of Schedule* O By If Yes, 3 are 1 field a form 990-for for the year If 1 No. *provide an explanation of Schedule* O By If Yes, 3 are 1 field a form 990-for for the year If 1 No. *provide an explanation of Schedule* O By If Yes, 4 are 1 field a form 990-form 1 field and 1	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ŀ		
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2a] 0 bill at least one is reported on line 28, did the organization file after required federal employment tax returns? Note. If the sum of lines 1 a and 2s is greater than 250, you may be required to e-file this return (see instructions) 3. Did the organization have unrelated business gross income of \$11,000 or more during the year covered by this return? 3. A X 3. If "Yes," has it filed a Form 990-T for this year? If "No." provide an explication in Schedule O 4. At any time during the celandar 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)? 5. If "Yes," inter the name of the foreign country. Published tax shelter transaction as a spanty to a prohibited tax shelter transaction? 5. Was the organization as party to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization as party to a prohibited tax shelter transaction? 6. If "Yes," to line Sa of 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 7. Organizations that were not tax deductible? 8. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8. If "Yes," did the organization neture with every solicitation an express statement that such contributions or gifts were not tax deductible? 9. If "Yes," did the organization neture with every solicitation an express statement that such contributions or gifts were not tax deductible? 9. If "Yes," did the organization neture with every solicitation and express statement that such contributions or gifts were not		U.S. Information Returns Enter -0- if not applicable	1a 4	1	ľ	
dispatchingly writings to prize winners? Effect the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, tied for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 30. Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "ves," as it filed a Form 990 of for this year? If "No," provide an explanation in Schedule O the any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If "No," provide an explanation is Schedule O the interest of the foreign country is such as a bank account, securities account, or other financial account)? b if "ves," enter the name of the foreign country. If "Yes," in the name of the foreign country. If "Yes," in the name of the foreign country is prohibited tax sheller transaction? c if "ves," in line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b if "ves," in the space of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? b if "ves," in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b if "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if "ves," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if "ves," did the organization include with every solicitation and party for goods and services provided to the payor? b if "ves," include the number of Fo		• •		4		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, lifed for the calendary year anding with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions) 3b If the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X 3b If "Yes," has it filed a form 990-T for this year? If "No." provide an explication in Schedule 0 3b If "Yes," share it filed a form 990-T for this year? If "No." provide an explication in Schedule 0 3c A ran yr time during the calendary year, of 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)? 5b If "Yes," and the foreign country (such as a bank account, securities account, or other financial account. 5c If "Yes," the insert the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5c If "Yes," the insert the name of the foreign country. 5c If "Yes," the insert the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5c If "Yes," the insert the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5c If "Yes," the insert the name of the foreign country (such as a bank account, securities account, or other financial accountry? 5c If "Yes," the insert the name of the foreign country (such as a bank account, or other financial accountry. 5c If "Yes," the insert the name of the foreign country (such as a bank account, or other the securities of the securities of the programization on securities and the securities of the securities of the organization securities. 5c If "Yes," included the	С		reportable gaming	1		
friese for the calendary year ending with or within the year covered by this return If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," is the file of Form 980-1 for this year? If "No." provide an explication in Schedule 0 If "Yes," we stiff the Sem 95-1 for this year? If "No." provide an explication in Schedule 0 If "yes," in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? If "Yes," the the name of the foreign country. Image of the foreign country. Image of the foreign country is provided to the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization netwer annual gross receipts that are normally greater than \$100,000, and did the organization orgits were not tax deductible? If "Yes," did the organization netwer annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). If the organization has a party ceeve deductible contributions under section 170(c). If the organization is the payor? If "Yes," did the organization netwer and tax deductible? If the organization did the payor and			1 1	1c		<u> </u>
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-fife this return (see instructions) 3a	2a		م ا ا			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		·				
				12a		
	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	Earan	990	20007

Form 990 (2009)

AIRCRAFT TRADING FOUNDATION

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	15	i		
b	Enter the number of voting members that are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				-
	officer, director, trustee, or key employee?		L	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?		L	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo		L	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	L	5		X
6	Does the organization have members or stockholders?		L	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				
	governing body?		—	7a		$\frac{x}{x}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per		<u> </u>	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following.			- 1	.,	
	The governing body?		<u> </u>	8a	X	
b	Each committee with authority to act on behalf of the governing body?		⊢	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				7.
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)				
					Yes	No X
	Does the organization have local chapters, branches, or affiliates?		Ľ	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,	1.			
	and branches to ensure their operations are consistent with those of the organization?			10b	x	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	-	11	^	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.		x	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	.1-1	\vdash	12a	^	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that course and the same an	ala give rise	۔ ا	12b	x	
_	to conflicts?	"Voc " docombo		120		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this is done	res, describe	١.	12c	х	
13	Does the organization have a written whistleblower policy?		⊢	13	X	
14	Does the organization have a written document retention and destruction policy?		_ ⊢	14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent	-	'-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
9	The organization's CEO, Executive Director, or top management official		1.	15a		X
b	Other officers or key employees of the organization			15b		<u> </u>
Ū	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		<u> </u>	+		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			İ	
4	taxable entity during the year?	none with a	١,	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participation				
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	•	'	- 1		
	exempt status with respect to such arrangements?	arradion o		16b		
Sec	tion C. Disclosure			.0.0		
17	List the states with which a copy of this Form 990 is required to be filed ▶IL		· · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501(c)(3)s only) ava	ulable fo	or		
	public inspection. Indicate how you make these available. Check all that apply.	(00.(0)(0)0 0)) = 1				
	Own website Another's website W Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest no	icv and	l finar	ncial	
	statements available to the public.	sst of intorest pol	, and		.0,01	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the ord	anizatio	n: 🕨		
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		0602				
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

X Check this box if the organization did not compensate any current officer, director, or trustee

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)	(D)	(E)	
Name and Title	Average	Position	Reportable	Reportable	
	hours	(check all that apply)	compensation	compensation	1

(A)	(B)	<u> </u>			C)	,		(D)	(E)	(F)
Name and Title	Average	ا , ا		Pos			1. A	Reportable	Reportable	Estimated amount of
	hours per	H	necr	all	tnat	app	iy) 	compensation from	compensation from related	other
	week	directo						the	organizations	compensation
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	nal tr		loyee	8 5 E		(**-2/1033-141100)		and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
JON BATCHELOR			-	_	-					
TRUSTEE	2.00	x						0.	0.	0.
KLAUS HEINEMANN										
TRUSTEE	2.00	X						0.	0.	0.
DANA J. LOCKHART										
TRUSTEE	2.00	Х			<u> </u>	<u> </u>		0.	0.	0.
ROLAND MOORE		, ,							0	0
TRUSTEE	2.00	Х		_	_	▙	<u> </u>	0.	0.	0.
CHRIS PARTRIDGE TRUSTEE	2.00	x						0.	0.	0.
DAVID TREITEL	2.00	-			<u> </u>	├		<u> </u>		
TRUSTEE	2.00	$ \mathbf{x} $						0.	0.	0.
WARREN WILLITS										
TRUSTEE	2.00	x						0.	0.	0.
DEAN GERBER										-
TRUSTEE	2.00	X				<u> </u>		0.	0.	0.
THOMAS W. HEIMSOTH								_		_
TRUSTEE	2.00	X			_	L		0.	0.	0.
KEN PERICH										•
TRUSTEE	2.00	Х			_	_		0.	0.	0.
RON PIETRZAK				X.				0.	0.	0.
EXECUTIVE DIRECTOR STEPHEN T. RIMMER	20.00	\vdash		^		⊢	-	U •		
VICE-CHAIRMAN	2.00			X				0.	0.	0.
JOHN W. VITALE	2.00			22	┢	H	-			
ISTAT PRESIDENT	2.00			x	İ			0.	0.	0.
MARC ALLINSON										
VP/TREASURER	2.00			X				0.	0.	0.
DAVID SUTTON										
CHAIRMAN	2.00			X	_			0.	0.	0.
					-		-			

932007 02-04-10

AIRCRAFT TRADING FOUNDATION

	t VII Section A. Officers, Directors, Tru (A)	(B)	Γ.	,,,,,,		C)	- J''		(D)	(E)	\top	(F)	
	Name and title	Average			Pos	-	1		Reportable	Reportable		t' / Estimat	ed
		hours	(c				арр	ly)	compensation	compensation		amount	
		per	į						from	from related	İ	other	
		week	r direc				Pa		the organization	organizations (W-2/1099-MISC)		mpens from th	
			stee o	rustee		。	pensa		(W-2/1099-MISC)	(***27 1099-141130)		rganiza	
			ual tro	leuoi		e e e	t com	_				and rela	
			Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganızat	ions
	 		-		_	Ι_		F		<u> </u>			
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1b	Total	l	 _	L		L			0.	0			0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed at	bove	e) wh	no re	<u> </u>		I	***	
	compensation from the organization									•			(
												Yes	No
3	Did the organization list any former officer,			, key	em/	ploy	/ee,	or h	nighest compensated er	nployee on			
_	line 1a? If "Yes," complete Schedule J for s										3	 	Х
4	For any individual listed on line 1a, is the su									the organization	١.		x
5	and related organizations greater than \$150									and rendered to	4	+	
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Scheduler Sch				IOIII	any	unn	eiai	ed organization for serv	ices rendered to	5		х
Sec	tion B. Independent Contractors	aic 0 101 33011	00.0	011							, 5		
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of compe	nsatior	from	
	the organization NONE	•											
	(A)								(B)			(C)	
	Name and business	address						_	Description of s	ervices	Comp	ensatio	n
								\dashv					
								-					
				-				\dashv					
					-						_		
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			_	_	_		_						
						_		\perp					
2	Total number of independent contractors (ii		ot lır	nited	d to	thos		ted	above) who received m	ore than			
-	\$100,000 in compensation from the organiz	ation >										n 990 (2	2000
													21 II IUI

AIRCRAFT TRADING FOUNDATION

Pa	rt VII	I Statement of Rever	nue				-	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a	_				
풀딃	b	Membership dues	1b					
S,E	С	Fundraising events	1c	"				
a tig	d	Related organizations	1d	97,417.			l	
S,E	е		ions) 1e					
Öİ		All other contributions, gifts, gran	·					
ᇐ	•	similar amounts not included abo		323,349.				
	g	Noncash contributions included in lines	<u> </u>	· · ·				
Contributions, gifts, grants and other similar amounts	•	Total. Add lines 1a-1f			420,766.	•		
\dashv		Total Title		Business Code	***			
a	2 a			Edonicos Codo				
ķ	b	_						
Ser							 	
E S	C							
Ra	d							
Program Service Revenue	e	All other program convey						
_		All other program service reversed. Add lines 2a-2f	enue	—		<u> </u>		
\dashv	<u>9</u> 3	Investment income (including	dividende inter					
	3	other similar amounts)	dividends, intere	sst, and	51,446.			51,446.
		•			31,110.			32,110.
	4	Income from investment of ta	x-exempt bond p	proceeds >				-
	5	Royalties	() 01	(1) Davis and				
	^ -	O Ponto	(i) Real	(ii) Personal				
	6 a							
	þ	•	<u> </u>					
		, ,	L	<u> </u>				
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other	:			
		assets other than inventory				İ		
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)		L				
	d	Net gain or (loss)						
e l	8 a	Gross income from fundraising	g events (not					
le l		ıncludıng \$						
e l		contributions reported on line	1c) See					
Other Revenue		Part IV, line 18	а					
튐		Less, direct expenses	b					
_	С	Net income or (loss) from fund	draising events	<u> </u>		-		
l	9 a	Gross income from gaming ac	tivities See					
Other Rev		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
- 1	С	Net income or (loss) from sale		>				
Į.		Miscellaneous Revenu	е	Business Code				
[11 a	MISCELLANEOUS		900099	281.	281.		
ļ	b							
	С		 					
	d	All other revenue		L				
		Total. Add lines 11a-11d		▶	281.			<u> </u>
93200	<u>12</u>	Total revenue. See instructions.		<u> </u>	472,493.	281.	0.	51,446.
93200 02-04	-10							Form 990 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	and 501(c)(4) organizat lete column (A) but are			I (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	440.044	440 044		
	the U S. See Part IV, line 22	142,044.	142,044.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S	40 000	40 000		
	See Part IV, lines 15 and 16	40,000.	40,000.		
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k)				
o	and section 403(b) employer contributions)				
9	Other employee benefits		·		
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	12,075.		12,075.	
b	Legal	12,075.		12,075.	
c	Accounting	4,532.		4,532.	
d	Lobbying	·	,		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,822.		8,822.	
g	Other				
12	Advertising and promotion				
13	Office expenses	1,506.		1,506.	
14	Information technology			·	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	HUMANITARIAN EFFORTS	35,740.	35,740.		
b	GRANT STAFFING	34,763.		34,763.	
С	STAFFING	32,487.		32,487.	
d	ROUNDTABLE	5,095.		5,095.	
e	CONSULTING PROJECT	3,168.		3,168.	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	320,237.	217,784.	102,453.	0.
26	Joint costs Check here ▶ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
00004					Form 990 (2000)

932010 02-04-10

Form 990 (2009)

Form 990 (2009)

Part X Balance Sheet (A) (B) Beginning of year End of year 97,414. 385,162. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 472,000. 333,300. 3 3 Pledges and grants receivable, net 24,975. Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net Inventories for sale or use 15,000. Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a b Less, accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities 1,820,082. 2,187,724. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 35,704. 2,465,175. 115,221. 3,021,407. 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 55,072. 133,960. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D -iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 25 Other liabilities. Complete Part X of Schedule D 133,960. 55,072. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 288,358. 27 800,702. 27 Unrestricted net assets 808,525. 773,525. 28 28 Temporarily restricted net assets 1,313,220. 1,313,220. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 2,410,103. 2,887,447. 33 33 Total net assets or fund balances 3,021,407. 2,465,175. Total liabilities and net assets/fund balances

Form 990 (2009)

INTERNATIONAL SOCIETY OF TRANSPORT

54-1742507 Page 12 AIRCRAFT TRADING FOUNDATION Form 990 (2009)

Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis	2a 2b		x
Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			$ _{\mathbf{x}}$
Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both		<u> </u>	l X
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	2b	7.	
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both		X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	1		
If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	2c	X	
consolidated basis, separate basis, or both			
Separate hasis X Consolidated hasis Roth consolidated and separate hasis			
Consolidated and separate pasis			1
As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
Act and OMB Circular A-133?	За		X
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization INTERNATIONAL SOCIETY OF TRANSPORT
AIRCRAFT TRADING FOUNDATION

Employer identification number 54-1742507

Part	Reason	for Public Char	rity Status (All organiz	ations mu	st comple	te this par	t.) See ins	tructions.		
he org	anization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)			
1 🗀	7	='	es, or association of chur	_).		
2	7		70(b)(1)(A)(ii). (Attach Sc							
з 🗆	_		ital service organization	•		170(b)(1)	(A)(iii).			
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter t	the hospital's name,
	city, and stat	=	,		•			,		
5	_ *		benefit of a college or un	niversity o	wned or o	perated by	a govern	mental un	ıt describ	ed in
	_)(b)(1)(A)(iv). (Comp		•			J			
6	_		nent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).			
7 X	_	-	ceives a substantial part					or from the	general	public described in
	-	(b)(1)(A)(vi). (Comple	•			J			J	
8 <u></u>	٦		section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 [¬ `		ceives. (1) more than 33			rom contri	butions n	nembersh	n fees ar	nd gross receipts from
-	•	-	nctions - subject to certa						•	-
			axable income (less sec							
		509(a)(2). (Complet	•					,		
10 🗆	7		perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	1).		
11		-	perated exclusively for the						v out the	purposes of one or
	-	•	ations described in secti						=	
			organization and compl				,			
	a Type		¬ ·		e III - Func		tegrated		d	Type III - Other
е	¬ ′'		at the organization is not			-	-	r more dıs	gualified	
			than one or more publicly							
f		_	tten determination from						- ()()	
•	•	organization, check t			at 11 10 a 1 y	po 1, 1, po	., 0, p.			
		•	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing per	sons?	
g	•		directly controls, either al			-				Yes No
			upported organization?	o o,	,041,01 11141	po. 000 c		(, ,	,,,	11g(i)
	-	• •	n described in (i) above?							11g(ii)
		•	a person described in (i) of		e?					11g(iii)
h	. ,	•	about the supported or	• •						[···s(···/]
"	1 TOVIGE LITE I	ollowing information	about the supported of	garnzation	(3).					
/:\ Ma=		/!!\ FIN	(iii) Type of	(iv) is the c	organization	(v) Did voi	i notify the	(vi) Is	the	(vii) Amount of
	ne of supported rganization	(ii) EIN	organization		sted in your			organizáti (i) organiz	on in col. j	support
U	rgamzanon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	US	.?	одроге
			(see instructions))	Yes	No	Yes	No	Yes	No	
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LHA 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

932021 02-08-10

INTERNATIONAL SOCIETY OF TRANSPORT Schedule A (Form 990 or 990-EZ) 2009 AIRCRAFT TRADING FOUNDATION 54-1742507 Page 2 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 **(b)** 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 505,598. 355,405 1182631. 714,868. 421,047. 3179549. 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 355,405. 1182631. 714,868. 421,047. 3179549. 505,598. 4 Total. Add lines 1 through 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) 3179549. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2006 (f) Total (a) 2005 (c) 2007 (d) 2008 (e) 2009 505,598. 355,405. 1182631. 714,868. 421,047. 3179549. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 38,226 18,794. 106,588 71,975 51,446. 287,029. and income from similar sources 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 5,000 5,000. assets (Explain in Part IV.) 3471578. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 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 91.59 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 93.21 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

6a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

ŧ	b 33 1/3% support tests - 2008. 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	▶Щ
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	
	Schedule A (Form 990 or 9	90-EZ) 2009

%

%

%

16

17

18

19a 33 1/3% support tests - 2009. 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

16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING FOUNDATION

Employer identification number 54-1742507

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• • •	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	<u>-</u>	<u> </u>
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
Da	conservation easements rt III Organizations Maintaining Collections or	f Art Historical Transuras or C	Other Similar Assets
T a	Complete if the organization answered "Yes" to Form		Allei Olilliai Assets.
	Complete if the organization answered Tes to Form	330, 1 art 1V, iiile 0	· · · · · · · · · · · · · · · · · · ·
10	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and h	valance shoot works of art, bistorical
ıa	treasures, or other similar assets held for public exhibition, ed	•	
	the footnote to its financial statements that describes these	•	iblic service, provide, in Fart XIV, the text of
.			and about works of art, bistorical transuires
D	If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, o	·	
	· ·	research in furtherance of public service	e, provide the following amounts relating to
	these items:	•	b ¢
	(i) Revenues included in Form 990, Part VIII, line 1		S S S S S S S S S S
•	(ii) Assets included in Form 990, Part X	anuran or other aimiles and to fee for the	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1.		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	To relating to triese items.	~ ¢
a h	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		Ψ

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

0.

1a Landb Buildings

d Equipment

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

TDCDXEM	שבו אות מישי	FOINDATION

Part VII Investments - Other Securities.	see Form 990, Part X, line 12.			
(a) Description of security or category	(b) Book value		(c) Method of value	
, (including name of security)	(4) 5551. (4)	Cos	st or end-of-year mar	rket value
Financial derivatives				
Closely-held equity interests				
Other				
MUTUAL FUNDS	1,927,089.	END-OF-Y	EAR MARKET	VALUE
MONEY MARKET FUNDS	260,635.	END-OF-Y	EAR MARKET	VALUE
			· · · · · · · · · · · · · · · · · · ·	
	1	<u>-</u>		
				· · · · · · · · · · · · · · · · · · ·
		 		
	+	<u> </u>		
Total (Cal (b) must equal Form 000 Part V and (P) line 12)	2,187,724.			
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line 13	· <u> </u>	(-) A (-+h	
(a) Description of investment type	(b) Book value	Cor	(c) Method of valua st or end-of-year mar	
	<u> </u>		— The end-or-year mar	ret value
		······		
		· , ·		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.	·		
	i) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
	 -			
		- .		
		_ 		
		- 		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)			
Part X Other Liabilities. See Form 990, Part >	(, line 25.			
1. (a) Description of liability		(b) Amount	-	
Federal income taxes	-			
				
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25)			
6 FIN 40 F 4 4 4 5 1 70 1 VOV	atanta ta the argonization is f	inconcial statements	that raparts the are	representante liability for

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

1	Total expenses and losses per audited financial statements			1	311,415
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a]	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	311,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,822.]	
b	Other (Describe in Part XIV.)	4b]	
С	Add lines 4a and 4b			4c	8,822.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	320,237.
Da	rt VIV Cumplemental Information				

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.
➤ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** INTERNATIONAL SOCIETY OF TRANSPORT 54-1742507 AIRCRAFT TRADING FOUNDATION General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the X Yes grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in region offices employees or (by type) (i.e., fundraising, is a program service, expenditures in the region agents in program services, grants to describe specific type for region region recipients located in the region) of service(s) in region SCHOLARSHIPS 40,000. EUROPE AND ASIA 0

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0

Schedule F (Form 990) 2009

40,000.

Totals

INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING FOUNDATION

Page 2	. 1	A	(i) Method of valuation (book, FMV, appraisal, other)					
	990, Part IV, line 15, for		(h) Description of non-cash assistance					
42507	"Yes" to Form 9		(g) Amount of non-cash assistance					cempt by
54-1742507	ganization answered		(f) Manner of cash disbursement					recognized as tax-ex
	omplete if the or	than \$5,000	(e) Amount of cash grant					foreign country,
FOUNDATION	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
AIRCRAFT TRADING I	anizations or Entities C	JUU Check this box if no Inal space is needed	(c) Region					is listed above that are re
	er Assistance to Org	recipient who received more than \$5,000. Check this box if Use Schedule F-1 (Form 990) if additional space is needed	(b) IRS code section and EIN (if applicable)					recipient organizatior
Schedule F (Form 990) 2009	Part II Grants and Othe	recipient wno rec Use Schedule F.:	1 (a) Name of organization					2 Enter total number of

Schedule F (Form 990) 2009

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

26

INTERNATIONAL SOCIETY OF TRANSPORT

AIRCRAFT TRADING FOUNDATION

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Schedule F (Form 990) 2009

Page 3

54-1742507

Use Schedule F-1 (Form 990) if additional space is needed) if additional space is ne	eded					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	ENGLAND	1	5,000.	WIRE TRANSFER	0.		
SCHOLARSHIP	GERMANY	1	5,000,5	5,000.WIRE TRANSFER	0.		
SCHOLARSHIP	INDIA	1	000'5	5,000 WIRE TRANSFER	0		
SCHOLARSHIP	CHINA	1	10,000,1	10,000, WIRE TRANSFER	.0		
SCHOLARSHIP	NETHERLANDS	1	10,000.	10,000, WIRE TRANSFER	0		
SCHOLARSHIP	SINGAPORE	1	5,000,5	WIRE TRANSFER	0		

Schedule F (Form 990) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009

OMB No 1545-0047

≗ ∏ **Employer identification number** 54-1742507 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of cash grant INTERNATIONAL SOCIETY OF TRANSPORT (c) IRC section if applicable AIRCRAFT TRADING FOUNDATION Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service Part 1 Part

Schedule I (Form 990) 2009

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INTERNATIONAL SOCIETY OF TRANSPORT

AIRCRAFT TRADING FOUNDATION

Page 2

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Schedule I (Form 990) 2009 AIRCRAFT TRADING FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	11	86,194.	0.		
GRANTS		. 000, 05	•0		
INTERNSHIPS	1	.028,8	•0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I, I	ine 2, and any other	additional information.	
APPLICANTS MUST BE ENTERING A PROGRAM		THAT PROMOTES	THE ADVANCEMENT	EMENT OF	
COMMERCIAL AVIATION THROUGH PROVIDING		TRAINING FOR CAREERS AS A	AREERS AS	A PILOT,	
FLIGHT ATTENDANT OR AIRCRAFT MECHANIC,	OR	PROVIDING STUDY	IN	THE FIELDS	
OF AERONAUTICS, AIRCRAFT LEASE/MANAGEMENT AND AIRLINE MANAGEMENT.	GEMENT A	ND AIRLINE	MANAGEMEN	Ē.	

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING FOUNDATION

Employer identification number 54-1742507

FORM 990, PART VI, SECTION A, LINE 3: AMC MANAGES ALL ASPECTS OF THE
ORGANIZATION'S OPERATIONS IN ACCORDANCE WITH ORGANIZATION
BYLAWS AND POLICIES. OPERATIONS MAY INCLUDE BUT ARE NOT LIMITED TO:
ADMINISTRATION, MEMBERSHIP, FINANCE & ACCOUNTING, EDUCATION, AND INFORMATION
TECHNOLOGY.
FORM 990, PART VI, SECTION B, LINE 11: PREPARED BY AUDITORS, REVIEWED BY
ACCOUNTING, PRESENTED TO ACCOUNT EXECUTIVE, SENT TO
TREASURER FOR REVIEW AND SIGNATURE
FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT ISSUES PRESENTED BY BOARD
MEMBERS IF ANY OCCUR
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
FORM 990, PART XI, LINE 2C
THE FOUNDATION HAS NOT CHANGED ITS REVIEW PROCESS.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009 Open to Public Inspection

Employer identification number 54-1742507 Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income <u>ত</u> ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) INTERNATIONAL SOCIETY OF TRANSPORT ► Attach to Form 990. Primary activity AIRCRAFT TRADING FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Part II Part I

Direct controlling entity status (if section Public charity 501(c)(3)) e Exempt Code section € 501 (C) Legal domicile (state or foreign country) <u>ပ</u> ILLINOIS Primary activity TRADE ASSOCIATION TRADING - 52-1304567, 401 N. MICHIGAN AVE., INTERNATION SOCIETY OF TRANSPORT AIRCRAFT Name, address, and EIN of related organization 60611 ΪĽ CHICAGO,

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Schedule R (Form 990) 2009

932161 02-04-10

INTERNATIONAL SOCIETY OF TRANSPORT

Schedule R (Form 990) 2009 AIRCRAFT TRADING FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related, organizations treated as a partnership during the tax year.) Part III

Page 2

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managing partner? Yes No Seneral or Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
(Direct controlling | entity Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Part IV

(a)	(q)	(0)	(p)	(p)		(6)	(h)
Name, address, and EIN of related organization	Primary activity	9	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
932162 02-04-10	33	3				Schedule R (Form 990) 2009	n 990) 2009

INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING FOUNDATION

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Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

			ľ	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		Q		×
c Gift, grant, or capital contribution from other organization(s)		5	×	
d Loans or loan guarantees to or for other organization(s)		10		×
		. 4		×
f Sale of assets to other organization(s)		=		×
a Purchase of assets from other organization(s)		5		×
		P =		×
i lease of facilities equipment or other assets to other organization(s)		÷	<u> </u>	×
Leade of identical equipment, of other assets to other organization (9)		=		:
j Lease of facilities, equipment, or other assets from other organization(s)		=	Γ	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
1 Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		ᄪ		×
n Sharing of paid employees		-		$ \bowtie $
o Reimbursement paid to other organization for expenses		10		×
p Reimbursement paid by other organization for expenses		10		×
				اً
q Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		1r		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a·r)	(c) Amount involved	volvec	-
(1) INTERNATIONAL SOCIETY OF TRANSPORT AIRCRAFT TRADING	ນ	97	, 4	17.
(2)				
(6)				
(4)				
(5)				
(9)				
932163 02-04-10	Sched	Schedule R (Form 990) 2009	; (066	2009

INTERNATIONAL SOCIETY OF TRANSPORT

Schedule R (Form 990) 2009 AIRCRAFT TRADING FOUNDATION

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	10	5	1-7	9	[]	1
(p)	(c)	2	<u> </u>	a		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	
		16	Yes No		Yes	(con mod)	Yes
					_		
	-			•	_		
					-		
							<u> </u>
							_
					_		