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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No 1545-1150
2009
Open to Public Inspection

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 SOUTHWINGS INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite 35 HAYWOOD STREET <hr/> City or town, state or country, and ZIP + 4 ASHEVILLE, NC 28801	D Employer identification number 62-1666910 <hr/> E Telephone number (828) 225-5949 <hr/> F Group Exemption Number
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify):

I Website: www.southwings.org

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)(3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A 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. **\$** 297,505

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	291,164
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	0
	4 Investment income	4	2,529
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	3,639
	b Less direct expenses other than fundraising expenses	6b	1,934
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,705	
7a Gross sales of inventory, less returns and allowances	7a	173	
b Less cost of goods sold	7b	18	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	155	
8 Other revenue (describe)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	295,553	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	174,159
	13 Professional fees and other payments to independent contractors	13	42,192
	14 Occupancy, rent, utilities, and maintenance	14	11,400
	15 Printing, publications, postage, and shipping	15	1,987
	16 Other expenses (describe)	16	68,412
17 Total expenses. Add lines 10 through 16	17	298,150	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,597
	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	275,780
	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	273,183

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	148,307	22	169,391
23 Land and buildings		23	
24 Other assets (describe)	209,188	24	172,178
25 Total assets	357,495	25	341,569
26 Total liabilities (describe)	81,715	26	68,386
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	275,780	27	273,183

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? Please see attached note	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 SouthWings works with a network of volunteer pilots whose flights assist with protection and restoration of ecosystems in eleven states in the southeastern United States. During 2009 SouthWings flew (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	208,705
29 140 flights with 326 passengers to educate and inform about environmental issues, including watershed and forest conservation, mountaintop removal, coal mining, wetland loss, coastal development impacts (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 AND CONCENTRATED ANIMAL FEEDING OPERATIONS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	208,705

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b 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
NONE				

50(f) Total number of other employees paid over \$100,000 **0**

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
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 **0**

Please Sign Here

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

Signature of officer: ***** Date: 2010-05-15

Type or print name and title: ELISABETH DONNOVIN PRESIDENT

Paid Preparer's Use Only

Preparer's signature: STEPHEN C CORLISS Date: 2010-08-05 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CORLISS & SOLOMON PLLC, 242 CHARLOTTE STREET SUITE 1, ASHEVILLE, NC 28801

Preparer's identifying number (See instructions): EIN: Phone no: (828) 236-0206

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization SOUTHWINGS INC

Employer identification number

62-1666910

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	203,425	214,061	419,612	367,179	291,164	1,495,441
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	203,425	214,061	419,612	367,179	291,164	1,495,441
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)						497,154
6 Public Support. Subtract line 5 from line 4						998,287

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	203,425	2,402	419,612	367,179	291,164	1,495,441
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,400	2,402	5,526	5,340	2,529	18,197
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	274	10,186	1,797	582	3,812	16,651
11 Total support (Add lines 7 through 10)						1,530,289

12 Gross receipts from related activities, etc (See instructions)

12	
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13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**
Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	65 240 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	62 280 %

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 **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the 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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from 2008 Schedule A, Part III, line 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

OTHER INCOME PART II, LINE 10, DESCRIPTION SPECIAL EVENT INCOME, 2005 0 , 2006 8656 , 2007 0 , 2008 0 , 2009 3639 , DESCRIPTION OTHER, 2005 274 , 2006 1530 , 2007 1797 , 2008 582 , 2009 173 ,

Additional Data

Software ID:
Software Version:
EIN: 62-1666910
Name: SOUTHWINGS INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
WILLIAM L CALLAWAY 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Executive Director 40 00	34,223	2,102	
W HUME DAVENPORT 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Interim ED/Board 29 00	28,100		
ELISABETH DONNOVIN 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	President 1 00	0		
SUZI WILKINS-BERL 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Vice President 1 00	0		
SUSAN LAPIS 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Secretary 1 00	0		
CAROL HAACK 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Treasurer 1 00	0		
MARIE GUNNOE 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Director 1 00	0		
JAY MILLS 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Director 1 00	0		
LIBBY WOODRUFF 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Director 1 00	0		
BRETT SMITH 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Director 1 00	0		
CHUCK PRUETT 35 HAYWOOD ST STE 201 ASHEVILLE, NC 28801	Director 1 00	0		

TY 2009 Other Assets Schedule

Name: SOUTHWINGS INC

EIN: 62-1666910

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	1,032	324
Pledges Receivable	97,000	65,000
Prepaid Expenses	306	
Rental Deposit	325	325
Cessna 182 Aircraft, net	102,455	97,763
Office Equipment, net	7,849	6,183
Office Furniture, net	221	2,583

TY 2009 Other Expenses Schedule

Name: SOUTHWINGS INC

EIN: 62-1666910

Description	Amount
Aircraft Equipment & Maintanence	6,051
Aircraft Fuel & Oil	6,861
Aircraft Insurance	2,120
Aircraft Loan Interest	4,587
Aircraft Tie Down Fees	415
Bank & Payroll Service Fees	490
Board Meetings & Retreats	572
Carbon Offsets	450
Computers	1,408
Dues & Subscriptions	2,118
Insurance	3,729
License Fees	225
Office Supplies	1,651
Other Expenses	1,152
Personnel Advertising	3,636
Telephone & Internet	3,785
Travel-Board members	266
Travel-Staff Conferences	7,258
Volunteer Pilot Support	8,513
Website	4,694
Workshops, Seminars & Conferences	1,049
Depreciation	7,382

TY 2009 Other Liabilities Schedule

Name: SOUTHWINGS INC

EIN: 62-1666910

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	7,864	1,141
Payroll Liabilities	4,341	4,551
Interest Payable	446	
Secured Notes Payable to Suntrust Bank for Cessna 180Q & Hangar	69,064	62,694