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Form **990-EZ**

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

OMB No 1545-1150

2009

Open to Public Inspection

Dep Inte	partment o	of the Treasury enue Service	assets less that The organization may ha	in \$1,250,000 at the ve to use a copy of t					Inspection
A	For the	e 2009 calendar	ır, or tax year beginning	, and	lending				
В	Check if	applicable Ple	C Name of organization	-				D Employ	er identification number
	Address	change use							
	Name cl	hange pri	I AVIATION COUNCI	L OF ALA	BAMA,	INC.		63-	1205327
	Initial ref	l'	Number and street (or P O box, if m	ail is not delivered to	o street addres	s)	Room/suite	E Teleph	one number
	Termina	ition Sec	800 AIRPORT DRI	VE			15	334	-983-8100
	Amende			P + 4				F Group	Exemption
Ц	Applicat	ion pending tion	DOTHAN		AL 363	03		Numbe	
	Sec		nızations and 4947(a)(1) nonexem	•	ists must att	tach	G Accounting	g method	X Cash Accrual
			ompleted Schedule A (Form 990				Other (specify)		
1	_		VIATIONCOUNCILOFA				H Check ►	If the o	rganization is not ule B (Form 990
<u>J</u>		empt status (check			4947(a)(1) or				ule B (Form 990,
K	Check		organization is not a section 509(a)(than \$25,000 A
_			return is not required, but if the orga						100,295
<u> </u>	Part I		e 9 to determine gross receipts, if \$500,00		•			▶ \$	
	1		Expenses, and Changes in rants, and similar amounts received	Her Wasera C	7 Fullu B	alances (see the mstr		i Pail i)
	2		•	nd contracts				2	
	3	_	evenue including government fees a	no contracts	Ç A	a Gtate	ement 1	3	42,100
	4	Investment inco	and assessments		De.	e blace	ewenc T	4	810
	5a		; n sale of assets other than inventory	,	1	5a		-	
	b		basis and sales expenses		İ	5b		\dashv \parallel	
			ile of assets other than inventory (Subtrac	t line 5h from line 5:	a) 	<u> </u>		5c	
΄, ⊕	· '	, ,	ctivities (complete applicable parts of Sch		,	mina, check h	ere 🕨 🗀	"	
Revenűe	a		t including \$						
Š	1	reported on line		of contrib		6a	57,38	35	
	Ь	•	ses other than fundraising expenses	i		6b	47,85		
	c						6c	9,530	
	7a	Gross sales of	ry, less returns and allowances 7a						
	b	Less cost of go	s sold			7b			
	С		s) from sales of inventory (Subtract	line 7b from line 2	7a)			7c]	
	8	Other revenue (scribe 🕨		RE	CEIVE) 8	
_	, 9	Total revenue.	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			OFIAE		9	52,440
	10	Grants and simi	amounts paid (attach schedule)		<u>ග</u>		12	10	
	,11	Benefits paid to	for members		27 JUL	1 9 2010		11	,
es	12	Salaries, other of	npensation, and employee benefits	1	L		1 &	12	20,000
ISE	13	Professional fee	and other payments to independent of	contractors	OGI	DEN, U	- =	13	23,689
Expense	. 14	• •	tilities, and maintenance	-		22.0, 0	<u>'</u>	14	293
ш	.		ns, postage, and shipping					15	364
	16		escribe See Stateme	ent 2		<u> </u>	 _) 16	10,281
_	17		dd lines 10 through 16			· · · · · · · · · · · · · · · · · · ·		17	54,627
ន	18	•	for the year (Subtract line 17 from lin	•				18	-2,187
SSe	19		balances at beginning of year (from	line 27, column (A)) (must agi	ee with			70 170
AN Assets	20		reported on prior year's return)					19	78,172
5	20	-	et assets or fund balances (attach e		^			20	75 005
	Part II		balances at end of year Combine lineets. If Total assets on line 25, co			6la C	. 000 1 - 61	21	75,985
		Dalance	(See the instructions for Part II)		230,000 01 111		Beginning of year		(B) End of year
984x(4)	Cash s	savings, and inve	,			\(\frac{\lambda}{\chi}\)	78,73		76,339
₹ 23	Land ar	nd buildings					,0,72	23	10,333
24	Other a	issets (describe	See Statement 3	3		,	43	-	146
25	Total a					_'	79,17	_+	76,485
			See Statement	4		,	1,00		500
			es (line 27 of column (B) must agre				78,17		75,985
			rk Reduction Act Notice, see the s		tions.	• .			Form 990-EZ (2009)

Form 990-EZ (2009) AVIATION COL	JNCIL OF ALABAM	IA, INC. 6	3-1205327				Pag	је 2
Part III Statement of Program S	ervice Accomplishmer	nts (See the instruc	tions for Part III	.)		Éx	penses	
What is the organization's primary exempt purpos	e?				(R	equired	for section	
TO PROMOTE AVIATION					50)1(c)(3) a	and 501(c)(4)	
Describe what was achieved in carrying out the o	• • • •				or	ganızatıo	ons and section	
manner, describe the services provided, the num	per of persons benefited, or ot	her relevant information for	or		49	147(a)(1)	trusts, optiona	İ
each program title					for	r others))	
28 THE ORGANIZATION PROVIDES AN ER								
AVIATION-MINDED INDIVIDUALS, BU	SINESSES, AND OTHER							
GROUPS.				۳,		ľ		
	s amount includes foreign gran	its, check here	<u>P</u> _		28a	-	 .	
29 THE ORGANIZATION PROVIDES ITS N								
OPPORTUNITIES TO INTERACT & EXC	HANGE INFORMATION THR	OUGH						
SEMINARS, CONFERENCES, ETC. (Grants \$) If this	a account includes foreign gran	ita ahaak bara	_	<u></u>	20-			
30 THE ORGANIZATION HAS ESTABLISHE	amount includes foreign gran		<u>.</u>	<u> </u>	29a			
CHAMBERS OF COMMERCE, INDUSTRIA								
OTHER ECONOMIC GROUPS TO PROMOT	•	AND						
	s amount includes foreign gran	its check here		\Box	30a			
31 Other program services (attach schedule)	dinealt includes loreign gran	no, oneok nere		!	300			_
, ,	s amount includes foreign gran	its check here	•		31a	Ì		
32 Total program service expenses (add lines		,	<u></u>	<u>'</u>	32	 		_
Part IV List of Officers, Directors, Trus		ist each one even if not c	ompensated (See t	he in		ons for P	Part IV)	
		(b) Title and average	(c) Compensation	(d)	Contrib	utions to	(e) Expense	
(a) Name and ac	Idress	hours per week devoted to position	(If not paid, enter -0-)			efit plans & pensation	account and other allowance	38
RICK TUCKER	HUNTSVILLE	PAST PRESIDI						
1000 GLENN HEARN BLVD., BOX 20008	AL 35824	1.00	0			o		0
FRED SINGTON	GADSDEN	PRESIDENT						
185 IRA GRAY DRIVE	AL 35904	1.00	0			0		0
ART MORRIS III	DOTHAN	SECRETARY						
800 AIRPORT DRIVE, SUITE 15	AL 36303	1.00	0			0		0
MENZO W. DRISKELL	SELMA	VICE-PRESIDI	e rr					
P.O. BOX 1421	AL 36702	1.00	0			0		0
STEPHANIE BLANKENSHIP	HEADLAND	EXECUTIVE D	RECTOR					
230 AIRPORT DRIVE, P.O. BOX 128	AL 36345	10.00	20,000	_		0		0
TERRY CAPPS	PELL CITY	TREASURER						
240 AIRPORT ROAD	AL 35128	1.00	0			0		0
COL. ROOSEVELT J. LEWIS	MONTGOMERY	DIRECTOR						
6026 FOREST RD DR	AL 36117	1.00	0			0		0
KENT R. KELLY	MONTGOMERY	DIRECTOR						
1400 EAST SOUTH BULLIVARD	AL 36116	1.00	0	<u> </u>				0
BUZZ SAWYER	DEMOPOLIS	DIRECTOR						
PO BOX 774	AL 36732	1.00	0			0		0
RAY MILLER	TALLADEGA	DIRECTOR						_
DR. WILLIAM HUTTO, JR.	AL 35160 AUBURN	1.00						0
700 AIRPORT DRIVE	AL 36830	DIRECTOR				ا		^
DR. WAYNE CAMERON	TUSCALOOSA	1.00 DIRECTOR	·					0
7601 ROBERT CARDINAL AIRPORT RD	AL 35401	1.00				ا		0
MR. PHIL PERRY	MONTGOMERY	DIRECTOR	 				· · · · · · · · · · · · · · · · · · ·	-
4445 SELMA HIGHWAY	AL 36108	1.00	0			اه		0
								<u> </u>
		1						
							··	_
								
	·····							
				1				

				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
		e Stmt 5	33	X	<u> </u>
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy o	f	1		٠,,
25	the changes		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but n	Statement 6			
•	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T See Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	Blacement 0		:	f
а	6033(e) notice, reporting, and proxy tax requirements?		35a	х	
ь	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		335		
	during the year? If "Yes," complete applicable parts of Schedule N		36		x
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_{7a}			
b	Did the organization file Form 1120-POL for this year?	<u>; =.1</u>	37Ь		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 3	8b			
39	Section 501(c)(7) organizations Enter		1		
a	Initiation fees and capital contributions included on line 9	9a			
b	Gross receipts, included on line 9, for public use of club facilities	9b]		
40a,	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		7		
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess ben	efit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified				}
	person in a prior year, and that the transaction has not been reported on any of the organization's prior				ŀ
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	•			
ď	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	·			
θ	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				X
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed None		40e		
41 42a	The organization's books are in care of ART MORRIS, III	Telephone no ▶ 334	1-98	3 - 8	100
774	800 AIRPORT DRIVE	relephone no P 33	. , ,	-	100
	Located at DOTHAN, AL	ZIP+4 ▶ 36	303		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authorit				
!>	over a financial account in a foreign country (such as a bank account, securities account, or other financial	•		Yes	No
t1 4	account)?		42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	k			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?		42c		X
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here				
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
			ı	1	
	D.4.0.			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				v
AE	Form 990-EZ	,	44		<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? I	t	_		v
	"Yes," Form 990 must be completed instead of Form 990-EZ		45	0 E 7	X
		F	orm 99	v- ⊏ ∠	(2009)

Form	990-EZ (2009) AVIATION COUNCIL OF ALABAMA,	INC.	63-12	05327			Р	age 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a	a)(1) nonexer	npt char	itable tru	sts only. All se	ection		
	501(c)(3) organizations and section 4947(a)(1) none	xempt charita	ble trust	s must a	nswer questior	s 46-4	19b	
	and complete the tables for lines 50 and 51.				·			
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in op	position to			,	Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I					46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II				47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule	Е		48		
49a	Did the organization make any transfers to an exempt non-charitable related or	ganization?				49a		
b	If "Yes," was the related organization a section 527 organization?					49b		
50	Complete this table for the organization's five highest compensated employees	(other than office	rs, director	s, trustees a	and key			
	employees) who each received more than \$100,000 of compensation from the	organization If th	ere is none	e, enter "Nor	ne "			
	(a) Name and address of each employee paid more	(b) Title and aver hours per week		mpensation	(d) Contributions to employee benefit plans &	(e) E	xpens unt ar	
	than \$100,000	devoted to positi			deferred compensation	other a		
								·
					,	<u> </u>		
		<u> </u>						
f	Total number of other employees paid over \$100,000	-			_			
	\$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 o	f service	(c) C	ompensa	tion	
٧,								
					ļ			
				<u> </u>				
	Table and the same							
d	Total number of other independent contractors each receiving over \$100,000	-						
	Linder paraltips of parties I dealers that I have exemped the seture undivides							
	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other than it	accompanying scne officer) is based on	auies and sta all informatio	stements, and n of which pre	parer has any knowled	weage ige		
Sign			A	15	July ZO	_		
Here			<u> </u>	Date	July 201	0		
	ART MORRIS, III	SE	CRETA					
	Type or print name and title				··			
	Preparer's Man (My James	Date		Check if	Preparer's Ident	ifying Numl	ber (Se	e instr)
Paid	, The state of the	06/	22/10	self-	421-62	2 - 94	47	
	parer's Firm's name (or yours MCCLINTOCK, NELSON &					3-10		714
•	Only of self-employed), 3646 W MAIN ST	DOCTAI	_J, E			<u> </u>		<u>,</u>
	address, and ZIP + 4 DOTHAN, AL 36305-104	18			Phone no ▶ 334	-793	_1.	414
May	the IRS discuss this return with the preparer shown above? See instructions					Yes		No
						rm 990		

50 AVIATION COUNCIL OF ALABAMA, INC.

63-1205327

Federal Statements

FY.E: 12/31/2009

6/22/2010 4:16 PM

Statement 5 - Form 990-EZ, Part V, Line 33 - Activity not Previously Reported to IRS

Description

DUE TO THE NEED FOR SIGNIFICANT LEGISLATION INVOLVING THE PROTECTION OF THE AIRSPACE FOR APPROACHES AND IMMEDIATELY SURROUNDING ALL ALABAMA AIRPORTS, THE AVIATION COUNCIL OF ALABAMA, INC. INCURRED LOBBYING EXPENDITURES FOR THE FIRST TIME DURING 2009.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

► See separate instructions.

OMB No 1545-0047 Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

i 501(c)(4), (5), or (6) organizations. Complete Part I

Nai	ne of organization AVIATION COUNCIL OF	ALABAMA, INC.		Employer identifi 63 - 12053	
Pai	t I-A Complete if the organization is exe		(c) or is a section		
1	Provide a description of the organization's direct and indir			organizatio	
2	Political expenditures	out pomical campaign convince		▶ \$	
3	Volunteer hours			, , _	
				_	
Pa	t I-B Complete if the organization is exe	empt under section 501	(c)(3).		
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organizati	on managers under section 495	5	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?		_	Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pa	t I-C Complete if the organization is exe	empt under section 501	(c), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	tion for section 527 exempt fund	tion		
	activities			▶ \$ _	
2	Enter the amount of the filing organization's funds contrib	uted to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Er	nter here and on Form 1120-PC	L,		
	line 17b			▶ \$	
ં 4 ્	Did the filing organization file Form 1120-POL for this year				Yes No
5 `	Enter the names, addresses and employer identification r				
	were made For each organization listed, enter the amoun				
	contributions received that were promptly and directly del			eparate segregated	
	fund or a political action committee (PAC). If additional sp	pace is needed, provide informati	ion in Part IV	Υ	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
		İ		lanco ii nono, omo	delivered to a separate
-	_				political organization If none, enter -0-
	· · · · · · · · · · · · · · · · · · ·	 			none, enter -o-
			· · · · · · · · · · · · · · · · · · ·		
					
			 		
	······································				
For F	rivacy Act and Paperwork Reduction Act Notice, see t	he Instructions for Form 990 o	or 990-EZ.	Schedule C (Forn	990 or 990-EZ) 2009

0 00	722/2010 4 16 PM					
			CIL OF ALAE			
a	rt II-A Complete if the organi under section 501(h)).	zation is exempt	under section 5	01(c)(3) and f	iled Form 5768 (ele	ection
_ (Check ▶ ☐ if the filing organization	tion belongs to ar	affiliated group			
	Check ▶ ☐ if the filing organization			ntrol" provisio	ns apply.	
		bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence pu	blic opinion (grass roo	its lobbying)			
b	Total lobbying expenditures to influence a l	egislative body (direct	lobbying)	_		· · · · · · · · · · · · · · · · · · ·
C	Total lobbying expenditures (add lines 1a a	nd 1b)		_		· · · · · · · · · · · · · · · · · · ·
	Other exempt purpose expenditures			<u> </u>		
	Total exempt purpose expenditures (add lii	•		-		
f	Lobbying nontaxable amount Enter the an columns	ount from the following	g table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			
	Not over \$500,000	20% of the amount or	line 1e			
ļ	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000	<u> </u>		
ļ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,0	00		
ļ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over \$1,500,00	0		
\perp	Over \$17,000,000	\$1,000,000				
g	•	•		<u> </u>		
	Subtract line 1g from line 1a If zero or less	•		-		
•	Subtract line 1f from line 1c If zero or less,			_		···
j	If there is an amount other than zero on eit	her line 1h or line 1i, d	id the organization file l	Form 4720 report	ng	п., п.,
	section 4911 tax for this year?					Yes No
		4-Year Averagin	ng Period Under	Section 501(h	1)	
	(Some organizations th	at made a sectio	n 501(h) election	do not have	to complete all of t	the five
	columns be	low. See the ins	tructions for line	s 2a through	2f on page 4.)	
•	Lob	bying Expenditu	res During 4-Yea	r Averaging I	Period	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
Ө	Grassroots ceiling amount					
	(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)).

		(8	1)	(b) Amount
		Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local			·
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
aı	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), c	or se	ction
	501(c)(6).			

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Dues, assessments and similar amounts from members	1	42,100
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
expenses for which the section 527(f) tax was paid).	1 1	
Current year	2a	30,347
Carryover from last year	2b	
Total	2c	30,347
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	30,312
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
and political expenditure next year?	4	35
Taxable amount of lobbying and political expenditures (see instructions)	5	
)	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2009 AVIATIO

AVIATION COUNCIL OF ALABAMA, INC.

63-1205327

Page 4

Part IV Supplemental Information (continued)

•	*****	-	Special	Events	Schedu	ile			
Form 99	0	For calendar year 2009, or tax	-			, and ei	ndina		2009
 Name		Tor Caleridar year 2009, or tax	year beginning	<u> </u>		, and en	iding	Employer Id	Lentification Number
AVIATIO	N COU	NCIL OF ALABAMA	, INC.					63-120	5327
		(A)	(B)		(C)		Others		Total
Gross receipts		57,385				0		0	57,385
Less contribi	•	0			·	0 _		0	0
Gross revenue	-	57,385		0		0			57,385
Less direct e		47,855		0		0 _			47,855
Net income (lo	ss)	9,530		<u> </u>		0		<u> </u>	9,530
	(B) (C) Others								
									

50 AVIATION COUNCIL OF ALABAMA, INC.

63-1205327

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount	
MEMBERSHIP	DUES	\$ 42,10	00
Total		\$ 42,10	00

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount			
Expenses	\$			
MARKETING EXPENSES	3,123			
OFFICE SUPPLIES	279			
CONFERENCE SUPPLIES	117			
MISC SUPPLIES	56			
HOTEL & AIRFARE	1,341			
MEETINGS	1,088			
LEAGUE CONFERENCE EXPENSE	1,238			
CONSULTANTS WORKSHOP	548			
INSURANCE	1,689			
BANK CHARGES	802			
Total	\$ 10,281			

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Description Beginning of Year			End of Year
Less Accumulated Depreciation	\$	3,661 3,222	\$	3,661 3,515
		439	_	146

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		
Deferred Revenue	\$ 1,000	\$	500
	 1,000		500

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Identifying number

	AVIATIO	N COUNCIL	OF ALABAMA,	_INC.			63-	120	5327
	ess or activity to which this form relates ndirect Depreciati	OD							
	art I Election To Expen		erty Under Section	n 179					
٠.	Note: If you have a	-	•		com	nlete Pa	rt I		
1				v belote you	00111	picto i a	1 (1.	1	250,000
2	Maximum amount See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions)					2			
3	Threshold cost of section 179 prope			tions)				3	800,000
4	Reduction in limitation Subtract line			···,				4	
5	Dollar limitation for tax year Subtract line	e 4 from line 1. If zero or	less, enter -0- If married fi	iling separately, se	e instru	ctions		5	
6	(a) Description			Cost (business use			Elected cost		
					•				
7	Listed property Enter the amount fr	om line 29			7				
8	Total elected cost of section 179 pro	operty Add amounts	ın column (c), lines 6 aı	nd 7				8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	
10	Carryover of disallowed deduction f	rom line 13 of your 2	008 Form 4562					10	
11	Business income limitation. Enter the	ne smaller of busines	s income (not less than	zero) or line 5 (s	see ins	tructions)		11	
12	Section 179 expense deduction Ad	d lines 9 and 10, but	do not enter more than	line 11		,		12	
13	Carryover of disallowed deduction t			<u> </u>	13				
	: Do not use Part II or Part III below t								
	art li Special Depreciati					ude liste	ed prope	rty.)	(See instr.)
14	Special depreciation allowance for o		er than listed property)	placed in service	е			۱	
4.5	during the tax year (see instructions	•						14	
	Property subject to section 168(f)(1	•						15 16	293
16 D:	Other depreciation (including ACRS art III MACRS Depreciati		ide listed property	\ (See instru	iction	(c)		16	293
	MACINO Depreciati	on the not men	Section A		CUOI	is. <i>)</i>			
17	MACRS deductions for assets place	ed in service in tax ve			·····		- .	17	0
18	If you are electing to group any assets pla	•			ounts c	heck here	· 🗆		
			rvice During 2009 Tax					stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only–see instructions)	se (a) Nocovery	(e) C	Convention	(f) Meti	nod	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
.c	7-year property								
d	10-year property								
θ	15-year property								<u>-</u>
f	20-year property								_
. g				25 yrs			S/L		
h	Residential rental			27 5 yrs	<u></u> ,	MM	S/L		
	property			27 5 yrs		MM	S/L		· -
i	Nonresidential real property			39 yrs		MM	S/L		
	<u> </u>	seeta Blaced in Sen	vice During 2000 Tow Y	/aas Ulaina Aha /	\ \!\$~~~~	MM tive Deser	S/L		
14		Sets Placed in Serv	rice During 2009 Tax Y	ear Using the A	Aiterna	tive Depr	· ·	ystem	
	Class life 12-year	:		12.55	├		S/L		
	40-year			12 yrs		1414	S/L		
	ert IV Summary (See inst	tructions \	<u> </u>	40 yrs	<u> </u>	MM	S/L		
21	Listed property Enter amount from							21	,
22	Total. Add amounts from line 12, lin		es 19 and 20 in column	(a) and line 21	Enter	here		21	· ··· - · · · · · · · · · · · · · · · ·
_	and on the appropriate lines of your				LINGI			22	293
23	For assets shown above and placed								233
	portion of the basis attributable to se	-			23				
_									

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Form **8868** (Rev 4-2009)

Internal Revenue			ĺ				
	filing for an Automatic 3-Month Extension, complete only Part I and check this box		·		X		
_	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)						
Do not comp	lete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8	3868					
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A	and the file file of the control of						
	required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete				\Box		
Part I only					\Box		
	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension	n of					
	ome tax returns						
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	to file					
	irns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868						
	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, gro	•					
	omposite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II)	of For	m				
8868 For mor	e details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits						
Type or	Name of Exempt Organization	mploy	er identif	fication number			
print							
File by the		<u>3-1</u>	.20532	<u> 27 </u>			
due date for filing your	Number, street, and room or suite no If a P.O box, see instructions						
return See	800 AIRPORT DRIVE 15						
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions						
01 14	DOTHAN AL 36303						
	f return to be filed (file a separate application for each return).		m _				
Form 99	— · · · · · · · · · · · · · · · · · · ·			Form 4720			
Form 99	H (************************************			Form 5227			
X Form 99	H			Form 6069			
☐ Form 99	0-PF		∐ F	Form 8870			
Telephone If the organ If this is for for the whole galist with the n I request until O for the or	are in the care of ► ART MORRIS, III No ► 334-983-8100 FAX No ► Inization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ames and ElNs of all members the extension will cover it an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15/10, to file the exempt organization return for the organization named above. The extension is reganization's return for calendar year 2009 it ax year beginning, and ending	his is ch		.	<u> </u>		
2 If this tax	year is for less than 12 months, check reason Initial return Final return Change in ac	counti	ing period	l			
	plication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						
	nonrefundable credits. See instructions	3a	\$				
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax						
	s made Include any prior year overpayment allowed as a credit	3b	\$				
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	- 1					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	1					
	See instructions	3с	\$				
_	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO						
for payment ins							
For Privacy Ac	t and Paperwork Reduction Act Notice, see Instructions.		Form	n 8868 (Rev 4-20	009)		