



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20	
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	C Name of organization Natl Air Traffic Controllers Assoc Charitable Found. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2420 Villa Vera Drive City or town, state or country, and ZIP + 4 Arlington, Texas, 76017
	D Employer identification number 75 2556496
	E Telephone number (817) 466-3523
	G Gross receipts \$ 81,423
	F Name and address of principal officer Cathy Meachum, President 2420 Villa Vera Drive, Arlington, Texas, 76017
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ http://ncf.natca.net	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1994 M State of legal domicile TX	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The National Air Traffic Controllers Association Charitable Foundation is organized for the purpose of assisting charitable, educational, scientific or other activities benefiting the common welfare.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	61
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	35,653	55,395
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	697	738
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,205	22,180
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	73,555	78,312
	14 Benefits paid to or for members (Part IX, column (A), line 4)	63,295	81,326
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,838	3,114
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	65,133	84,440
	19 Revenue less expenses. Subtract line 18 from line 12	8,421	(6,128)
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	111,760	109,026
	22 Net assets or fund balances. Subtract line 21 from line 20	0	3,394

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date	
	MARLENE M MENDEL TREASURER	8-13-10	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Preparer's identifying number (see instructions)
	Phone no ▶ ()		

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

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

Cat No 11282Y

Form **990** (2009)

SCANNED SEP 13 2010

8 9/17/10

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

The National Air Traffic Controllers Association Charitable Foundation is organized for the purpose of assisting charitable, educational, scientific, or other activities benefiting or serving the common welfare.

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 \$ **11,214** including grants of \$ **11,214**) (Revenue \$)

Adopt-a-Family Holiday Programs. Economically disadvantaged families were adopted and provided gifts of food, clothes, toys, household needs, and toiletries. Area non-profit organizations assisted with screening families for neediness. Gifts were wrapped in holiday paper and delivered along with food and grocery gift cards by our volunteers. DFW area program assisted 4 large families. Houston area program assisted individuals through Child Protective Services. Florida area program assisted individuals through Big Brothers Big Sisters. DC area program assisted individuals through Toys for Tots.

4b (Code:) (Expenses \$ **9,500** including grants of \$ **9,500**) (Revenue \$)

First Tee Miami - Special Olympics/Embrace Girls. Provided for Special Olympians and girls from the Embrace Girls foundation to learn golf and experience the games positive values. First tee provides the facilities and experiences that will enable kids from every walk to life to partake of a game that teaches values for life. Embrace Girls Foundation targets at risk girls age 4-12 residing in Miami-Dade and Broward County, FL.

4c (Code:) (Expenses \$ **3,500** including grants of \$ **3,500**) (Revenue \$)

Canned Food Drive Programs. Canned food drives were held at facilities in conjunction with monetary donations to restock food banks across the country.

- Philabundance Food Bank, Philadelphia, PA - \$500

- St. Mary's Food Bank, Phoenix, AZ - \$750

- San Diego Food Bank, San Diego, CA - \$750

- St. Joseph's Food Bank, Los Angeles, CA - \$750

- Second Harvest, Minneapolis/St. Paul, MN - \$750

4d Other program services. (Describe in Schedule O.)(Expenses \$ **57,112** including grants of \$ **57,112**) (Revenue \$)**4e** Total program service expenses **81,326**

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 as applicable	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• 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.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	<input type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 Schedule J.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
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-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does 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?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	10
b Enter the number of voting members that are independent	1b	10
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓
6 Does the organization have members or stockholders?	6	✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	✓
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	✓
14 Does the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	
b Other officers or key employees of the organization	15b	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Texas
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Marlene Mendel, 2420 Villa Vera Drive, Arlington, Texas, 76017, (817) 466-3523

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Baugh, Trustee	1	✓						0	0	0
Debra Donahue, Trustee	1	✓						0	0	0
Darrell Meachum, Director	1	✓						0	0	0
Trish Gilbert, Director	1	✓						0	0	0
Butch Cooper, Director	1	✓						0	0	0
Elena Nash, Director	1	✓						0	0	0
Eric Owens, Director	1	✓						0	0	0
Jeff Woods, Director	1	✓						0	0	0
Cathy Meachum, President	15			✓				0	0	0
Christina Gilstrap, Vice President	15			✓				0	0	0
Marlene Mendel, Treasurer, Director	5	✓		✓				0	0	0
Yvette Woods, Secretary	1			✓				0	0	0

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

1b Total	0	0	0
-----------------	----------	----------	----------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 1,424			
	b Membership dues	1b 0			
	c Fundraising events	1c 0			
	d Related organizations	1d 0			
	e Government grants (contributions).	1e 0			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 53,971			
	g Noncash contributions included in lines 1a-1f: \$	0			
	h Total. Add lines 1a-1f	55,395			
Program Service Revenue	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f	0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	738	0	0	738
	4 Income from investment of tax-exempt bond proceeds	0	0	0	0
	5 Royalties	0	0	0	0
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	0	0	0	0
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)	0	0	0	0
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 23,353			
	b Less: direct expenses	b 2,835			
	c Net income or (loss) from fundraising events	20,519	20,519	0	0
	9a Gross income from gaming activities See Part IV, line 19	a 1,937			
	b Less: direct expenses	b 276			
	c Net income or (loss) from gaming activities	1,661	1,661	0	0
	10a Gross sales of inventory, less returns and allowances	a			
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	0	0	0	0	
Miscellaneous Revenue					
Business Code					
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	0				
12 Total revenue. See instructions.	78,312	22,180	0	738	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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	81,326	81,326		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other	0	0	0	0
12	Advertising and promotion	1,397	0	0	1,397
13	Office expenses	1,687	0	1,687	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0	0	0	0
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.)				
a	State Corporation Registration Fee	30	0	30	0
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	84,440	81,326	1,717	1,397
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	35,949	1	32,507
	2 Savings and temporary cash investments	75,811	2	76,519
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b Less: accumulated depreciation 10b 0		10c 0	
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	111,760	16	109,026	
Liabilities	17 Accounts payable and accrued expenses	0	17	3,394
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	3,394
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	111,760	27	105,632
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	111,760	33	105,632
34 Total liabilities and net assets/fund balances	111,760	34	109,026	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- c** 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.
- d** 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 ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** 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? . . .
- b** 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.

	Yes	No
2a		✓
2b		✓
2c		
3a		✓
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

2009

**Open to Public
Inspection**

Name of the organization

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or 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 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?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
Total									

Part II 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

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 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						
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)						
6 Public support. Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 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 assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 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.")	38,986	43,605	29,016	35,653	55,395	202,655
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	14,338	32,982	13,715	37,205	22,180	120,420
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	53,324	76,587	42,731	72,858	77,574	323,074
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,040	12,378	6,288	19,930	29,050	68,686
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	0	0	0	0	0	0
c Add lines 7a and 7b	1,040	12,378	6,288	19,930	29,050	68,686
8 Public support. (Subtract line 7c from line 6.)						254,388

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	53,324	76,587	42,731	72,858	77,574	323,074
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	343	593	561	697	738	2,932
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	343	593	561	697	738	2,932
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	53,667	77,180	43,292	73,555	78,312	326,006

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	78.0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	87.7 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.9 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.7 %

19a 33½ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½ %, and line 17 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

b 33½ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½ %, and line 18 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

[illegible]

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Auction/Raffle (event type)	(b) Event #2 Bowling/Auction (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,695	10,681	0	21,376
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	10,695	10,681	0	21,376
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	1,381	606	0	1,987
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	335	662	0	997
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(2,984)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				18,392

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain: _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____ _____	10a	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

Name of the organization

National Air Traffic Controllers Association Charitable Foundation

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 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.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

**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

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

Part III, Line 4d, Other program services, page 1 of 6

(Code) (Expenses \$ 3,000 including grants of \$ 3,000) (Revenue \$ 0)

Reading & Radio Resources. This organization provides alternatives to reading for those who are visually or physically disabled and/or learning differenced. Funds utilized to purchase equipment and tape supplies for recorded books in the Dallas, Texas area.

(Code) (Expenses \$ 3,000 including grants of \$ 3,000) (Revenue \$ 0)

Riding Unlimited. This organizations helps mentally and physically challenged children through therapeutic riding. The smooth motion of the ride helps with relaxation and mobility. Donations were made to help cover the stable, feed, and medical costs related to the care of the horses. Riding Unlimited is located in Ponder, Texas.

(Code) (Expenses \$ 3,000 including grants of \$ 3,000) (Revenue \$ 0)

The Nature Conservancy. This conservation organization protects ecologically important lands and waters for nature and people. Funds allocated to the programs associated with the Mad Island Marsh Preserve along the Texas Coast, specifically for their education program.

(Code) (Expenses \$ 3,000 including grants of \$ 3,000) (Revenue \$ 0)

Promise Place. This organization provides assistance to victims of domestic violence and their children in the Fayetteville, Georgia and surrounding counties. Funds utilized to purchase new towels, wash cloths, pillows and to purchase office needs of computer and fax machine.

(Code) (Expenses \$ 3,000 including grants of \$ 3,000) (Revenue \$ 0)

San Diego Youth Services. This organization attempts to stabilize the lives of homeless, runaway, abused and at-risk youth in the San Diego area. \$ 2,000 of the funds allocated to Bridgman Home for Deaf which provides a therapeutic and social environment where Deaf youth can address issues that negatively impact their lives. \$ 1,000 of the funds allocated to the Storefront emergency shelter and transportation needs.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Challenge Air. Physically challenged pilots volunteer to fly physically and mentally challenged individuals. This experience shows the passengers that in spite of their physical challenge there is no limit to what they can achieve.

Funds were donated to help with the cost of fuel for airplanes at the FlyDay Event in Dallas, Tx.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51056K

Schedule O (Form 990) 2009

Name of the organization	Employer identification number
National Air Traffic Controllers Association Charitable Foundation	75 : 2556496

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Sire Therapeutic Equestrian Center. This organizations helps mentally and physically challenged children through therapeutic riding in the Houston area. Funds utilized for the care of horses and for specialty riding equipment.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

National Hemophilia Foundation. This organization is dedicated to the treatment and cure of hemophilia, related bleeding disorders, and the complications of those disorders or their treatment, including HIV infection. Funds were utilized for local programs to assist children and adults faced with the challenges of hemophillia in the Houston area.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Bakas Equistrian Center. This organizations helps mentally and physically challenged children through therapeutic riding in the Tampa Bay area. Funds utilized for the care of horses and for specialty riding equipment.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Charlie Bates Astronomy Foundation. This organization raises education and awareness in the science of astronomy in the name of Charlie Bates, an activist and air traffic controller with NATCA that has passed away. Funds were utilized for student supplies in the Atlanta, Georgia area.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Crohns and Colitis Foundation. Funds utilized educational programs and programs associated with Camp Oasis in the Northeast Ohio area.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Faith House of Acadiana. Located in Lafayette, LA this is a non-profit shelter for battered women and children. Funds utilized for clothing, cleaning supplies and toiletries for the shelter.

(Code) (Expenses \$ 2,000 including grants of \$ 2,000) (Revenue \$ 0)

Wintergreen Adaptive Skiing. This Virginia based non-profit works with quadriplegic, paraplegic and physically challenged adults and children to teach them the enjoyment of winter sports. Educators are specially trained and certified to assist and instruct the physically challenged. Monies were donated to purchase specialty ski equipment for the physically challenged skiers.

(Code) (Expenses \$ 1,500 including grants of \$ 1,500) (Revenue \$ 0)

Association for Retarded Citizens. This organization provides opportunities for individuals with intellectual disabilities to participate actively in their communities. Funds utilized for the annual holiday party in the DFW area.

**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

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

Part III, Line 4d, Other program services, page 3 of 6

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Texas Independent Rhodesian Ridgeback Rescue. This organization seeks to rescue and place lost and unwanted

Ridgebacks and Ridgeback mixes into forever homes. Funds utilized for food, medicine and vet care for rescued animals.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Grace Flight America. This organization assists cancer patients and indigent individuals in transportation to treatment

facilities. Funds utilized for airplane fuel associated with flying patients to treatment centers.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Sparrow Club Houston. This organization supports children who have life threatening illness or chronic disabilities

and whose families face financial hardship. Funds utilized for local programs that provide support to medically

compromised youth in the Houston, Texas area.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Child Advocates. This organization speaks up for abused children who are lost in the system and guides them

into safe environments where they can thrive. Funds utilized for purchase of beds, mattresses, and linens.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

First Ward Community. Located in Charlotte, NC this organization raises money for educational, cultural and

charitable endeavors for residents of the First Ward, one of Charlotte's most blighted Uptown neighborhoods.

Funds utilized for programs helping families in need in the Charlotte area.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Helping Hand of Hamlet. This organization provides lunches for needy children in the Hamlet, NC area. The funds

were specifically requested for the Backpack Pals Program.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Pulmonary Hypertension Association. This organization strives to find ways to prevent and cure pulmonary

hypertension as well as promoting education, awareness, and advocacy. Funds utilized for outreach programs

to help children and families struggle with pulmonary hypertension.

Name of the organization

Employer identification number

National Air Traffic Controllers Association Charitable Foundation

75

2556496

Part III, Line 4d, Other program services, page 4 of 6

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Sam Schmidt Paralysis Foundation. This organization helps individuals overcome spinal cord injuries and other neurological disorders through scientific research, medical treatment, and rehabilitation. Funds utilized to sponsor qualified individuals and purchase handicap accessories for individuals in the Indianapolis, Indiana area.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Joseph Sam School. This school provides intense education training as well as speech and language therapy for students, ages 2-22, who have mild to severe intellectual and/or physical or developmental disabilities. Funds utilized for the children's programs.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

National Breast Cancer Foundation. This allocation was made in honor of Candi Derr. Funds utilized for education programs and screening mammograms for the homeless and uninsured in the New York City area.

(Code) (Expenses \$ 1,000 including grants of \$ 1,000) (Revenue \$ 0)

Long Island Cares. Funds utilized the the Kids Cafe program. This after-school program and summer meal program provides nutritious meals to children ages 5-18 who are at risk for hunger. Food assistance is supplemented with nutritional education activities as well as homework help, mentoring, and recreational opportunities.

(Code) (Expenses \$ 802 including grants of \$ 802) (Revenue \$ 0)

Christmas for Soldiers. Funds utilized for gifts, toiletries, wrapping and shipping to provide soldiers with Christmas.

(Code) (Expenses \$ 500 including grants of \$ 500) (Revenue \$ 0)

Ashley Willwerth Memorial Scholarship Foundation. This Florida non profit assists at-risk and under served youth with instruments and lessons to pursue musical talents that would otherwise not be realized due to financial constraints.

(Code) (Expenses \$ 500 including grants of \$ 500) (Revenue \$ 0)

Houston Audubon Society. Funds utilized for the Adopt-an-Education Animal. Food, housing, veterinary care and training were provided to Percy, the Eastern Screech-Owl.

(Code) (Expenses \$ 500 including grants of \$ 500) (Revenue \$ 0)

Juvenile Diabetes Foundation. Funds utilized for outreach programs to help children and families struggling with juvenile diabetes. This donation is made in honor of Dominique Noelle Saint Malo.

**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

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

Part III, Line 4d, Other program services, page 5 of 6

(Code) (Expenses \$ 500 including grants of \$ 500) (Revenue \$ 0)

Longmont Humane Society. Funds utilized for the medical needs and necessary kennel supplies of the animals.

(Code) (Expenses \$ 500 including grants of \$ 500) (Revenue \$ 0)

American Cancer Society. Funds utilized for Birmingham, Alabama area local programs in memory of Griffin Holcomb.

(Code) (Expenses \$ 496 including grants of \$ 496) (Revenue \$ 0)

Hearts of Hope. This Lafayette, LA organization shelters, counsels and advocates for victims of sexual assault. Funds

Funds utilized for offices supplies to support the shelter.

(Code) (Expenses \$ 498 including grants of \$ 498) (Revenue \$ 0)

Desormeaux Foundation. This Lafayette, LA organization shelters pregnant women or women with children in

difficult and/or life threatening situations. Funds utilized for diapers for the shelter.

(Code) (Expenses \$ 95 including grants of \$ 95) (Revenue \$ 0)

Child Protective Services. Funds utilized in the Houston, Texas area for clothing for children.

(Code) (Expenses \$ 6,750 including grants of \$ 6,750 (Revenue \$ 0)

Sponsorship programs. Monies sponsored several individuals to participate in charitable walks, runs, and bike rides.

Each person was sponsored for \$250. The individuals, areas and agencies benefited are listed below:

Sam Murray, Louisville, KY, The Ride to Conquer Cancer, Norton Cancer Institute

Dom Torchia, Columbia, CA, Leukemia Curethon, Leukemia Society

Will Schmidt, Harrisburg, PA, Muscular Dystrophy Association

Brian Dubois, Cumberland, RI, Nautica NYC Triathlon, Leukemia & Lymphoma Society

Kolette McLelland, Dallas-Ft. Worth, TX, Susan B. Komen Race for the Cure

Steve, Fran, Krista Hansen, Albuquerque, NM, Relay for Life, American Cancer Society

Tiny Fagg, Chugiak, AK, Eagle River Elks Lodge, Scholarship Golf Tourney

Matt McNelley, Live Strong Challenge, Lance Armstrong Foundation

Chase Johnston, Bedford, NH, American Foundation for Suicide Prevention

Matt Murry, Merrimack, NH, Juvenile Diabetes Foundation

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 51056K

Schedule O (Form 990) 2009

Name of the organization

Employer identification number

National Air Traffic Controllers Association Charitable Foundation

75

2556496

Part III, Line 4d, Other program services, page 6 of 6

Sponsorship programs (continued)

Jayne Johnson, Milford, NH, Livestrong Challenge Austin Bike Ride, Lance Armstrong Foundation

Yvette Woods, Houston, TX, Hemophilia Walk, National Hemophilia Foundation

Jacob Schoenvogel, Houston, TX, Hemophilia Walk, National Hemophilia Foundation

Pat Forrey, Cleveland, OH, Cleveland Teachers Union Golf Tourney, Tri-C Scholarship Fund

Peter Nesbitt, Austin, TX, Livestrong Challenge Austin Bike Ride, Lance Armstrong Foundation

Patricia Crotwell, Austin, TX, Livestrong Challenge Austin Bike Ride, Lance Armstrong Foundation

Vicki Harville, Dallas-Ft. Worth, TX, Susan G. Komen Race for the Cure

Chris Kojali, Fayetteville, GA, Diabetes Action

Ham Ghaffari, San Bernardino, CA, Joe Baca Foundation

Gary Kingsley, Dallas, TX, The Mended Hearts - Anchorage Chapter, American Heart Association

Mitch Herrick, Paul Rinaldi, Jim Marinitti, Jay Barrett, Weston, FL, Susan G. Komen Race for the Cure

Matt McCluskey, York Beach, ME, Great Strides Walk to Cure Cystic Fibrosis

(Code) (Expenses \$ 2,076 including grants of \$ 2,472) (Revenue \$ 0)

Backpack program. Funds were used to purchase backpack and school supplies for children in Arlington and Houston, Texas and Tampa, Florida. Mission Arlington and Big Brother/Big Sister assisted in their distribution to needy children. Approximately 150 Backpacks filled with supplies were delivered.

**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

National Air Traffic Controllers Association Charitable Foundation

Employer identification number

75 : 2556496

Part VI, Section A, Line 2. Relationship of Officers, Directors, and Trustees, page 1 of 1

Cathy Meachum, President and Darrell Meachum, Director - Family Relationship

Yvette Woods, Secretary and Jeff Woods, Director - Family Relationship

Rick Baugh, Trustee and Debra Donahue, Trustee - Family Relationship

Part VI, Section B, Line 11A. Review of Form 990 Process, page 1 of 1

**The NATCA Charitable Foundation Treasurer formulates and composes the Form 990 and all applicable Schedules. The
NATCA Charitable Foundation President reviews Form 990 for accuracy.**

Part VI, Section C, Line 19. Availability of Financial Statements and Governing Documents, page 1 of 1

**The NATCA Charitable Foundation makes its governing documents, policies, guidelines, and financial statements
available upon request. Any one can request these by telephone, mail, or e-mail located on our web site.**