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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

C Name of organization
EASTERN REGION HELICOPTER COUNCIL, INC.

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
679B ROSE HOLLOW DRIVE

City or town, state or country, and ZIP + 4
YARDLEY, PA 19067

D Employer identification number
22-3057090

E Telephone number
(609) 921-7681

F Group Exemption Number ▶

G Accounting method. [X] Cash [ ] Accrual Other (specify) ▶

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

I Website: ▶

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c)(6) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000 A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 159,521.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	115,630.
	2	Program service revenue including government fees and contracts	2	15,773.
	3	Membership dues and assessments	3	23,380.
	4	Investment income ATCH. 1	4	113.
	5a	Gross amount from sale of assets other than inventory 5a		
	5b	Less cost or other basis and sales expenses 5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	6b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000) 6b		
	6c	Less direct expenses gaming and fundraising events 6c		
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	7b	Less. cost of goods sold 7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O) ATCH 2	8	4,625.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	159,521.
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	35,241.
	13	Professional fees and other payments to independent contractors	13	1,750.
	14	Occupancy, rent, utilities, and maintenance	14	3,902.
	15	Printing, publications, postage, and shipping	15	5,477.
	16	Other expenses (describe in Schedule O) ATCH 3	16	68,267.
	17	**Total expenses.** Add lines 10 through 16 ▶	17	114,637.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	44,884.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	116,030.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	160,914.

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Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . . . . ATTACHMENT 4	113,257.	22	160,914.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) . ATTACHMENT 5	2,773.	24	0.
25	Total assets	116,030.	25	160,914.
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	116,030.	27	160,914.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☐

What is the organization's primary exempt purpose? ATTACHMENT 6

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE COUNCIL PUBLISHED A QUARTERLY NEWSLETTER WHICH ALSO IS EDUCATIONAL IN NATURE AND HAS ARTICLES ON TOPICS OF INTEREST TO THE MEMBERSHIP.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a** 5,450.

29 THE COUNCIL HAD FOUR REGULAR MEETINGS AND ADDITIONAL SEMINARS.

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a** 9,679.

30

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a**

31 Other program services (attach schedule) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 15,129.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ATTACHMENT 7		32,500.	-0-	-0-

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Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in th is Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b	X	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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 instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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 benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ HEINZ GRAUMANN Telephone no. ▶ 215-321-3425
Located at ▶ 679-B ROSE HOLLOW DR, YARDLEY, PA ZIP + 4 ▶ 19067

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign county: ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	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 officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

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

d Total number of other independent contractors receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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: 5/9/11

▶ HEINZ GRAUMANN TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kenneth Field		4/27/11		P01237096

Firm's name ▶ FIELD & HIGGINS, P.C. — Firm's EIN ▶ 22-3301932

Firm's address ▶ 77 TAMARACK CIRCLE SKILLMAN, NJ 08558 — Phone no 609-921-0900

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
EASTERN REGION HELICOPTER COUNCIL, INC.

Employer identification number
22-3057090

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
OTHER INVESTMENTS	113.
TOTAL	113.

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

ADVERTISING	4,625.
TOTALS	4,625.

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	278.
TRAVEL	396.
ADMINISTRATIVE ASSISTANCE	11,315.
BANK CHARGES	1,277.
INSURANCE	1,575.
MISCELLANEOUS	7,128.
PAYROLL PROCESSING	984.
CONSULTING	33,216.
CORPORATE FEES	264.
QUARTERLY & MONTHLY MEETINGS	11,834.
TOTAL	68,267.

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SAVINGS	113,257.	160,914.
TOTALS	113,257.	160,914.

Name of the organization: EASTERN REGION HELICOPTER COUNCIL, INC.

Employer identification number: 22-3057090

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	2,773.	0.
TOTALS	2,773.	0.

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE COUNCIL PROVIDES TECHNICAL INFORMATION TO HELICOPTER OPERATORS LOCATED PRIMARILY IN NEW YORK, NEW JERSEY AND CONNECTICUT. THE COUNCIL HAS FOUR REGULAR MEETINGS AND ADDITIONAL SEMINARS. THE CONTENT OF THE MEETINGS IS ENTIRELY EDUCATIONAL AND INCLUDES SPEAKERS FROM THE INDUSTRY WHO DISCUSS TECHNICAL ISSUES AFFECTING THE PILOTS. THE COUNCIL ALSO PUBLISHES A HELIPORT DIRECTORY FOR THE MAJOR NEW YORK AIRPORTS. THE COUNCIL ALSO COORDINATES THE EFFORTS OF ITS MEMBERS TO IMPROVE ACCESS TO LOCAL AIRPORTS BY HIRING CONSULTANTS AND ATTORNEYS TO REPRESENT THE INTEREST OF THE MEMBERS.

EASTERN REGION HELICOPTER COUNCIL, INC.

22-3057090

ATTACHMENT 7

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
HEINZ GRAUMANN 679-B ROSE HOLLOW DRIVE YARDLEY, PA 19067	TREASURER 20.00	32,500.
ERNESTO MODESTO 1006 UNICORN WAY N3 CLIFTON, NJ 07011	DIRECTOR	
TYSON MOWRY 20 SUTTON AVE TOTOWA, NJ 07512	SECRETARY	
JEFFERY P. SMITH 71 INWOOD AVE COLONIA, NJ 07067	CHAIRMAN	
ALEX DADURIAN 7 NELSON ROAD PLEASANT VALLEY, NY 12569	VICE CHAIRMAN	
PAUL GOTTWIG GE CORPORATE 169 ROUTE 17K NEWBURGH, NY 12550	DIRECTOR	
MIKE BOSSEN	DIRECTOR	

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION
12E CONCORD RD WEST MILFORD, NJ 07480		
PAUL PAPASAVAS 327 VASSER DR PISCATAWAY, NJ 08854	DIRECTOR	
	GRAND TOTALS	32,500.