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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable

C Name of organization

Georgia Business Aviation Association Foundation, Inc

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

4193 Martin Luther King Jr Dr SW

City or town, state or country, and ZIP + 4

GA 30336

D Employer identification number

26-3087330

E Telephone number

(678) 645-4900

F Group Exemption
NumberG Accounting Method Cash Accrual Other (specify) ►

I Website: ► N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ▶ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)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 though 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 ► \$ 36,657.

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

1	Contributions, gifts, grants, and similar amounts received	1	36,624.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	33.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ RECEIVED of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	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	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,657.
10	Grants and similar amounts paid (list in Schedule O)	10	23,150.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	500.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	120.
17	Total expenses. Add lines 10 through 16	17	23,770.
18	Excess or (deficit) for the year (Subtract line 17 from line 9).	18	12,887.
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	24,829.
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	37,716.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED JUN 17 2011
EXPENSES
NET ASSETS

PREPARED FROM INFORMATION

SUPPLIED BY TAXPAYER

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

22 Cash, savings, and investments
 23 Land and buildings
 24 Other assets (describe in Schedule O) _____
 25 **Total assets**
 26 **Total liabilities** (describe in Schedule O) _____
 27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
24,829.22	37,716.
0.23	0.
0.24	0.
24,829.25	37,716.
0.26	0.
24,829.27	37,716.

Part III Statement of Program Service Accomplishments (see the instrs 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? To promote the aviation interest of companies.

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	-----		

29	-----		

30	-----		

31	-----		

32	Total program service expenses (add lines 28a through 31a)		32

(Grants \$) If this amount includes foreign grants, check here ► 28a

(Grants \$) If this amount includes foreign grants, check here ► 29a

(Grants \$) If this amount includes foreign grants, check here ► 30a

(Grants \$) If this amount includes foreign grants, check here ► 31a

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 and deferred compensation	(e) Expense account and other allowances
David Small P. O. Box 43327 Atlanta GA 30336	Chairman 10.00	0.	0.	
Jeff Agur P. O. Box 43327 Atlanta GA 30336	Vice Chairman 1.00	0.	0.	
Chris Ison P. O. Box 43327 Atlanta GA 30336	Secretary 10.00	0.	0.	
Frank Bell P. O. Box 43327 Atlanta GA 30336	Treasurer 5.00	0.	0.	
Ted Hutcheson P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
Jim Amador P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
Scott Carter P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
Mark Hewlett P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
Eddie Wolfe P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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 this 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	
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	37a	0
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:	39a	
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 ► _____	40b	
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	
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 ► <u>Georgia</u>		

42a The organization's books are in care of ► David G. Small Telephone no. ► (678) 645-4900
 Located at ► P. O. Box 43327 Atlanta GA ZIP + 4 ► 30336

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)?
 If 'Yes,' enter the name of the foreign country ► _____

Yes	No
42b	X
42c	X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ► _____

	Yes	No
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		
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	

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

 Yes No45 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 may need to be completed instead of Form 990-EZ (see inst)

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48 X

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 and 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 each 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	
	DAVIS SUE	5/16/11	
Paid Preparer Use Only	► Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date
	Patricia Eichelkraut, CPA	Patricia Eichelkraut, CPA	05/13/11
	Firm's name ► Eichelkraut & Associates, Inc.	Check <input type="checkbox"/> if self-employed	
Firm's address ► 4585 Mason Creek Road	PTIN		
Winston	Phone no	GA 30187	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

BAA

Form 990-EZ (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

Georgia Business Aviation Association Foundation, Inc

Employer identification number
26-3087330

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Bank Charges 120.

Total 120.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> John Skelton P. O. Box 43327 Atlanta GA 30336	Title Director Hours/Week 0.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> Kris Parsons P. O. Box 43327 Atlanta GA 30336	Title Director Hours/Week 0.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> Gerald Ferriss P. O. Box 43327 Atlanta GA 30336	Title Director Hours/Week 0.00	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input type="checkbox"/> Kevin Rodgers P. O. Box 43327 Atlanta GA 30336	Title Director Hours/Week 0.00	0.	0.	
Foreign city _____ Foreign country _____				

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment		<u>Scholarships</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Embry-Riddle Aeronautical University for Andre</u> <u>600 South Clyde Morris Blvd</u> <u>Daytona Beach FL 32114</u>	None	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		<u>Scholarship</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Embry-Ribble Aeronautical University for Camer</u> <u>600 South Clyde Morris Blvd</u> <u>Daytona Beach FL 32114</u>	None	<u>3,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		<u>Scholarship</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>University of North Dakota for Thomas Mett</u> <u>264 Centennail Drive STOP 8371</u> <u>Grant Forks ND 58202</u>	None	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

- Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input checked="" type="checkbox"/> Person <u>Georgia Institute of Technology for Dustin Kil</u> <u>225 North Avenue</u> <u>Atlanta GA 30332</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value How Book Value Determined

FMV How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>GA Institute of Technology for Aida Yogueley Co</u> <u>225 North Avenue</u> <u>Atlanta GA 30332</u>	<u>None</u>	<u>1,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value How Book Value Determined

FMV How FMV Determined

Purpose of Payment Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Embry-Riddle Aeronautical University for Jeff</u> <u>600 South Clyde Morris Blvd</u> <u>Daytona Beach FL 32114</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value How Book Value Determined

FMV How FMV Determined

- Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Embry-Riddle Aeronautical University for A. Ky</u> <u>600 South Clyde Morris Blvd</u> <u>Daytona Beach FL 32114</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift . . . _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Embry-Riddle Aeronautical University for Jim C</u> <u>600 South Clyde Morris Blvd</u> <u>Daytona Beach FL 32114</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift . . . _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Darden Executive Education for Craig Jones and</u> <u>P. O. Box 7186</u> <u>Charlottesville VA 22906</u>	<u>None</u>	<u>8,150.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift . . . _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		