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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 01-01-2010, and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☒ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization
Eagleville Soaring Inc

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

266 Noah Drive

City or town, state or country, and ZIP + 4
Franklin, TN 37064

D Employer identification number

27-1810261

E Telephone number

(615) 415-2765

F Group Exemption Number ▶

G Accounting method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ n/a

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

J Tax-Exempt status(check only one)—☐ 501(c)(3)☒ 501(c)(7) ◀(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 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 ▶ \$ 26,075

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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	24,101
	4	Investment income	4	
	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 \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
Expenses	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	1,974
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26,075
	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	
Net Assets	13	Professional fees and other payments to independent contractors	13	850
	14	Occupancy, rent, utilities, and maintenance	14	6,600
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	14,158
	17	Total expenses. Add lines 10 through 16	17	21,608
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,467
	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	
	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	4,467

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

Cat No 10642I

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments		22	4,467
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	0	25	4,467
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	4,467

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote motorless flight		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	Over 300 soaring flights in 2010 (Grants \$) If this amount includes foreign grants, check here	28a	
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

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
See Additional Data Table				

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	No
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	No
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	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	No
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	No
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	No
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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on line 9 39a 0		
b	Gross receipts, included on line 9, for public use of club facilities 39b 1,882		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ☐ _____, section 4912 ☐ _____, section 4955 ☐ _____		
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	<i>All organizations.</i> 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	No
41	List the states with which a copy of this return is filed ☐ TN		
42a	The organization's books are in care of ☐ Christopher Ferrell Telephone no ☐ (615) 415-2765 Located at ☐ 266 Noah Drive Franklin, TN ZIP + 4 ☐ 37064		
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 ☐ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		Yes No
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 ☐ _____	42c	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? If "Yes", Form 990 must be completed instead of Form 990-EZ.		Yes No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 Form990-EZ		No
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		No

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.

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	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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				
	Christopher Ferrell Treasurer		2011-04-01				
Paid Preparer's Use Only	Preparer's signature	John Marlin	Date	2011-05-14	Check if self-employed	☒	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	John W Marlin CPA 330 Marlin Road White House, TN 37188				EIN	
					Phone no	(615) 403-3600	

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 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

Eagleville Soaring Inc

Employer identification number

27-1810261

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue Rides 1,882

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 42

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue Storage rental 50

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 1,811

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Supplies 268

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Filing fees - state 107

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Credit card fees 203

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Soaring Society of America dues 989

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Gravel 1,084

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Moving 313

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Spraying field 175

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Utilities 864

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Insurance 6,796

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Tow fee 53

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Filing fee - IRS 867

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses Marketing 228

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 16, Other Expenses FAA checkout 400

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 27-1810261

Name: Eagleville Soaring Inc

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Ted Beckwith 106 W Crosswind Court Tullahoma, TN 37388	Director 000 00	0		
Richard von Berchefeldt 1101 Haverhill Drive Brentwood, TN 37027	Director 000 00	0		
Christopher Ferrell 266 Noah Road Franklin, TN 37064	Director Treasurer 000 00	0		
Joe Gieseke 1251 Northern Road Mt Juliet, TN 37122	Director Chief Maint 000 00	0		
Christopher Hollins 3320 Astor Way Franklin, TN 37064	Director 000 00	0		
James Holloway 304 Brookhaven Trail Smyrna, TN 37167	Director Chief Operating 000 00	0		
Elliott Middleton III 6333 Williams Grove Drive Brentwood, TN 37027	Director 000 00	0		
Ronald Murphy 729 Belfast Avenue Lewisburg, TN 37091	Director 000 00	0		
Tim Murphy 1010 Heil Quaker Avenue Lewisburg, TN 37091	Director 000 00	0		
Scott Myers 4322 Long Lane Franklin, TN 37064	Director 000 00	0		
Michael Poe 220 Green Valley Blvd Franklin, TN 37064	Director President 000 00	0		
Robert Richard 459 Pearre Springs Way Franklin, TN 37064	Director 000 00	0		
Werner Ruegger 1790 Cayce Springs Road Thompsons Station, TN 37179	Director 000 00	0		
Ronald Tuttle 6612 Owen Hill Road College Grove, TN 37046	Director Chief Tow 000 00	0		
Harvey Wilson 4613 Sterling Cross Nashville, TN 37211	Director Secretary 000 00	0		

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Duff Zimmerman 314 North High Street Winchester, TN 37398	Director 000 00	0		
Jordan Pollack 1322 N Rutherford Blvd I-52 Murfreesboro, TN 37130	Director Chief Instructor 000 00	0		