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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

A	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011	
В	Check if upplicable	C Name of organization	D Employer identific	cation number
	Addres change	MID-ATLANTIC AEROSPACE COMPLEX, INC.		
	Name change	Doing Business As	<u>55-0</u>	727484
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	utte E Telephone numbe	7
	☐Termın ated	P.O. BOX 490	(304)842-9415
	Amend return	ed Crty or town, state or country, and ZIP + 4	G Gross receipts \$	1,739,966.
	Application	BRIDGEPORT, WV 26330	H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: TRACY MILLER	for affiliates?	Yes X No
		P.O. BOX 490, BRIDGEPORT, WV 26330	H(b) Are all affiliates ind	luded? Yes No
	Гах-ехе	mpt status 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
J	Nebsit	e: HTTP://WWW.MAACINC.COM	H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation Trust Association Other Ly	ear of formation: 1994 N	State of legal domicile: WV
		Summary		
ф		Briefly describe the organization's mission or most significant activities: ${ t \underline{NONPROFI}}$		DUCATION
Activities & Governance		AND ECONOMIC DEVELOPMENT IN NORTH CENTRAL WE	ST VIRGINIA.	
Ë	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of ri	nore than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
ن مع	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
ės	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
Ξ		Total number of volunteers (estimate if necessary)	. 6	0
Ç	7 a	Fotal unrelated business revenue from Part VIII, column (RECEIVED	7a	0.
_	b	Net unrelated business taxable income from Form 990 T, line 34	7b	0.
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	Prior Year	Current Year
ō	8 (Contributions and grants (Part VIII, line 1h)	512,296.	1,490,454.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	nvestment income (Part VIII, column (A), lines 3, 4 and @GDEN, UT	3,295.	6,334.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,523.	<u>85,971.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	602,114.	<u>1,582,759.</u>
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,500.	4,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	<u> </u>
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,321.	225,712.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
×	b ·	Total fundraising expenses (Part IX, column (D), line 25) ▶0 .		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	285,922.	<u>227,331.</u>
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	544,743.	<u>457,043.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	57,371.	<u>1,125,716.</u>
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	4,000,704.	<u>5,084,595.</u>
¥E	21	Total liabilities (Part X, line 26)	2,361,220.	<u>2,319,395.</u>
	22	Net assets or fund balances Subtract line 21 from line 20	1,639,484.	2,765,200.
		Signature Block		
	-	tties of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
		Supply of officer Willer	1 4-9 Data	<u>-12 </u>
Sig	n	Signature of officer	Date	
Her	e	TRACY MILTER, PRESIDENT Type or print name and title		
			Data Check C	TI DTIN
<u>.</u>	.	Print/Type preparer's name Preparer's signature Preparer's signature	Date Check C	PTIN
Paid	i i		104/03/12 setf-employe	1 400247848
	parer	Firm's name TOOTHMAN RICE, P.L.L.C.	Firm's EIN	
Use	Only	Firm's address P.O. BOX 908		2041624 51=1
_		BRIDGEPORT, WV 26330	Phone no. (304)624-5471
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	NONPROFIT ECONOMIC DEVELOPMENT IN NORTH CENTRAL WEST VIRGINIA.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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 \$ 366, 435. including grants of \$) (Revenue \$
	AEROSPACE EDUCATION COORDINATORS TRAVELED THE NORTH CENTRAL REGION OF
	WV MEETING WITH STUDENTS, HIGHLIGHTING THE VALUES OF AEROSPACE
	PREPARATION AND EMPLOYMENT AS A CAREER. THE AEROSPACE EDUCATION PROGRAM
	HAD CAREER EXPOS, FIELD TRIPS, SUMMER CAMPS, AND OTHER EVENTS TO
	TRIGGER INTEREST IN THE INDUSTRY. WE WORKED WITH PILOTS IN TRAINING
	EXERCISES AND AIRPORT ENVIRONMENTS AS WELL AS SPONSORED E-MISSIONS WITH
	CHILDREN AND TEACHERS. THE PROGRAM EXPOSES WV STUDENTS TO STEM
	INITIATIVES TO FURTHER PROMOTE AEROSPACE FUTURE WORKFORCE. PART OF THE
	FUNDS WERE USED TO SEND PROFESSIONAL STAFF TO EXHIBITIONS AND SHOWS
	WHERE WE PARTNERED WITH ECONOMIC DEVELOPMENT OFFICIALS FROM THE STATE
	AND CARRIED OUR MESSAGE TO PROMOTE NORTH CENTRAL WV AS A LOCATION FOR
	AEROSPACE JOB CREATION, INVESTMENT, AND BUSINESS DEVELOPMENT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ► 366.435.

Form **990** (2010)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	İ		
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		х
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	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		x
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	9		x
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	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	I Ia	A	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	440		х
A	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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
'	the organization's separate of consolidated final classical fi	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 42	
120	Schedule D, Parts XI, XII, and XIII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	- 42	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
140	Deliberary of the second of th			X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		X
20-	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	_20a		<u> </u>
D	operate one or more hospitals must attach audited financial statements (see instructions)	201-		
	operate one or more nospitals must attach addition interior statements (see instructions)	20b		ł

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, committed, New 2 in Virey, Compilete Schedule I, Parts 1 and III 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 21 if Yes, compilete Schedule I, Parts 1 and III 23 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, trustess, key employees, and highest compensated employees? If Yes, 'compilete Schedule J. But 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 compilete Schedule K. If Yos', go to line 25 24b Did the organization meantain an acrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization meantain an acrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization meantain an acrow account other than a refunding escrow at any time during the year? 25d Did the organization of the year? If Yes, 'complete Schedule I, Part II' 25d Is the organization and across that it engaged in an excess benefit transaction with a disqualified person of the year and that the transaction has not been reported on any of the organizations prior Forms 950 or 950/E27 If Yes, 'complete Schedule I, Part II' 25d Was a loan to or by a current or former officer, director, trustee, key employee, buffly compensated employee, or disqualified person outstanding as of the end of the organization's key year? If Yes, 'complete Schedule I, Part II' 25d Was a loan to or by a current or former officer, director, trustee, or key employee? If Yes, 'complete Schedule I, Part II' 26d Was a loan partia				Yes	No
22 List the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and Information answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fructees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization in 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 24a Did the organization maintain an accrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization maintain an accrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization accreases an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization accreases as "on behalf of" issuer for bonds on the time time time time time time time tim	21				
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 X 33 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 I, Part II is a state of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule I, I' No. g or to line 25 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary penide exception? c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary penide exception? c Did the organization mest any proceeds of tax-exempt bonds beyond a temporary penide exception? c Did the organization mest any proceeds of tax-exempt bonds beyond a temporary penide exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 25d 24d 25d 25d 25d 25d 25d 25d 25d 25d 25d 25		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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. Part IV go to line 25	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23			22		<u> </u>
Schedule I A 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 246 through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 10 (19%) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 11 "Yes," complete December 11 (19%) organization with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization is pror Forms 990 or 990-E2? 11 "Yes," complete Schedule L, Part II 25 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is a party to a business transaction with one of the following parties (see Schedule L, Part IV 25 Mass the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 25 A Tamily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 25 Did the organization receive contributions of art, histonical treasures, or other implies	23				
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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? 24d Z4b 24b Z4b 24d Z4b 24d Z4b 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax-exempt bonds? 25d 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 I b Is the organization on during the year? If "Yes," complete Schedule L, Part I I 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 organizations tax year? If "Yes," complete Schedule L, Part I IV I 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 IV I was trustee, or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV I wish a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV I A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV I A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV I A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
is ast 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 to 1 the organization maintain an escrow account other than a refunding escrow at any time during the year? of the organization maintain an escrow account other than a refunding escrow at any time during the year? of the organization maintain an escrow account other than a refunding escrow at any time during the year? of the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? of the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? of the organization and 50 (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 b is the organization was retained any of the organization and so of the 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 proof or grant and that the transaction has not been reported on any of the organization proof or grant or other assistance to an officer, director, trustee, key employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, bughly compensated employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV and the organization party to a business transaction with one of the following parties (see Schedule L, Part IV and the organization related formation of the organization related formation of the organization related to formation of the party of the organization related to formation of		·	23		<u> </u>
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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? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 are the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization set of the organization contribution as not been reported on any of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization and prior of the organization with a current or former officer, director, trustee, key employee, by employee, by employee, or disqualified person in a prior year, and that its restered as a partnership for federal more of the following parties (see Schedule L, Part IV 25 and 10 bit the organization or required for					X
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Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32	31	Did the organization liquidate, terminate, or dissolve and cease operations?			
Schedule N, Part II 32 X 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 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 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Jid 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 37 Jid 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		If "Yes," complete Schedule N, Part I	31		X
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 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 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2 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 36 Jud 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 37 Jud 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 38 X	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33		Schedule N, Part II	32		X
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 37 X 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	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2 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 36 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 37 Note. All Form 990 filers are required to complete Schedule O 38 X		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		<u> </u>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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	34	Was the organization related to any tax-exempt or taxable entity?			
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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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 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		If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 38 X	35		_35		<u> </u>
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 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 38 X	а				
If "Yes," complete Schedule R, Part V, line 2 36 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 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 38 X					
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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 38 X			36		
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 38 X	37				
Note. All Form 990 filers are required to complete Schedule O	00		37		X
	38			.	
		NOTE. All FORM 990 filers are required to complete Schedule O			2010

Form 990 (2010) MID-ATLANTIC AEROSPACE COMPLEX, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	able gaming	ŗ		
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-	1			
	filed for the calendar year ending with or within the year covered by this return	2a		5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	•	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		•	3a		X
þ	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	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	? .	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anızatıon solicit			}
	any contributions that were not tax deductible?			<u>6a</u>	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions c	or gifts			
_	were not tax deductible?		•	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	$\overline{}$		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired	_		
_	to file Form 8282?	۱	I	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	_ 7d_	L	~.		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		πr	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contill the organization received a contribution of qualified intellectual property, did the organization file Fo			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file organi		•	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		- · · -	8		
9	Sponsoring organizations maintaining donor advised funds.	uny un	no during the year:			
_	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:			i		
а	Gross income from members or shareholders	11a		į		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			,		
	amounts due or received from them.)	<u>11</u> b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	1			
	organization is licensed to issue qualified health plans	13b		1		
	Enter the amount of reserves on hand	13c	l	44		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul.			14a		X
<u>O</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U		14b Form	990 ((2010)
				1 01111	23U (إلاالاك

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.

Check if Schedule O contains a response to any question in this Part VI \mathbf{x} Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 5 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? X 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 X 13 Does the organization have a written whistleblower policy? 13 X Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a 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 X 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ 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 X Another's website Own website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TOOTHMAN RICE, P.L.L.C. - 304-624-5471 600 MARKETPLACE AVE., STE.100 PO BOX 908, BRIDGEPORT 26330

Form	$\alpha \alpha \alpha$	100	40	۸.
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MID-ATLANTIC AEROSPACE COMPLEX, INC.

55-0727484

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

Check if Schedule O contains a response to any question in this Part VII	

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.
- 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, if any 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 neither the organization in (A)	(B)				C)	<u></u>		(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule	ustee or director	nectrogonal trustee	Call Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
	O)	-	=	_	<u> </u>	= 5	Œ				
JAMES D. SMITH DIRECTOR	1.00	v						0.	0.	0.	
ROGER DIAZ	1.00	1							· •		
DIRECTOR	1.00	x						0.	0.	0.	
BERNIE FAZZINI	1.00						_		•		
DIRECTOR	1.00	x						0.	0.	0.	
JOHN A. LASCH III		T			<u> </u>	T			<u> </u>		
DIRECTOR	1.00	X						0.	0.	0.	
RUSS LORINCE		<u> </u>								-	
DIRECTOR	1.00	X						0.	0.	0.	
DAVID L. SPENCER											
DIRECTOR	1.00	X						0.	0.	0.	
BUTCH TENNANT											
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.	
JAMES L. ESTEP		1									
CHAIRMAN	1.00	_	<u> </u>	X		<u> </u>		0.	0.	0.	
ROBERT W. HODES										_	
TREASURER	1.00	├-		X		_	_	0.	0.	0.	
TRACY MILLER	40.00			-			Ì	07 550			
PRESIDENT/SECRETARY	40.00			Х				87,550.	0.	0.	
	<u></u>	<u> </u>	<u> L.</u>					1	L		

	990 (2010) MID-ATLAI	NTIC AE	<u> 201</u>	SPA	ACI	3 (COL	1PI	LEX, INC.	55-07	727484	Page 8
Нa	Section A. Officers, Directors, Tru	stees, Key Er	mple	oyee	s, a	nd I	High	est		ees (continued)		
	(A) Name and title	(B) Average hours per			(C Pos	C) rtion			(D) Reportable compensation	(E) Reportable compensation		(F) Stimated mount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employes	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) or	other mpensation from the ganization nd related ganizations
					-							
	. <u></u> <u>.</u>											
			!									
										-		
								_				
	Sub-total .						<u> </u>		87,550.		0.	0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			٠		>		0. 87,550.		0.	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 in reportable	•	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	, key	/ em	ploy	/ee,	or h	ighest compensated en	nployee on	. 3	Yes No
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										4	X
5	Did any person listed on line 1a receive or a	ccrue comper	nsatı	on f	rom	any	unre			dual for services		
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedule	9 J T	OF SL	ıcn j	<u>oers</u>	on				5	X
1	Complete this table for your five highest continuous the organization.	mpensated inc	depe	ende	nt c	ontr	acto	rs th	nat received more than	\$100,000 of comp	pensation	from
	(A) Name and business	address						_	(B) Description of s	ervices		C) ensation
								-				
								_			_	
								+				
												·
2	Total number of independent contractors (ii \$100,000 in compensation from the organization from the organizati		ot lir	nited	d to	thos (_	ted	above) who received m	191		

					AEROSPACE	COMPLEX,	INC.	55-0727	484 Page 9
Pa	rt '	VII	Statement of Rever	nue		<u> </u>		_	<u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		b	Membership dues	1b					
S, S		С	Fundraising events	. 1c					
ar a		d	Related organizations	. 1d					
S.E		е	Government grants (contribut	tions) 1e	1490454.				
후		f	All other contributions, gifts, gran	its, and	l	,			
혈			similar amounts not included abo	ve 1f					j
통		g	Noncash contributions included in lines	1a-1f \$					
<u>5</u> <u>6</u>		h	Total. Add lines 1a-1f		.	1490454.			
					Business Code				
8	2	а							
2 0		b							
S I		С							
e a		d							
Program Service Revenue		е							
•			All other program service reve	enue .					
\rightarrow	_		Total. Add lines 2a-2f						
	3	1	Investment income (including	aividenas, inter	est, and	6 224			C 224
	_		other similar amounts)	avamat baad s		6,334.			6,334.
	4		Income from investment of ta	x-exempt bond p	proceeds	-			
	5)	Royatties	(i) Real	(ii) Personal				
	_		Gross Rents	243178.					
	·	-	Less: rental expenses	157207.					
			Rental income or (loss)	85,971.					
İ			Net rental income or (loss)	00/0/20		85,971.	85,971.		
	7		Gross amount from sales of	(i) Securities	(ii) Other	03/3/20			
	·	Ī	assets other than inventory	W ====	(7,5				
		b	Less: cost or other basis						
			and sales expenses						
		c	Gain or (loss)					j	
		d	Net gain or (loss)						
<u>a</u>	8	а	Gross income from fundraisin	g events (not					
Other Revenue			ıncludıng \$	of					
ě			contributions reported on line	1c) See		İ			
e e			Part IV, line 18	а					
듄			Less: direct expenses	b					
			Net income or (loss) from fund	-	<u> </u>				
	9	а	Gross income from gaming ac	ctivities See			1	!	
ŀ			Part IV, line 19	а					1
			Less: direct expenses	b					
			Net income or (loss) from gam	~					
l	10	а	Gross sales of inventory, less						
ŀ		_	and allowances	а					
			Less: cost of goods sold	b of inventors			·		
t		<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11	а			Dualifeas Code				
	. 1	b		<u> </u>	 				
		c					-		·
		_	All other revenue						
		_	Total. Add lines 11a-11d	••	D				
	12		Total revenue. See instructions.			1582759.	85,971.	0.	6,334.
03200	9 - 10	-							Form 990 (2010)

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),

	All other organizations must comp				
	not include amounts reported on lines 6b, 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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	4,000.	4,000.		
3	Grants and other assistance to governments,	_			
	organizations, and individuals outside the U.S.			1	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	87,550.	70,040.	<u>17,510.</u>	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	123,444.	98,755.	24,689.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	13,142.	10,514.	2,628.	
10	Payroli taxes	1,576.	1,261.	315.	_
11	Fees for services (non-employees):		-		
а	Management				
b	Legal .	28,083.	22,466.	5,617.	
С	Accounting	4,340.	3,472.	868.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,006.	805.	201.	
12	Advertising and promotion		,		
13	Office expenses	884.	707.	177.	
14	Information technology				
15	Royalties				
16	Occupancy	7,800.	6,240.	1,560.	
17	Travel	17,566.	14,053.	3,513.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,340.	1,072.	268.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	STUDENT EXPENSES	61,910.	49,528.	12,382.	
b	OVERHEAD COSTS	40,493.	32,394.	8,099.	
C	OTHER PROMOTIONAL EXPEN	35,056.	28,045.	7,011.	
d	CURRICULUM DEVELOPMENT	21,647.	17,318.	4,329.	
e	PROFESSIONAL DUES & MEM	2,570.	2,056.	514.	
f	All other expenses	4,636.	3,709.	927.	
25	Total functional expenses. Add lines 1 through 24f	457,043.	366,435.	90,608.	0.
26	Joint costs. Check here rf following SOP			20,000	<u>v</u> .
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2010) ' MID-ATLANTIC AEROSPACE COMPLEX, INC. 55-0727484 Page 11 Part X Balance Sheet (A) Beginning of year End of year 770,153. 803,711. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 21,263. 47,103. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 3,701,426. 574,016. 3,209,288. 3,127,410. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 1,106,371. 15 Other assets See Part IV, line 11 15 4,000,704. 5,084,595. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 49,939. 79,110. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 2,311,281. 2,240,285. 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 2,361,220. Total liabilities. Add lines 17 through 25 2,319,395. Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,639,484. 2,765,200. 27 Unrestricted net assets 28 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5,084,595. Form **990** (2010)

2,765,200.

32

33

<u>1,639,484.</u>

4,000,704

32

33

2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 The part XXI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2 Cash X Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 3 Description: 4 Other 5 Description: 6 The part XII 1 Accounting method used to prepare the Form 990: 6 Description: 7 Description: 8 Description: 9 Descriptio	457 125		3. 6. 4.
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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? 5 Were the organization's financial statements audited by an independent accountant? 6 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? 6 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	457 125 639	,04: ,71 ,48	3. 6. 4.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 2 , " Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 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	457 125 639	,04: ,71 ,48	3. 6. 4.
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 2 , " Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: 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	457 125 639	,04: ,71 ,48	3. 6. 4.
3 1, 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 2 , ** Part XXI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other lift 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	125 639	,71 ,48	6. 4.
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XXI Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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	639	,48	4.
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? 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		(_
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 2, " Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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	765		2
Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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	<u> 765</u>	20	<u>o.</u>
Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 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		<u>, 40</u>	0.
1 Accounting method used to prepare the Form 990:			
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		<u>C</u>	<u>그</u>
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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			
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			
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	2a	;	X
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	2b :	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
	2c :	x 📗	
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			
separate basis, consolidated basis, or both			
X 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?	3a 🗀	X	
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.	3b :	x	
Fo		90 (20	10

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ➤ Attach to Form 990. ➤ See separate instructions. OMB No 1545-0047

Name of the organization

Employer identification number

	MID-ATLANTIC AEROS		<u> 55-0727484</u>
Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	stoncally important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation easements		_2b
С	Number of conservation easements on a certified historic str	` '	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	
	listed in the National Register		. [2d]
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
_	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		. —
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and		
7 8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17	Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	. —
3	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements.	mon o manoa otatomonto mar docomo	o the organization o accounting to
Par	Organizations Maintaining Collections o	of Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		-
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		S \$

		ANTIC AERO				NC.		<u>0727484</u>					
120	心图 Organizations Maintaining (Collections of A	rt, His	<u>torical Tr</u>	easures,	or Other	Similar As	ssets (contin	iued)				
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a sign	ficant use of	fits collection	rtems				
	(check all that apply):												
а	Public exhibition	c	· 🖳	Loan or exc	hange progr	ams							
b	Scholarly research	•	. 🗀	Other				_					
С	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.												
5													
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nızation's co	ollection?			Yes	☐ No				
Pa	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" to Fo	rm 990, Part		_				
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other a	ssets not inc	duded						
	on Form 990, Part X?							Yes	☐ No				
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table			•						
-								Amount					
c	Beginning balance						1c	- Turiouri					
d	Additions during the year		•	•			1d						
	Distributions during the year			•	•	•	1e	_					
f	Ending balance		•				1f	•					
2a	Did the organization include an amount on F	orm 990 Part X line	212		•		_ "'	Yes	□ No				
	If "Yes," explain the arrangement in Part XIV												
	Endowment Funds. Complete		swered	"Yes" to Fo	rm 990. Part	IV. line 10.							
		(a) Current year		Prior year			Three years h	ack (e) Four y	vears hack				
1a	Beginning of year balance	(a) carrette year		iioi your	(6) 1110 300	io baok (a)	Till do y dato b	dok (c) roar j	ours buok				
	Contributions												
c	Net investment earnings, gains, and losses												
d	Grants or scholarships	,											
	Other expenditures for facilities												
Ū	and programs												
f	Administrative expenses						· · · · · · · · · · · · · · · · · · ·						
	End of year balance												
2	Provide the estimated percentage of the year	r end halance held a			_								
	Board designated or quasi-endowment	a cria balarioc ricia i	.s. %										
	Permanent endowment												
-													
_	Are there endowment funds not in the posse		ation the	at are held a	nd administr	arad for the	organization						
04	by:	ossion of the organiz		at are ricid a	ina aaniiniste	sied for the t	nga nzanon	ſ,	res No				
	(i) unrelated organizations							3a(i)	res No				
	(ii) related organizations							. 3a(ii)					
h	If "Yes" to 3a(ii), are the related organizations	S listed as required o	n Scher	dule R2			••	3b					
4	Describe in Part XIV the intended uses of the	•						30					
	Land, Buildings, and Equipm												
ىيى بى	Description of investment	(a) Cost or o			or other	(c) Accu	mulated	(d) Book	value				
	Description of investment	basis (investr			(other)	depred		(a) Book	value				
12	Land				1,921.	25,500		501	,921.				
	Buildings				3,254.	5.6	7,765.		,489.				
	Leasehold improvements			3,19	J,4J4.		,,,,,,,,		, 407.				
	Equipment				6,251.		6,251.		0.				
	Other				U, AJI.		U, <u>2</u> J10						
	. Add lines 1a through 1e (Column (d) must e	ocual Form 990 Part	Y colu	nn (R) line 1	10(c))	<u>,, , , , , , , , , , , , , , , , , , ,</u>		3 127	,410.				
. v.a.		rquari viiii vuv, i ait	., coldi	, <u>197, 1116 1</u>	<u> </u>			J,141	<u> </u>				

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 MID-ATLANTIC AEROSPACE CO				0727484	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990	to Audited	Financial	Statement	:s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,582	759.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		457	,043.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		1,125	,716.
4	Net unrealized gains (losses) on investments		. 4		_	
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		. 8			
9	Total adjustments (net). Add lines 4 through 8		. 9			0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 Reconciliation of Revenue per Audited Financial State		Revenue i	per Return	1,125	716.
1	Total revenue, gains, and other support per audited financial statements			1	1,739	966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•				
a	Net unrealized gains on investments	2a		[:		
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,739	966.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b	-157,2	07.		
c	Add lines 4a and 4b			4c	-157	.207.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,582	
	Reconciliation of Expenses per Audited Financial State	ements Witl	h Expenses	s per Retu		
1	Total expenses and losses per audited financial statements		_	1		249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a		ĺ		
ь	Pnor year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	157,2	06.		
e	Add lines 2a through 2d		-	2e	157	,206.
3	Subtract line 2e from line 1	·		3		043.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV.)	4b				
c	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•		5	457	043.
	Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa	art III, lines 1a a	nd 4; Part IV,	lines 1b and 2	2b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also c	omplete this pa	rt to provide a	iny additional	information.	
PAI	RT X, LINE 2: THE ORGANIZATION DOES NOT 1	BELIEVE	ITS FIN	IANCIAL		
ST	ATEMENTS INCLUDE (OR REFLECT) ANY UNCERTA	AIN TAX	POSITIO	NS.		
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
RE	NTAL EXPENSES			 		<u>,207.</u>
		.,				
PA	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					<u> </u>
	AMPT HADDINGER				1	205
KE]	NTAL EXPENSES			0-1	157	207.

032054 12-20-10

Schedule D (Form 990) 2010 Part XIV Supplemental Info	MID-ATLANTIC A	EROSPACE	COMPLEX,	INC.	55-0727484 Page 5
Supplemental Info	ormation (continued)			-	
ROUNDING					_1.
	<u> </u>				
TOTAL TO SCHEDULE	D, PART XIII, LI	NE 2D		_	157,206.
			-		

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				<u> </u>	
					

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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 Pablic

Expection

Name of the organization

MID-ATLANTIC AEROSPACE COMPLEX, INC.

Employer identification number 55 - 0.727484

MID-ATLANTIC AEROSPACE COMPLEX, INC. 55-0/2/484
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE
COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: EACH OF THE ORGANIZATION'S BOARD
MEMBERS REVIEW THE 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS AND
ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH OPEN
COMMUNICATION.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S
COMPENSATION IS APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) 990

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Name(s) shown on return Business or activity to which this form relates Identifying number

mm.c		T.17.0	700			0 10		F 0000404				
MID-ATLANTIC AEROSPACI						AGE 10	1/5-5	55-0727484				
Election To Expense Certain Proper	ty under Section 1	19 Note: 11 yo	iu nave any iis	теа ргоре	ty, cc	ompiete Part						
1 Maximum amount (see instructions)	-d (•		1 2	500,000.				
2 Total cost of section 179 property place	•	•	,		• •		-	2 000 000				
3 Threshold cost of section 179 property							3	2,000,000.				
4 Reduction in limitation. Subtract line 3 f		5										
5 Dollar limitation for tax year Subtract line 4 from line												
6 (a) Description of pro	(c) Elected	COSI	-									
		-			+	_						
					+		_					
					+							
7 Listed property Enter the amount from	line 20			7				-{				
7 Listed property. Enter the amount from		in column (c	a) lines 6 and	_ •								
 8 Total elected cost of section 179 prope 9 Tentative deduction. Enter the smaller 	•	s iii coluiiiii (c), ilites o ariu	'	•		8					
		000 Eorm 45	60	•	٠		9_					
10 Carryover of disallowed deduction from11 Business income limitation. Enter the si	-			ro) or line F			10					
12 Section 179 expense deduction. Add lin		•		•	,		11					
13 Carryover of disallowed deduction to 20	•			► 13	$\overline{}$		12					
Note: Do not use Part II or Part III below for					<u> </u>			<u> </u>				
Pantill Special Depreciation Allowa				de listed n	roper	tv 1						
14 Special depreciation allowance for qual		•	•	<u>`</u>								
the tax year	ined property (oti	iei iliali liste	a property, pr	aceu III se	IVICE	duling	44					
15 Property subject to section 168(f)(1) ele					•	•	14					
16 Other depreciation (including ACRS)	CHOT						15	<u> </u>				
	t include listed or	onerty \ (See	instructions	`			16	·				
MACRS Depreciation (Do not include listed property) (See instructions.)												
Section A												
47 MACRS deductions for assets placed in	n service in tay ve			<u> </u>			17					
·	•	ears beginnin	g before 2010			- · · ·	17					
18 If you are electing to group any assets placed in serv	ice during the tax year	ears beginnin	g before 2010 general asset acco	ounts, check I		▶		rem				
18 If you are electing to group any assets placed in service Section B - Assets	Placed in Servic	ears beginning into one or more the During 20 (c) Basis for	g before 2010 general asset according Tax Year Under Indiana I	ounts, check t Jsing the I	Gene	ĺ	ation Syst	tem				
17 MACRS deductions for assets placed in 18 If you are electing to group any assets placed in serv Section B - Assets (a) Classification of property	nce during the tax year Placed in Servic	ears beginning into one or more the During 20 (c) Basis for (business/ir	g before 2010 general asset acco	ounts, check I	Gene	eral Deprecia		(g) Depreciation deduction				
18 If you are electing to group any assets placed in serv Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	ears beginning into one or more the During 20 (c) Basis for (business/ir	g before 2010 general asset acco 10 Tax Year U r depreciation evestment use	Jsing the	Gene	ĺ	ation Syst					
18 If you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 19a 3-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more the During 20 (c) Basis for (business/ir	g before 2010 general asset acco 10 Tax Year U r depreciation evestment use	Jsing the	Gene	ĺ	ation Syst					
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18 If you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more the During 20 (c) Basis for (business/ir	g before 2010 general asset acco 10 Tax Year U r depreciation evestment use	Jsing the	Gene	ĺ	ation Syst					
18 If you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	Placed in Servic (b) Month and year placed	ears beginning into one or more the During 20 (c) Basis for (business/ir	g before 2010 general asset acco 10 Tax Year U r depreciation evestment use	Jsing the (d) Reconpende	Gene very	ĺ	(f) Method					
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Section B - Assets (a) Classification of property 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets P 20a Class life b 12-year c 40-year Summary (See instructions.)	loce during the tax year Placed in Service (b) Month and year placed in service // // // laced in Service // 28 14 through 17, lin of your return Professional P	ears beginnin into one or more e During 20 (c) Basis for (business/ir only - see During 2010 During 2010 es 19 and 20 artnerships a	g before 2010 general asset acco 10 Tax Year II or depreciation instructions) D Tax Year Use in column (g ind S corporate	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs 27.5 yrs 40 yrs	Gene S S S S S S S S S S S S S S S S S S	MM MM MM Ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction				

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	100	~=>	\Y/
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Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable.

	through (c) of S	Section A, all	of Section B,	and Sec	ction C if	applica	ble.								
	Section A	- Depreciation	on and Other	Informa	ation (Ca	aution: \$	See the i	ınstruc	tions for li	mıts for	passeng	er autor	nobiles.))	
24:	a Do you have evidence to s	support the bu	siness/investme	nt use cl	laimed?	TY	es 🗀	No	24b If "Y	es." is t	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	0	(d) Cost or ther basis	Bas	(e) sis for depr siness/inve	eciation estment	(f) Recovery period	Me	(g) thod/ rention	Depri	(h) eciation uction	Ele section	(i) cted on 179 ost
25	Special depreciation alle	owance for o	ualified listed	propert	v placed	ın servi	ce dunn	a the ta	ax vear an	d					
	used more than 50% in				, ,			.		_	25	ŀ			
26	Property used more tha			ess use:	;							1			
==			9						I			i			
			9	\rightarrow		<u> </u>									
		 	9	_					_			 			
 27	Property used 50% or le	ess in a quali								1		·		1	
		<u> </u>	9	1 -						S/L·	-				<u>-</u>
_		<u> </u>	9							S/L·					
_	-	<u> </u>	9							S/L·					
28	Add amounts in column	(h), lines 25			e and or	line 21	. page 1				28				
	Add amounts in column		•				,,9-					1	29		
		(//			B - Infor		on Use	of Veh	nicles	_					
If y	mplete this section for ve ou provided vehicles to y ise vehicles.			er the qu	uestions	ın Secti	on C to		ou meet a	an excep	otion to	complet		1	
30	Total business/investment	mıles drıven d	uring the	-	a) hicle	1	b) hicle	v	(c) 'ehicle		d) ncle	1	e) ncle	(1 Vet	-
	year (do not include com	muting miles)				<u> </u>		ļ							
31	Total commuting miles of	driven during	the year			ļ		ļ							
32	Total other personal (no driven	ncommuting) miles												
33	Total miles driven during Add lines 30 through 32														
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	ic for person	ai usc	163	140	163	140	163	140	162	140	165	140_	165	NO
35	Was the vehicle used p	rimanly by a	more			_	 						 	<u> </u>	
~	than 5% owner or relate												Ì		
36	Is another vehicle availa	•	nal			_	 		-						
	use?	раза					1								
		Section C	- Questions f	or Emp	lovers W	/ho Pro	vide Vel	nicles	for Use by	/ Their l	Employe	ees		1	
	swer these questions to one			_	_					•			re not m	ore than	5%
	Do you maintain a writte employees?	en policy stat	ement that pro	ohibits a	all persor	nal use o	of vehicle	es, ıncl	luding con	nmuting	, by you	r		Yes	No
38	Do you maintain a writte										our				
	employees? See the ins					ficers, d	lirectors,	, or 1%	or more	owners		•		<u> </u>	
	Do you treat all use of v	•									·•	•			-
40	Do you provide more the		=			informat	tion from	ı your e	employees	about					
	the use of the vehicles,											-			
41	Do you meet the require							-							
	Note: If your answer to	37, 38, 39, 4	U, or 41 is "Yes	s," do n	ot compl	ete Sec	tion B fo	r the c	overed ve	hicles.					انـ
٢	Amortization			(b)				Т-	(-0		7-1			' 0	
	(a) Description of	f costs		(b) amortization begins		(C) Amortizat amount			(d) Code section		(e) Amortizz period or per		Ar fo	(f) nortization or this year	
<u>42</u>	Amortization of costs th	at begins du	πng your 2010) tax yea	ar:										
_								\perp	_						
43	Amortization of costs th	at began be	fore your 2010	tax yea	ır					•••		43			
44	Total, Add amounts in o	column (f). Se	ee the instructi	ons for	where to	report						44			

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization RENT (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

1

VID 1811 11811 A 1810 A 1810 A	a compress	TNO			BUILDING	}	55 0505404
MID-ATLANTIC AEROSPACI				DGEPORT		1/ hafam w	55-0727484
Election To Expense Certain Proper	ty under Section 1	79 Note, 11 yo	u nave any iis	stea property,	complete Part	1	
1 Maximum amount (see instructions)2 Total cost of section 179 property place	nd in coniico (coo	ineta ictione	\	-	•	2	500,000.
3 Threshold cost of section 179 property place	•		,	٠		3	2,000,000.
4 Reduction in limitation. Subtract line 31						4	2,000,000.
						5	
5 Dollar limitation for tax year Subtract line 4 from line 6 (a) Description of pro		-u- ii mariled iii	(b) Cost (busing		(c) Elected		
			_				
	· <u>-</u>						
7 Listed property. Enter the amount from	line 29			7		_	
8 Total elected cost of section 179 prope	• •	un column (d	c) lines 6 and		•	8	
9 Tentative deduction Enter the smaller	•	, ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,			9	
10 Carryover of disallowed deduction from		009 Form 45	62			10	
11 Business income limitation Enter the si	•		•	ro) or line 5	•	11	·
12 Section 179 expense deduction. Add lii		•		•		12	
13 Carryover of disallowed deduction to 20				▶ 13			**
Note: Do not use Part II or Part III below for				- 1 - 3 1			
Pan 🗎 Special Depreciation Allowa	nce and Other D	epreciation	(Do not inclu	de listed prop	erty.)		~-
14 Special depreciation allowance for qual		•	•	<u>-</u>			
the tax year					···· 9	14	
15 Property subject to section 168(f)(1) ele	ection					15	
16 Other depreciation (including ACRS)				• •		16	81,878.
Part M MACRS Depreciation (Do no	t include listed pr	operty.) (Sec	: instructions	.)			3,270.00
			ction A	•			
17 MACRS deductions for assets placed ii	n service in tax ye	ars beginnin	g before 201	0		17	
18 If you are electing to group any assets placed in serv	•	•	•		`		
Section B - Assets					neral Deprecia	ation Syste	em
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property				, i			
e 15-year property							
f 20-year property	_j						
g 25-year property	<u>.</u>			25 yrs.		S/L	
h Residential rental property	/			27 5 yrs	MM	S/L	
h Residential rental property	/			27.5 yrs	MM	S/L	
i Nonresidential real property	/			39 yrs.	MM	S/L	
<u></u>	/				MM	S/L_	
Section C - Assets P	laced in Service	During 2010	D Tax Year U	sing the Alter	native Deprec	iation Sys	tem
20a Class Irfe						S/L	
b 12-year				12 yrs.		S/L	
c 40-year	/			40 yrs.	MM	S/L	
Summary (See instructions.)						<u> </u>	
21 Listed property. Enter amount from line						21	
22 Total. Add amounts from line 12, lines	=			•			
Enter here and on the appropriate lines	-		=	tions · see ins	tr		81,878.
23 For assets shown above and placed in	service durina the	e current vea	r. enter the				

portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

			hich you are us I of Section B, a						aeau	cting lease	exper	ise, comp	olete on	iy 24a, 2	4D, COIUI	mns (a)
	Section A	- Depreciati	on and Other	nforma	ation (Ca	autio	n: Se	e the II	nstruc	tions for li	mits fo	r passeng	ger auto	mobiles))	
24a	Do you have evidence to	support the bu	ısıness/investme	nt use cl	aimed?		Yes] No	24b If "Y	es," is	the evide	nce writ	tten?] Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	e ot	(d) Cost or ther basis	,	(busine	(e) for depre ess/inve use only	stment	(f) Recovery period		(g) lethod/ nvention	Depr	(h) eciation luction	Ele section	(i) cted on 179 ost
25	Special depreciation all			property	/ placed	ın se	rvice	during	the ta	ax year an	d					
	used more than 50% in											25				
<u> 26</u>	Property used more that	in 50% in a d	i													
		 	94													
		 	94							-	-		-			
	D 1 1 500/ 1	<u> </u>	94			1				1						
<u>27</u>	Property used 50% or I	ess in a quai	1			П				I			T			
		 	94							-	S/L·		-	_	i I	
		 	94								S/L·				-	
	Add amounts in salumn						21 5			1	S/L	100	+			
	Add amounts in column		-				21, p	age i				28	1			
<u> 29</u>	Add amounts in column	1 (<u>)),</u> iirie 20			7, page B - Infor			. I loo	of Val	nialaa				29		
_																
	nplete this section for ve ou provided vehicles to v													ina thie i	eaction f	or
•	se vehicles.	your employe	ses, iirst ariswe	i iile qi	Jestions	111 36	SCHOIL	0 10 3	see ii y	you meet a	all exce	spilon to	complet	ing mis :	Section	OI .
						т				(-)		(-D	Τ.		Ι.	
	Total husanasa (investment	milaa dinian d	luma tha		a) bolo		(b)		١ ,	(c) /ehicle		(d)		(e) buolo		f)
	Total business/investment		intill file	Vei	hicle	 	Vehic	ie	V	remicie		ehicle	ve	hicle	Vei	ncle
	year (do not include com	- ,	the year			 							+			
	Total commuting miles Total other personal (no	-	•			 							+			
32	driven	nicommunit	g) trilles													
22	Total miles driven durin	a the year											 			
33	Add lines 30 through 32	•														
24	Was the vehicle availab		nat use	Yes	No	Ye		No	Yes	No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?	ne ioi persoi	iai use	103	140	 ''	3	140	163	<u> </u>	163	140	165	110	165	140
35	Was the vehicle used p	nmanly by a	more .			ļ —										
•	than 5% owner or relate															ļ
36	Is another vehicle availa	•	onal		<u> </u>							1				
•	use?				1											
		Section C	- Questions fo	or Empl	lovers V	Vho F	Provid	ie Veh	icles	for Use b	v Their	Employ	ees		•	
Ans	swer these questions to				_									re not n	ore than	า 5%
	ners or related persons		•	•		•					•	•				
37	Do you maintain a writte	en policy sta	tement that pro	hibits a	all perso	nal us	se of v	vehicle	s, inc	luding cor	nmutin	g, by you	ır		Yes	No
	employees?		•													
38	Do you maintain a writte	en policy sta	tement that pro	ohibits p	personal	use	of vet	nicles,	excep	ot commut	ing, by	your				
	employees? See the ins	structions foi	r vehicles used	by corp	orate of	fficer	s, dıre	ectors,	or 1%	6 or more	owners	3				<u> </u>
39	Do you treat all use of v	ehicles by e	mployees as pe	ersonal	use? .											
40	Do you provide more th	an five vehic	cles to your em	oloyees	, obtain	ınfon	matioi	n from	your	employee	s about	t				
	the use of the vehicles,	and retain th	he information i	eceived	d? .											ļ
41	Do you meet the require															
	Note: If your answer to	<i>37, 38, 39, 4</i>	10, or 41 is "Yes	," do n	ot comp	lete S	Sectio	n B fo	r the c	covered ve	hicles					
<u>ૄિફિસ્</u>	Amortization															
	(a) Description o	of costs		(b) mortization regins		Amor	C) tizable iount			(d) Code section		(e) Amortuz penod or pe	ation	A	(f) mortization or this year	
42	Amortization of costs th	nat begins di	uring your 2010	tax yea	ar:											
_																
43	Amortization of costs th	nat began be	efore your 2010	tax yea	ar								43			
44	Total. Add amounts in	<u>column (f).</u> S	ee the instructi	ons for	where to	o rep	ort						44			

Form 886	68 (Rev. 1-2011)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this b	ox		<u> </u>
	ly complete Part II if you have already been granted an a		-		 8868.	
	are filing for an Automatic 3-Month Extension, comple		•			
Part H				opies r	needed).	
Type or	Name of exempt organization			Emp	loyer identification	number
print	MID-ATLANTIC AEROSPACE COMPI	LEX.	TNC -	5	5-0727484	
File by the	Number, street, and room or suite no. If a P.O box, so	_			5 0/2/404	
extended due date for	1 ' '		tions.			
filing your return See	City, town or post office, state, and ZIP code. For a fo	oreign add	ress see instructions			
instructions	BRIDGEPORT, WV 26330	oreign add	iress, see iristractions			
	DRIDGELORI, WV 20550					
Entor the	Poture code for the return that this application is for /file		to application for each return)			0 1
ciitei tiie	Return code for the return that this application is for (file	e a separa	te application for each return)	•	• •	
Annliaati		Dotum	Application			D-4
Applicati	OII	Return	Is For			Return
Is For Form 990	<u> </u>	Code 01	IS FOR			Code
Form 990	· · · · · · · · · · · · · · · ·	02	Form 1041-A			1 00
Form 990		01	Form 4720			08
Form 990		04	Form 5227			09
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			10
	OFT (trust other than above)	06	Form 8870			12
		1			0000	
SIUPID	o not complete Part II if you were not already granted		L.C 600 MARKETPLA			100
• The b	poks are in the care of ► PO BOX 908 - BE			ACE.	AVE., SIE.	, 100
	none No. ► 304-624-5471	KIDGE				
	-		FAX No.			
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four digit (
box ▶	. If it is for part of the group, check this box	-		memb	ers the extension is	for.
	quest an additional 3-month extension of time until		<u>15, 2012</u> .	77737	20 2011	
	calendar year, or other tax year beginning					·
6 If ti	ne tax year entered in line 5 is for less than 12 months, cl	neck reas	on Initial return	Final r	etum	
_ L	☐ Change in accounting period					
	te in detail why you need the extension	AT MUTE	COMPLEMIAN OF THE	TIDT	m BNO CENT	
	<u>HE ORGANIZATION IS WAITING ON</u> Y INDEPENDENT AUDITORS TO ADI					7N.T.
	CORD.	CCANU	ANI ADJUSTMENTS TO	THE	BOOKS OF	
		~~ 6060 ~	man the tentature tour less and			
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any		•	0
	nrefundable credits. See instructions.			8a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	_				
	payments made. Include any prior year overpayment all	lowed as a	credit and any amount paid	-	_	^
	eviously with Form 8868.		h thu fund fund to	8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	-	n triis form, ir required, by using		_	^
EF	TPS (Electronic Federal Tax Payment System). See instru		d Varification	8c	\$	0.
lindo- no-			d Verification	a ha-4 -	f man language des es 44	aliaf
onaer pen It is true, c	alties of perjury, I declare that I have examined this form, includi orrect, and complete, and that I am authorized to prepare this fo	nny accomp orm.	ranying scriedules and statements, and to th	e dest o	i my knowledge and b	euet,
) ENM	5 -4	_	
<u>Signature</u>	I rate	<u>PRESII</u>	NEWI,	Date		

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	are filing for an Automatic 3-Month Extension, complet				Þ	- X					
-	o If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).										
	complete Part II unless you have already been granted a										
Electron	nic filling (e-file). You can electronically file Form 8868 if y	on ueed s	3-month automatic extension of time to	o file (6	months for a corp	oration					
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	om: 88	58 to request an e	xtension					
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for Tran	sfers A	ssociated With Ce	<u>rta</u> in					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details on th	re elect	ronic filing of this t	joum'					
visit ww	w.rs.gov/effie and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		brait original (no copies piedeleit)	•							
	ration required to file Form 990-T and requesting an autor			nlete		 -					
Part I on				•	.						
		ICs. and to	rusts must use Form 7004 to request en	extens	ion of time	لحا					
	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.										
Type or Name of exempt organization Employer Identification in											
print	MID-ATLANTIC AEROSPACE COM	PIÆX.	INC.	5	5=0727 4 84						
File by the	Number street and many survivas Ka D.O. hours				7,2,404						
filing your	P.O. BOX 490										
return, See Instruction		preign add	ress, see instructions.		-						
	DILLOCAL ONLY WY BOOG		7								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01					
Applica	tion	Return	Application	T.744-LC		Return					
is For		Code	le For			Code					
Form 95	00	01	Form 990-T (comporation)			07					
Form 99		. 02 .	Form 1041-A			QS					
Form 99	90-EZ	03	Form 4720			d9					
Form 95	10-PF	04	Form 5227			10					
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 8069			11					
Form 99	90-T (trust other than above)	05	Form 8870	_		12					
,	TOOTHMAN RICE,					-1 					
The	books are in the care of $\triangleright 1000$ TECHNOLOG	Y_DRI	<u>VE, SUITE 2210 - FAJ</u>	RMO	NT, WV 263	02					
	phorie No. ▶ 304-363-2220		FAX No.		· ÷42-						
• jî tiy	organization does not have an office or place of busines	s in the U	nited States, check this box								
	s is for a Group Return, enter the organization's four digit	Group Ex	emption Number (GEN)	is is for	the whole group, c	theck this					
box ∌					ers the extension is	for.					
1 l	request an automatic 3-month (6 months for a corporation FRERUARY 15, 2012, to file the exempt				: The extension						
is	for the organization's return for.										
_	calendar year or										
ı	X tax year beginning JUL 1, 2010	;a	nd ending JUN 30, 2011		·						
2 1	f the tax year entered in line 1 is for less than 12 months,	check reas	son: Initial return Fin	al retur	n						
÷ .	Change in accounting period										
	(this are final to be for a coopy one of the coopy of the	0000	amban Man Anna - 1								
	f this application is for Form 990-BL, 990-PF, 990-T, 4720, conrefundable credits. See instructions.	, or 5069, (enter the tertative tax, less any	aa.	ŝ	A					
	f this application is for Form 990-PF, 990-T, 4720, or 6069	enter an	v refundable credits and	ga.		<u>Ó.</u>					
-	estimated tax payments made, include any prior year overpayment allowed as a credit. Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,										
	by using EETPS (Electronic Federal Tax Payment System); See instructions. 3e S										
	Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.										
LHA	For Paperwork Reduction Act Notice, see Instruction				Form 8868 (Fi						

Form 8868 (Rev. 1-2011)		C	(1	9467	Dec. e
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II and check this bo				Page 2
Note. Only complete Part II if you have already been granted an a				B68.		لكفيا
 If you are filing for an Automatic 3-Month Extension, complet 		•				
Part I Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the onginal (no co	pies ne	eded).		
Name of exempt organization			Emplo	yer ide	ntification	Dumber
or				-		· · · · · · · · · · · · · · · · · · ·
mid-atlantic aerospace complex, inc.			55-0727 4 8 4			
File by the extended Number, street, and room or suite no if a P O. box, see	e instruc	tions				
due date for P.O. BOX 490						
filing your return See City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.				
BRIDGEPORT, WV 26330						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)				0 1
	Datum	A-ali-ati-				
Application	Return	Application				Return
Is For	Code 01	Is For		30 J. H.		Code
Form 990	02	Form 1041 A	2.0			
Form 990-BL	03	Form 1041-A Form 4720				80
Form 990-EZ	04					09
Form 990-PF	05	Form 5227 Form 6069				10
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	06	Form 8870				11
			-1.5			12
STOP! Do not complete Part II if you were not already granted		L.C 600 MARKETPLA				400
• The books are in the care of ▶ PO BOX 908 - BI				1VE.	, STE.	T00
Telephone No. ► 304-624-5471	KIDGE	FAX No FAX No				
 If the organization does not have an office or place of business 	e in tha l li	nited States, shock this how			-	
			io io for		P	با
 If this is for a Group Return, enter the organization's four digit box If it is for part of the group, check this box 		ach a list with the names and EINs of all				
		15, 2012	membe	ers une e	xtension is	for.
			TITAL	30	2011	
			Final re		4011	 ·
6 If the tax year entered in line 5 is for less than 12 months, c Change in accounting period	ileon leas	initial retuin	ruiai it	statii		
7 State in detail why you need the extension THE ORGANIZATION IS WAITING OI	N THE	COMPLETION OF THE Z	ידמוו	r FN	CACEME	NT CO
BY INDEPENDENT AUDITORS TO ADI	DRESS	ANY ADJUSTMENTS TO	THE	BOU.	RG OE	M.T.
RECORD.	DICHOU	INT ADOODIMMND 10	11117	<u> </u>	KB OF	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any	1			
nonrefundable credits. See instructions.	o. 0000, t	onto the tentative tax, lede any	8a	\$		•
MILL 11-1-5-5-5-5-000 DE 000 T 4700 6000	enter any	refundable credits and estimated		Ψ		0.
tax payments made. Include any prior year overpayment al	-					
previously with Form 8868.	iiowoa aa	a order and any amount paid	8b	\$		^
The Continuent line Ob from line Co. Include your re	avment w	th this form if required by using	30	Ψ		0.
EFTPS (Electronic Federal Tax Payment System). See instr		and toring a required, by doing	8c	\$		^
		nd Verification	1 30	Ψ		<u>0.</u>
Under penalties of periory, declare that I have examined this form, include it is true, correct, and complete, and than any authorized to prepare this f			ne best o	f my kno	wledge and he	lief
it is true, correct, and complete, and that are authorized to prepare this f	orm.			•	J	,
Signature Conces A. Title D	C1	VA	Date	> :	2/8	112
				Fo	m 8868 (Re	v 1-2011)