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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

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

OMB No 1545-1150

2010

**Open to Public** 

Inspection

A	For the	2010 calend	dar year, or tax year beginning 01/01/11 , and	ending 09/30/3	L <b>1</b>		
В		applicable	C Name of organization	one ing		D Employer	dentification number
	Address	change	• •				
	Name ch	nange	63-1205327				
	Initial ret	urn	E Telephone number				
	Termina		800 AIRPORT DRIVE		15		983-8100
	Amende	d return	City or town, state or country, and ZIP + 4		1	F Group Exe	emption
LL		on pending	DOTHAN AL 36	303		Number	
G		-	X Cash Accrual Other (specify)		1	<del>_</del>	nization is not
١.	Website		W.AVIATIONCOUNCILOFALABAMA.OF			ittach Schedule	
<u>J</u>			heck only one) —   501(c)(3)   X   501(c) ( 6 ) ◀ (insert no )	4947(a)(1) or 52	<del></del>	990-EZ, or 990-	PF)
K	Check		organization is not a section 509(a)(3) supporting organization and its	•			
			190 return is not required though Form 990-N (e-postcard) may be requ	uired (see instructions). But	t the organization cho	oses	
			to file a complete return			<del></del>	
L			o, to line 9 to determine gross receipts if gross receipts are \$200,000	or more, or it total assets (P	art II,	<b>.</b> .	93,642
	art I		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ nue, Expenses, and Changes in Net Assets o	r Fund Ralances (	oo the instruction	ne for Port	
Г	aiti		if the organization used Schedule O to respond to any			iis ivi Faiti	<b>X</b>
	1		gifts, grants, and similar amounts received	y question in this Fait		1	
	2		rvice revenue including government fees and contracts			2	82,260
	3	•	o dues and assessments	See Stat	ement	3	11,325
	4	Investment i		Dec Deac	00110	4	57
	5a		int from sale of assets other than inventory	5a			
~;	ь		or other basis and sales expenses	5b	<del></del>	7 1	
2012	c		from sale of assets other than inventory (Subtract line 5b from line 5a			- 5c	
	6		I fundraising events	'/			
	a	_	ne from gaming (attach Schedule G if greater than				
enc		\$15,000)		6a			
Revenue 8	b	•	ne from fundraising events (not including \$	of contributi	ons		
		from fundrai	ising events reported on line 1) (attach Schedule G if the	<del></del>			
<u> </u>		sum of such	gross income and contributions exceeds \$15,000)	6b			
نسر	С	Less direct	expenses from gaming and fundraising events	6c		]	
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a a	ind 6b and subtract		7	
66		line 6c)				6d	
3,	7a	Gross sales	of inventory, less returns and allowances	7a			
	b	Less cost o	f goods sold	. 7b		_	
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line $7$	a)		7c	
	8	Other reven	ue (describe in Schedule O)			8	
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	93,642
	10		similar amounts paid (list in Schedule O)			10	
	11	•	d to or for members			11	
es	12		ner compensation, and employee benefits	RECEIVED	1	12	15,994
Expenses	13		I fees and other payments to independent contractors	RECEIVE	70	13	4,300
Š	14		rent, utilities, and maintenance	- 2010	181	14	
ш	15		blications, postage, and shipping	FEB 2 3 2012	IRS-OSC	15	286
	16	•	, , , , , , , , , , , , , , , , , , , ,			16	37,762
	17		nses. Add lines 10 through 16	OGDEN, UT		<del>                                     </del>	58,342
ts	18	•	deficit) for the year (Subtract line 17 from line 9)	The state of the s	<del></del>	18	35,300
SSE	19		or fund balances at beginning of year (from line 27, column (/		40	01 267	
Net Assets	20	-	figure reported on prior year's return)			19	91,267
ž	20	-	ges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20	<b>,</b>		20	126,567
	41 _	101 033015	zi i <u>sing parances at end of year. Combine lines to fillough 2t</u>	,		21	140,301

1 ,						
Form 990-EZ (2010) AVIATION COU	NCIL OF ALABAMA,	INC. 63	3-1205327			Page 3
Part II Balance Sheets. (see the in	nstructions for Part II )					
Check if the organization used	Schedule O to respond to any	question in this P	art II			X
			(A) Beginning of year		(B)	End of year
22 Cash, savings, and investments			91,14	2 22	_	126,392
23 Land and buildings				0 23	·	
24 Other assets (describe in Schedule O)			12			175
25 Total assets			91,26	7 25		126,567
26 Total liabilities (describe in Schedule O)				0 26		
27 Net assets or fund balances (line 27 of colun	nn (B) must agree with line 21)		91,26	7 27		126,567
Part III Statement of Program Se	ervice Accomplishments (s	ee the instruction	s for Part III)	٠, ا	Ex	penses
Check if the organization used	Schedule O to respond to any	question in this P	art III	∐ (R	equired	for section
What is the organization's primary exempt purpose	?			50	11(c)(3) a	and 501(c)(4)
TO PROMOTE AVIATION				or	ganızatıc	ns and section
Describe what was achieved in carrying out the org	ganization's exempt purposes. In a c	clear and concise m	anner, describe	49	47(a)(1)	trusts, optional
the services provided, the number of persons bene	efited, or other relevant information f	or each program titl	e	fo	others	)
28 THE ORGANIZATION PROVIDES AN EFF	ECTIVE NETWORK OF					
AVIATION-MINDED INDIVIDUALS, BUS	SINESSES, AND OTHER					
GROUPS.						
(Grants \$ ) If this	amount includes foreign grants, che	eck here	<b>&gt;</b> _	28a		
29 THE ORGANIZATION PROVIDES ITS ME	MEBERS WITH				1	
OPPORTUNITIES TO INTERACT & EXC	HANGE INFORMATION THROUGH					
SEMINARS, CONFERENCES, ETC.				_	ŀ	
(Grants \$ ) If this	amount includes foreign grants, che	eck here	<b>•</b>	29a		<u> </u>
30 THE ORGANIZATION HAS ESTABLISHED	RELATIONSHIPS WITH LOCAL					
CHAMBERS OF COMMERCE, INDUSTRIAL	DEVELOPMENT BOARDS, AND					
OTHER ECONOMIC GROUPS TO PROMOTI	E AVIATION.			_		
(Grants \$ ) If this	amount includes foreign grants, che	eck here	<b>•</b>	30a		
31 Other program services (describe in Schedule	O)			_	1	
(Grants \$ ) If this	amount includes foreign grants, che	ck here	<b>•</b>	31a		
32 Total program service expenses (add lines 2	28a through 31a)		<u> </u>	32		
Part IV List of Officers, Directors, Trus	tees, and Key Employees. List ea	ich one even if no	t compensated (se	e the in	structio	ns for Part IV
Check if the organization used	Schedule O to respond to any					
(a) Name and addre	ess	(a) Title and average hours per week devoted to position	(If not paid, en	(d) Contrib nployee ben leferred com	efit plans &	(e) Expense account and other allowances
RICK TUCKER	HUNTSVILLE	DIRECTOR				
1000 GLENN HEARN BLVD	AL 35824	1.00	0		0	
RUSS KILGORE	GULF SHORES	DIRECTOR				
P.O. BOX 919	AL 36547	1.00	0		0	
ART MORRIS III	DOTHAN	VICE-PRESIDE	HT			
800 AIRPORT DRIVE, SUITE 15	AL 36303	1.00	0		0	
MENZO W. DRISKELL						
P.O. BOX 1421	AL 36702	1.00	0		0	(
STEPHANIE BLANKENSHIP	HEADLAND	EXECUTIVE DI	RECTOR			
230 AIRPORT DRIVE, P.O. BOX 128	AL 36345	10.00	17,344		0	(
TERRY CAPPS	PELL CITY	TREASURER				
240 AIRPORT ROAD	AL 35128	1.00	0		0	
COL. ROOSEVELT J. LEWIS	MONTGOMERY	DIRECTOR		•		

ÀL 36117

AL 35960

DEMOPOLIS

AL 36732

TALLADEGA

AL 35160

AL 36830

AL 35401

TUSCALOOSA

MONTGOMERY AL 36108

AUBURN

CENTRE

1.00

1.00

1.00

1.00

1.00

1.00 DIRECTOR

1.00

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

SECRETARY

0

0

0

0

Form 990-EZ (2010)

6026 FOREST GROVE

216 SOUTH STREET

DR. WAYNE CAMERON

4445 SELMA HIGHWAY

MR. PHIL PERRY

DR. WILLIAM HUTTO, JR.

2150 MIKE HUBBARD BOULEVARD

7601 ROBERT CARDINAL AIRPORT RD

801 CEDAR BUFF ROAD

LUANNE HAYES

BUZZ SAWYER

PO BOX 774

RAY MILLER

	ONCIL OF ALABAMA	i, INC.	9-1203327			Page 4
Part II Balance Sheets. (see the	•					<u></u>
Check if the organization us	sed Schedule O to respond to	any question in this P				
			(A) Beginning of year		(B)	End of year
22 Cash, savings, and investments		<u> </u>		0 22		
23 Land and buildings		_		0 23	ļ	
24 Other assets (describe in Schedule O)		_		0 24	<u> </u>	
25 Total assets		<u></u>	·	0 25		0
26 Total liabilities (describe in Schedule O)			<del></del>	0 26		0
27 Net assets or fund balances (line 27 of co			*****	0 27	<u> </u>	0
	Service Accomplishment			٦	Ex	penses
	sed Schedule O to respond to	any question in this P	art III		•	for section
What is the organization's primary exempt purpo	ose?					and 501(c)(4)
	<del></del>			_	-	ons and section
Describe what was achieved in carrying out the				- 1		trusts, optional
the services provided, the number of persons be	aneilled, or other relevant informat	tion for each program titl	e 	fo	r others)	)
28				1		
				1		
(O			٠,	٦	1	
	nis amount includes foreign grants,	, cneck nere	P	28a	<del> </del>	
29						
(Grants \$ ) If th	no amazint inglisidas fassicas assata	abaal, baaa		7 00-		
30	nis amount includes foreign grants	, check here		29a	<del></del> -	<del></del>
30						
(Grants \$ ) If th	nis amount includes foreign grants,	check here		] 30a		
31 Other program services (describe in Schedu		, check here		1 30a	<del>                                     </del>	
	nis amount includes foreign grants	check here	▶ □	]   31a		
32 Total program service expenses (add line		, check here		312		
	ustees, and Key Employees. LIS	at each one even if no	compensated (se		struction	ns for Part IV )
•	sed Schedule O to respond to				0., 00.,0.	
		(a) Title and average	(c) Compensation	(d) Contrib		(e) Expense
(a) Name and ac	idress	hours per week devoted to position		nployee ben eferred com		account and other allowances
JERRY COFIELD	ALBERTVILLE	DIRECTOR				
PO_BOX 1248	AL 35950	_ ] 1.00	٥		o	0
BILL SISSION	MOBILE	DIRECTOR				
1891 NINTH STREET	AL 36615	1.00	اه		0	0
MATTHEW HEA	MUSCLE SHOALS	DIRECTOR				
1729 ED CAMPBELL DRIVE, SUITE A	AL 35661-2016	1.00	o		0	0
KEVIN VANDEBERG	HUNTSVILLE	DIRECTOR				
200 CLINTON AVENUE, SUITE 800	AL 35801	1.00	0		o	o
		1				
•						
		-				
	<del></del>					
			1			
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		1	i I		ļ	1

Pa	art V	<b>Other Information</b> (Note the statement requirements in the instructions for Part V )  Check if the organization used Schedule O to respond to any question in this Part V				X
	·	oneok if the organization used ochequie o to respond to any question in this hart v	<del></del>		Yes	
33		organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed				
	•	on of each activity in Schedule O		33	<del> </del>	<u> </u>
34		y significant changes made to the organizing or governing documents? If "Yes," attached a conform	ned			
		he amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	_	on Schedule O (see instructions)		34	X	╁──
35		anization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but no	ot reported	,		1
_		990-T, explain in Schedule O why the organization did not report the income on Form 990-T		•		1
а		organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4),	_		,,	
		), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements'	,	35a		<del> </del>
b		has it filed a tax return on Form 990-T for this year (see instructions)?		35b	+	X
36		organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				v
27-		ne year? If "Yes," complete applicable parts of Schedule N	. 1	36	+	X
37a		nount of political expenditures, direct or indirect, as described in the instructions	<u>a  </u>			
b		organization file Form 1120-POL for this year?		37t	<del>'-}</del>	X
38a		organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re			
b		n loans made in a prior year and still outstanding at the end of the tax year covered by this return?	u. 1	38a	<del> </del>	X
39		complete Schedule L, Part II and enter the total amount involved 501(c)(7) organizations Enter	SD			ĺ
a		177				
b		fees and capital contributions included on line 9 secepts, included on line 9, for public use of club facilities  39	<del></del>	<del></del> [		1
40a		501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	ID			1
404	section 49					1
b		501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess bene	afit			
-		on during the year, or did it engage in an excess benefit transaction in a prior year, that has not bee		İ	İ	1
		on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	"	405		
С		501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		400	+-	<del>                                     </del>
-		tion managers or disqualified persons during the year under sections 4912,				
	4955, an					1
d		501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
-		sed by the organization				1
е		nizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
		on? If "Yes," complete Form 8886-T		40e	. ]	x
41		states with which a copy of this return is filed None		1,00		
42a		anization's books are in care of ▶ ART MORRIS, III	Telephone no ▶	334-9	83-8	100
	_	800 AIRPORT DRIVE	,			
	Located	at ▶ DOTHAN AL	ZIP + 4 ▶	36303		
b	At any tii	me during the calendar year, did the organization have an interest in or a signature or other authority	/			
		nancial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)	?		42b		X
	If "Yes,"	enter the name of the foreign country			T	$\overline{}$
	See the	instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	•			
	and Fina	ancial Accounts.				
С	At any tii	me during the calendar year, did the organization maintain an office outside of the U.S.?		42c		X
	If "Yes,"	enter the name of the foreign country 🕨				
43	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here				
	and ente	r the amount of tax-exempt interest received or accrued during the tax year	▶ 43		<del></del>	
442	Did the s	organization maintain any depart of used finds during the consecutive and the consecut			Yes	No
44a		organization maintain any donor advised funds during the year? If "Yes," Form 990 must be ad instead of Form 990-EZ				v
b	· · ·	organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		448	+	<u>X</u>
U		inganization operate one of more hospital facilities during the year / If "Yes," Form 990 must be			.	
С	•	organization receive any payments for indoor tanning services during the year?		441		X
d		to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		440	+-	<u> </u>
<b>.</b>		ion in Schedule O		440		
	aripidi idi				90-EZ	12040
				roini <b>3</b>		- (2010)

63-1205327

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Form 990-EZ (2010) AVIATION COUNCIL OF ALABAMA, INC.

Form	1 990-EZ	(2010)	AVI	ATION	<u></u>	NCII	L OF	ALA	BAMA	, IN	<u>c.                                      </u>	<u>63-12</u>	<u>05327</u>			F	age 4
																Yes	No
45	_		_				_			-	of section 51		•		45	-	X
а		-						-			ontrolled ent completed in	-	he				
		•	ee instruc		es, rui	111 330 6	and Sçn	iedule N	t may nee	a to be	completed if	isteau oi			45a	1	x
46					v or indir	rectly, in	nolitica	ıl campa	aion activit	nes on h	ehalf of or in	n nnnnsitin	n		454		
40		•	•	fice? If "Ye	•	•	•	•	•	1103 011 0	crian or or n	i oppositio			46	1	x
Pa	rt VI									(a)(1)	nonexen	pt char	itable tr	usts only. All s	ection		
														ions 47-49b			
		and :	52, and c	complete t	the tabl	les for l	lines 50	0 and 5	51								
		Chec	ck if the c	rganizati	on used	d Sche	dule O	to resp	ond to a	ny que	stion in this	s Part VI				,	
																Yes	No
47		•	-	ge in lobby				•							47	<b>├</b> ──	ļ
48											te Schedule	E			48	<del> </del>	1
49a		-		any trans			•		le related	organiz	ation?				49a	-	-
b				rganization			-			/-41	- 4b 65				49b	L	<u> </u>
50	-			-		-	•				r than office			•			
	employ								ion irom u		ization If th Title and avera		ompensation		T (e	) Expen	se
		(6	a) Name an	d address of than \$	i each eir \$100,000	трюуее р	alu more	,		'	hours per week devoted to posite	1	·	employee benefit plans deferred compensation	& ac	count a	ınd
				<del></del> -					<del></del>		devoted to positi	<del>///                                   </del>		deletted competisation	- Othe	allowa	lices
										1							
															1		
		·															
												ŀ					
								<del> </del>				<del> </del>					
										-							
f	Total n	umbor of	f other om	ployees pa	and over	\$100.00	20							ļ			
51								ensater	d indenend	dent con	tractors who	each rece	eived more	 than			
•				n from the		_	-		-		ili doloro win	Caonico	cived more	· triair			
				of each indep						· <del>····</del>	1	(b) Type o	f service	(c)	Compen	sation	
											<u> </u>						
											<del> </del>						
											-						
														ŀ			
d	Total n	umber of	f other indi	ependent o	contract	ors each	h receivi	ing over	r \$100.000	)	<u> </u>					•	
52	Did the	organiza	ation comp	olete Sche	dule A?	Note A	di sectio	on 501(c	:)(3) organ	nizations	and 4947(a	)(1)			,		
	nonexe	mpt cha	ritable trus	sts must at	tach a c	omplete	ed Sche	dule A						<b>&gt;</b>	Yes	<u>.                                    </u>	No
	•							•				-	•	knowledge and belief	, it is		
true,	correct, ar	nd complet	te Declarat	erropprepar	rer (other	than offi	cer) is ba	ased on a	ıll ınformatıc	on of whice	h preparer ha	s any knowle	·				
Sigi			Ce	5/	-6	ri	71	<u> </u>		<del></del>		0	•	-2012			
			nature of off	ncer ORRIS	, II	т					بسو	Da PRR <del>→ Fr</del>	<sup>ite</sup> SIDEN	Ψ.			
Her	e			ame and title							<u> </u>	H-LKE	<u> </u>				
		<del>'''</del>	preparer's				ī	Prepare	≰≸signatur	e		<del></del>	Date		) PTIN		
Paid	, [		. ,					L	メルィ	, ^	4			Check	) if		
	F	George Firm's nai	C. McCl	MCCL	TNTC	CK		George SON				P.C.	[ 02/ 	14/12 self-employ	/ed P01 3-10		
	`~ t	Firm's add		3646				2014	a AD	J-J-L-1.		£.C.		Firm's EIN > 6	2-10	121	<u> </u>
		, a aa		DOTH				05-1	048					Phone no 334	-793	-14	14
May	the IRS	discuss	this return	with the p										<b>&gt;</b>		es	No
				<u>_</u>												<del></del> _	

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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Department of the Treasury Internal Revenue Service

► See separate instructions. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Na	ne of organization  AVIATION COUNCIL OF A	LABAMA, INC.		Employer identification nui				
Pa	rt I-A Complete if the organization is exem							
1	Provide a description of the organization's direct and indirect							
2	Political expenditures			▶ \$ _				
3	Volunteer hours			_				
Pa	rt I-B Complete if the organization is exem	pt under section 501(c)	(3).					
1	Enter the amount of any excise tax incurred by the organizati	on under section 4955	· · · · · · · · · · · · · · · · · · ·	▶ \$ _				
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		<b>▶</b> \$ _				
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?		_	Yes No			
4a	Was a correction made?				Yes No			
<u>b</u>	If "Yes," describe in Part IV							
Pa	rt I-C Complete if the organization is exem	pt under section 501(c)	, except sectio	n 501(c)(3).				
1	Enter the amount directly expended by the filing organization	for section 527 exempt function	1					
	activities			▶ \$ _				
2	Enter the amount of the filing organization's funds contributed	d to other organizations for sect	ion					
	527 exempt function activities			▶ \$ _				
3	Total exempt function expenditures Add lines 1 and 2 Enter	here and on Form 1120-POL,						
	line 17b			▶ \$ _				
4	Did the filing organization file Form 1120-POL for this year?				Yes No			
5	Enter the names, addresses and employer identification num	nber (EIN) of all section 527 poli	tical organizations to	which the filing				
	organization made payments. For each organization listed, e	nter the amount paid from the fi	ling organization's fo	unds Also enter				
	the amount of political contributions received that were prom	ptly and directly delivered to a s	eparate political org	anization, such				
	as a separate segregated fund or a political action committee	e (PAC) If additional space is no	eeded, provide infor	mation in Part IV	· · · · · · · · · · · · · · · · · · ·			
	(a) Name	( <b>b</b> ) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-			
(1)								
(2)								
(3)								

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

Schedule C (Form 990 or 990-EZ) 2010

(4)

(5)

(6)

Schedule C (Form 990 or 990-EZ) 2010 A	TATION COIL	NCIL OF ALAE	RAMA TN	יר	63-12053	127 Page 2
Part II-A Complete if the organ						
section 501(h)).			• · (•)(•) a		O O. CO (O.O.	
A Check ▶ ☐ If the filing organize	ation belongs to a	an affiliated group.				<del></del>
B Check ▶ ☐ if the filing organize			ntrol" provis	sions ap	ply.	
	obbying Expend				(a) Filing	(b) Affiliated
(The term "expenditures					nization's totals	group totals
1a Total lobbying expenditures to influence p	public opinion (grass re	oots lobbying)				
b Total lobbying expenditures to influence a	a legislative body (dired	ct lobbying)				
c Total lobbying expenditures (add lines 1a	and 1b)					
d Other exempt purpose expenditures						
<ul> <li>Total exempt purpose expenditures (add</li> </ul>	lines 1c and 1d)					
f Lobbying nontaxable amount Enter the a	mount from the follow	ng table in both				
columns						
If the amount on line 1e, column (a) or (b) is	The lobbying non	taxable amount is:			1	
Not over \$500,000	20% of the amount	on line 1e			1	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500,000		1	,	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,000,0		1	,	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% o	f the excess over \$1,500,00		1		
Over \$17,000,000	\$1,000,000					
g Grassroots nontaxable amount (enter 25	% of line 1f)					
h Subtract line 1g from line 1a. If zero or le	ss, enter -0-					
i Subtract line 1f from line 1c If zero or les					1	
j If there is an amount other than zero on e	either line 1h or line 1i,	did the organization file	Form 4720			
reporting section 4911 tax for this year?		<del></del>	·			Yes No
(Some organizations t	hat made a secti	ing Period Under on 501(h) election structions for line	do not hav	re to co	•	he five
Lo	bbying Expendit	ures During 4-Yea	r Averagin	g Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 200	9	(d) 2010	(e) Total
2a Lobbying nontaxable amount						
<ul><li>b Lobbying ceiling amount (150% of line 2a, column(e))</li></ul>						
c Total lobbying expenditures						
d Grassroots nontaxable amount						

Schedule C (Form 990 or 990-EZ) 2010

Grassroots ceiling amount
 (150% of line 2d, column (e))

f Grassroots lobbying expenditures

-80

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Х Were substantially all (90% or more) dues received nondeductible by members? 1 X 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? X Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 11,325 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 8,883 2a a Current year 2b b Carryover from last year 8,883 2c 8,963 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11 Also, complete this part for any additional information

5

Part IV Supplemental Information (continued)

## SCHEDULE O (Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AVIATION COUNCIL OF ALABAMA, INC.

Employer identification number 63-1205327

Form 990-EZ, Part I, Line 16 - Other Expenses

		<del>e</del>				
Description	Amount					
Expenses						
MARKETING	\$	1,920				
WEBSITE MAINTENANCE	\$	75				
OFFICE SUPPLIES	\$	350				
TELEPHONE	\$	1,350				
HOTEL & AIRFARE	\$	1,195				
MEETINGS	\$	1,992				
CONSULTANTS WORKSHOP	\$	15,866				
ANNUAL CONFERENCE	\$	10,280				
LEAGUE CONFERENCE	\$	1,506				
INSURANCE	\$	1,561				
BANK CHARGES	\$	1,167				
AVIATION HALL OF FAME	\$	500				

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg.	of Year	End	of Year
Prepaid Expenses and Deferred Charges		\$	125	\$	175
		\$	3,661	\$	3,661
Less Accumulated Depreciation		\$	3,661	\$	3,661
	Total	\$	125	\$	175

Total \$

37,762

Form 990-EZ, Part V, Line 34 - Changes to Organizational Documents

AVIATION COUNCIL OF ALABAMA, INC.

Employer identification number 63-1205327

#### "RESTATED BYLAWS"

Effective January 1, 2011; the Board of Directors voted to change to a fiscal year (ending September 30th) for filing Form 990-EZ, accounting, and membership purposes.

Therefore, this return is for the short year, beginning January 1, 2011 and ending September 30, 2011.

Form 990-EZ, Part V, Line 35 - Unreported income on Form 990-T Explanation Not required to file Form 990-T; the Organization's gross income from unrelated business was less than \$1,000.