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Short Form
Return of Organization Exempt From Income TaxUnder 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

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning

, 2011, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Georgia Business Aviation Association Foundation, Inc

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

4193 Martin Luther King Jr Dr SW

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

Atlanta

GA 30336

D Employer identification number

26-3087330

E Telephone number

(678) 645-4900

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

I Website: ► N/A

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ▶(insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 36,615.

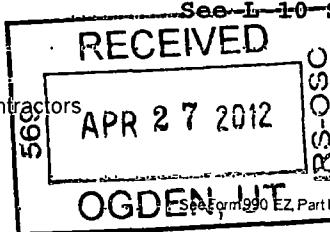
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

1 Contributions, gifts, grants, and similar amounts received	1	35,327.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	1,270.
4 Investment income	4	18.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	36,615.
10 Grants and similar amounts paid (list in Schedule O)	10	30,600.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	500.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O)	16	75.
17 Total expenses. Add lines 10 through 16	17	31,175.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,440.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	37,716.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	43,156.

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

Form 990-EZ (2011)



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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	37,716.22	43,156.
23 Land and buildings	0.23	0.
24 Other assets (describe in Schedule O)	0.24	0.
25 Total assets	37,716.25	43,156.
26 Total liabilities (describe in Schedule O)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,716.27	43,156.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **To promote the aviation interest of companies.**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	-----			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	
29	-----			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30	-----			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)				► <input type="checkbox"/> 32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David Small P. O. Box 43327 Atlanta GA 30336	Chairman 10.00	0.	0.	0.
Jeff Agur P. O. Box 43327 Atlanta GA 30336	Vice Chairman 1.00	0.	0.	0.
Chris Ison P. O. Box 43327 Atlanta GA 30336	Secretary 10.00	0.	0.	0.
Frank Bell P. O. Box 43327 Atlanta GA 30336	Treasurer 5.00	0.	0.	0.
Ted Hutcheson P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	0.
Jim Amador P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	0.
Scott Carter P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	0.
Mark Hewlett P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	0.
Eddie Wolfe P. O. Box 43327 Atlanta GA 30336	Director 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 33 Yes No

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 34 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 Yes No

b Did the organization file Form 1120-POL for this year? 37b Yes No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Yes No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b Yes No

39 Section 501(c)(7) organizations. Enter: 39a Yes No

a Initiation fees and capital contributions included on line 9 39b Yes No

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40a Yes No

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b Yes No

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d Yes No

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e Yes No

41 List the states with which a copy of this return is filed ► Georgia

42a The organization's books are in care of ► David G. Small Yes No

Located at ► P. O. Box 43327 Atlanta GA ZIP + 4 ► 30336 42a Yes No

Telephone no ► (678) 645-4900

GA ZIP + 4 ► 30336

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Yes No

If 'Yes,' enter the name of the foreign country ► _____ 42c Yes No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Yes No

If 'Yes,' enter the name of the foreign country ► _____ 42c Yes No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 44d Yes No

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a Yes No

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545 0047

2011

Open to Public
Inspection

Name of the organization

Georgia Business Aviation Association Foundation, Inc

Employer identification number

26-3087330

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

Other expenses (describe in Schedule O)

Bank Charges 75.

Total 75.

Form 990-EZ, Page 2, Part IV

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

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> John Skelton P. O. Box 43327 Atlanta GA 30336 Foreign City Foreign Country	Title Director	Hours/Week 0.00	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Kris Parsons P. O. Box 43327 Atlanta GA 30336 Foreign City Foreign Country	Title Director	Hours/Week 0.00	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Gerald Ferriss P. O. Box 43327 Atlanta GA 30336 Foreign City Foreign Country	Title Director	Hours/Week 0.00	0.	0.
Business <input type="checkbox"/> Person <input type="checkbox"/> Kevin Rodgers P. O. Box 43327 Atlanta GA 30336 Foreign City Foreign Country	Title Director	Hours/Week 0.00	0.	0.

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

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Robert Bruce/University of GA</u> <u>220 Holmes/Hunter Academic Bldg</u> <u>Athens GA 30602</u>	<u>None</u>	<u>3,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Eric Moore/Middle GA College</u> <u>1100 Second Street SE</u> <u>Cochran GA 31014</u>	<u>None</u>	<u>1,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sheryl Speer/Aviation Institute of Maintenance 2025 Satellite Pointe Duluth GA 30096	None	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Kali Pilgrim/Middle GA College</u> <u>1100 Second Street SE</u> <u>Cochran</u> <u>GA</u> <u>31014</u>	<u>None</u>	<u>1,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Evan Staton/Middle GA College</u> <u>1100 Second Street SE</u> <u>Cochran</u> <u>GA</u> <u>31014</u>	<u>None</u>	<u>1,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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

Continued

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>James Barber/University of Virginia</u> <u>P O Box 7186</u> <u>Charlottesville</u> <u>VA</u> <u>22906</u>	<u>None</u>	<u>4,550.</u>

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

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Michael Martens/University of Virginia</u> <u>P O Box 7186</u> <u>Charlottesville</u> <u>VA</u> <u>22906</u>	<u>None</u>	<u>4,550.</u>

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

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

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

Continued

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Patrick O'Neil/Sheffield School of Aeronautics</u> <u>499 NW 70th Avenue, Suite 110</u> <u>Plantation FL 33317</u>	None	<u>1,500.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Shannon Campbell/University of Phoenix</u> <u>3157 East Elwood Street</u> <u>Phoenix AZ 85034</u>	None	<u>2,000.</u>

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

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

Continued

Purpose of Payment

Scholarship

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

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined