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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning January 1, 2011, and ending December 31, 20 11

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
The Spaatz Association, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
12381 Ridge Circle

City or town, state or country, and ZIP + 4
Los Angeles, CA 90049

D Employer identification number
63-1183842

E Telephone number
310-440-2670

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ www.spaatz.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K 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 ▶ \$

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	8300
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	975
	4 Investment income	4	7272
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c 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	10248
c Less: direct expenses from gaming and fundraising events	6c	11572	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(1324)	
	7a Gross sales of inventory, less returns and allowances	7a	539
	b Less: cost of goods sold	7b	539
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	15223
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	7500
	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	
	14 Occupancy, rent, utilities, and maintenance	14	293
	15 Printing, publications, postage, and shipping	15	386
	16 Other expenses (describe in Schedule O)	16	723
	17 Total expenses. Add lines 10 through 16	17	8902
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6321
	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	260030
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(17330)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	242770

SCANNED MAY 18 2012

99 A

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

Table with columns for question number, question text, and Yes/No checkboxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **46** Yes No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II **47** Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** Yes No

b If "Yes," was the related organization a section 527 organization? **49b** Yes No

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 **0**

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

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

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: *Bruce E Krell* Date: *4/13/2012*
 Type or print name and title: **Bruce E Krell, Treasurer**

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization The Spaatz Association, Inc.	Employer identification number 63-1183842
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16844	12385	15781	6099	9275	60384
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10336	14089	9964	15031	10787	60207
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	27180	26474	25745	21130	20062	120591
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						120591

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	27180	26474	25745	21130	20062	120591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					7272	7272
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					7272	7272
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	27180	26474	25745	21130	27334	127863
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	94.3 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	5.7 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

6:12 PM
04/13/12
Cash Basis

TSA Scholarship Fund
Profit & Loss
January through December 2011

	<u>No item</u>	<u>TOTAL</u>
Income		
Contributions, Gifts, Grants...		
	<u>8,300 00</u>	<u>8,300 00</u>
Total Contributions, Gifts, Grants...	<u>8,300.00</u>	<u>8,300 00</u>
Total Income	8,300 00	8,300 00
Expense		
Aerospace Leadership Scholarshi		
2011 - Kimberly Larson	951 00	951 00
2011 - Michael Poussard	2,364 18	2,364 18
2011 - Thomas Giles	2,049.60	2,049 60
Total Aerospace Leadership Scholarshi	<u>5,364 78</u>	<u>5,364 78</u>
Bank Charge	180 00	180 00
Total Expense	<u>5,544 78</u>	<u>5,544 78</u>
Net Income	<u><u>2,755.22</u></u>	<u><u>2,755.22</u></u>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

The Spaatz Association, Inc.

Employer identification number

63-1183842

990-EZ, Part I, Line 10: Grants: Aerospace Leadership Scholarship: \$7500, See Attached Statement 2

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

Supplies: \$155

CC Fees: \$503

Bank Fees: 66

Total Other Expenses. \$723

940-EZ, Part I, Line 20: Changes In Net Assets Or Fund Balances: (\$17330)

Dividends And Capital Gains: \$7272

Washington Sales Tax Disallowed: (\$204)

Long Term Gains And Losses: (\$24299)

Net Gain (Loss) In Fund Balance: (\$17231)

Form 990-EZ

Part IV – List of Officers, Directors,
Trustees, and Key Employees

Statement 1

Name And Address	Title, Avg Hrs/Wk	Compensation	Emp. Ben Plan Contrib	Expense Account
Stephen W Austen 1628 Winthrop Lane Monroe, NC 28112	President, 5	0	0	0
Ted Bowlds 1809 N. Randolph St. Arlington, VA 22207	Vice President, 5	0	0	0
Dr Bruce Krell 12381 Ridge Circle Los Angeles, CA 90049	Treasurer, 5	0	0	0
Sandie D. Aurich 13610 SE 145 th Avenue Clackamas, OR 97015	Secretary, 5	0	0	0
Totals Included On Form 990-EZ, Part IV		0	0	0

Form 990-EZ

NonCash Grants and Allocations

Statement 2

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>		
Scholarship	Sierra Larson	7155 Edgefield Road Concord, NC 28025		
<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>	
None	Cash	2500	2500	

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>		
Scholarship	Thomas Giles	9838 SW 106 th Terrace Miami, FL 33176		
<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>	
None	Cash	2500	2500	

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>		
Scholarship	Michael Poussard	9611 Glenarm Court Burke, VA 22015		
<u>Relationship Of Donee</u>	<u>Description Of Property</u>	<u>Book Value</u>	<u>Amount Given</u>	
None	Cash	2500	2500	

The Spatz Association, Inc.

63-1183842

Form 990-EZ

Special Fundraising Events And Activities

Statement 3

<u>Event Description</u>	<u>Gross Receipts</u>	<u>Gross Revenue</u>	<u>Direct Expenses</u>	<u>Net Income</u>
2011 Winter Dinner	7636	7636	10572	-2936
2012 Winter Dinner	2612	2612	1000	1612
-----	-----	-----	-----	-----
To Form 990-EZ, Line 6	10248	10248	11572	-1324

Form 990-EZ

Information Regarding Transfer
Associated With Personal Benefit Contrats

Statement 4

- A. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? [] Yes [X] No
- B. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? [] Yes [X] No

10:30 PM
04/12/12
Cash Basis

TSA General Fund
Profit & Loss
January through December 2011

	<u>Jan - Dec 11</u>
Income	
2011 Winter Dinner	7,636 15
2012 Winter Dinner	2,612 01
Membership Dues and Assessments	975 12
Other Income	
Sale of TSA Coins	539 45
Total Other Income	<u>539 45</u>
Total Income	11,762 73
Expense	
Bank Charge	66 00
Coin production	2,025 99
Management and General	
ePN CC Fees	503 73
Postage and Shipping	300 89
Printing and Publications	85 39
Supplies	155 86
Web Site Hosting	118 80
Total Management and General	<u>1,164 67</u>
Website	
Domain Registration	125 94
Hosting Services	49 50
Total Website	<u>175 44</u>
Winter Dinner 2011	10,572 35
Winter Dinner 2012	1,000 00
Total Expense	<u>15,004 45</u>
Net Income	<u><u>-3,241.72</u></u>

7:35 PM
04/13/12
Accrual Basis

TSA
Balance Sheet
As of December 31, 2011

	<u>Dec 31, 11</u>
ASSETS	
Current Assets	
Checking/Savings	
BofA-GenFund-Auto	126 25
TSA General Fund	8,488 03
TSA Scholarship Fund	100,194 80
Total Checking/Savings	<u>108,809 08</u>
Total Current Assets	<u>108,809 08</u>
TOTAL ASSETS	<u>108,809.08</u>
LIABILITIES & EQUITY	
Equity	
Opening Balance Equity	55 00
Retained Earnings	109,240 58
Net Income	<u>-486 50</u>
Total Equity	<u>108,809 08</u>
TOTAL LIABILITIES & EQUITY	<u>108,809.08</u>