

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury
Internal Revenue Service

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
InspectionA For the 2019 calendar year, or tax year beginning 2019, and ending 20

B Check if applicable	C Name of organization <u>Massachusetts Business Aviation Association</u>		D Employer identification number <u>562321963</u>
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) <u>P.O. Box 5396</u>	Room/suite <u>DO</u>	E Telephone number <u>617-308-2387</u>
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code <u>Wayland, MA</u>		F Group Exemption Number ► <u>527</u>
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

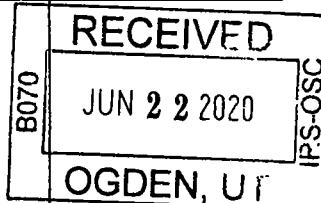
G Accounting Method. Cash Accrual Other (specify) ►I Website: ► www.massbizav.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) ▲ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 128710

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ►
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 11600
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 56860
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
	6 Gaming and fundraising events:	5c
	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 60250
c Less: direct expenses from gaming and fundraising events	6c 56398	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
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)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	6d 3852	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	7c
	11 Benefits paid to or for members	8
	12 Salaries, other compensation, and employee benefits <u>527</u>	9 72312
	13 Professional fees and other payments to independent contractors <u>527</u>	
	14 Occupancy, rent, utilities, and maintenance	10
	15 Printing, publications, postage, and shipping	11
	16 Other expenses (describe in Schedule O) <u>527</u>	12
	17 Total expenses. Add lines 10 through 16 ►	13 13765
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	14 4295
	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)	15
	20 Other changes in net assets or fund balances (explain in Schedule O)	16 51106
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	17 69166
		18 3146
	19 39582	
	20	
	21 42728	



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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	39582	22
23	Land and buildings	0	23
24	Other assets (describe in Schedule O)	0	24
25	Total assets	39582	25
26	Total liabilities (describe in Schedule O)	0	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	39582	27
			42728

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose? To promote the business of aviation within Massachusetts

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.

28 Hosted Aviation Day to expose businesses and members to local aviation companies and information		
<input checked="" type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		28a
29		
<input checked="" type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		29a
30 Hosted Safety Day to promote safety in aviation		
<input checked="" type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		30a
31 Other program services (describe in Schedule O)		
<input checked="" type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>		31a
32 Total program service expenses (add lines 28a through 31a)		
		32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

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 significant 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 34

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)? 35a

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 35b

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 35c

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b

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

b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter: 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40b

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 40b

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► David Richter Telephone no. ► 617-308-2387
Located at ► PO Box 5396 Wayland, MA ZIP + 4 ► 01778

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► 42b

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

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

