

Testimony by City of Wilsonville Mayor Shawn O'Neil Opposing SCR 2 and Supporting SCR 2-1:

Proposed Resolution Is Inappropriate and Contains Factual Errors; Dash-1 Amendment Provides Realistic Assessment

Scheduled for public hearing on Feb. 13, 2025, before the Senate Committee on Veterans, Emergency Management, Federal and World Affairs

Chair Manning, Vice-Chair Thatcher, and Members of the Committee:

I am testifying on behalf of the City of Wilsonville in strong opposition to SCR 2 and in favor of the dash-1 amendment, SCR 2-1.

The Aurora State Airport controversy has raged on for over 10 years, with the Oregon Department of Aviation disregarding state land-use and public-engagement laws in an effort to use tax-payer funds to subsidize Airport expansion that benefits a wealthy elite while impacting the livability and way of life of its neighbors.

Supposedly, this resolution seeks to recognize "the important role of Aurora State Airport in the State of Oregon's emergency preparedness and response efforts." However, the Aurora State Airport is rated the lowest-level priority of Tier 3 airports in the Oregon Resilience Plan for a Cascadia Subduction Zone Earthquake. The Tier designations "indicate the priorities for making future investments," meaning that the Aurora State Airport is not considered a priority for making emergency-response investments.

Specifically lines 19-21 of SCR 2 are completely false. Oregon Department of Geology and Mineral Industries (DOGAMI) seismic maps show that the Aurora State Airport is located in an area subject to major potential damage in a projected 9.0 Cascadia Subduction Zone Earthquake. The "Mid/Southern Willamette Valley Geologic Hazards, Earthquake and Landslide Hazard Maps, and Future Earthquake Damage Estimates," DOGAMI publication IMS-24, show that the Aurora State Airport is located in an area:

- Rated High for Ground Shake Amplification
- Rated High for Amplification Susceptibility
- Rated Moderate to High for Liquefaction Susceptibility

As a result of such an earthquake, the Airport runway is likely unusable for a long period of time (over one year) after a Cascadia Subduction Zone Earthquake. Rather than allow aircraft to take-off or land due to an inoperable runway, the most likely role of the Aurora State Airport is to accommodate vertical take-off and landing of heavy-lift helicopters with locally-based Columbia Helicopters and Helicopter Transport Services, neither of which require a runway extension to operate.

Additionally, federal IRS Form 990 tax-filings and State Corporation Division registrations over the past several years appear to indicate that the "Aurora Airport Improvement Association" is actually just a two-man show run by individuals whom have declared publicly monetary interests in the Airport.

The City appreciates your consideration and urges opposition to SCR 2 and support for SCR2-1. Thank you.

Shawn O'Neil, Mayor City of Wilsonville

EXHIBITS:

Page 3 Citations to the Aurora State Airport as a low-level Tier 3 investment priority in "The Oregon Resilience Plan: Reducing Risk and Improving Recovery for the Next Cascadia Earthquake and Tsunami"

Maps demonstrating Earthquake Liquefaction Susceptibility and Earthquake Hazards of the Aurora State Airport Area:

- Page 8 Scenario map of Aurora State Airport area Earthquake Liquefaction Susceptibility
 prepared for the Oregon Seismic Safety Policy Advisory Commission for use in
 preparing "The Oregon Resilience Plan; Reducing Risk and Improving Recovery for
 the Next Cascadia Earthquake and Tsunami"
- Page 9 Oregon Department of Geology and Mineral Industries (DOGAMI) Interpretive Map Series, Appendix E, Marion County, Crustal Earthquake Magnitude 6.9 Scenario Details for Marion County, DOGAMI publication IMS-24
- Page 11 O Crustal Earthquake Scenario Ground Motion Map
- Page 12 O Relative Ground-Shaking Amplification Susceptibility Map

Oregon Department of Geology and Mineral Industries (DOGAMI) Relative Earthquake Hazard Maps Canby-Barlow-Aurora Urban Area

- Page 13 Relative Amplification Hazard Map
- Page 14 Relative Earthquake Hazard Map
- Page 15 Relative Hazard Map of Earthquake-Induced Landslides
- Page 16 Relative Liquification Hazard Map
- Pages 2020 2024 Federal Internal Revenue Service Form 990 Return of Organization
- 17-37 Exempt From Income Tax for Aurora Airport Improvement Association
- Pages 2019 2024 Oregon Secretary of State Corporation Division filings for Aurora Airport
- 58-69 Improvement Association

Aurora State Airport in Relation to The Oregon Resilience Plan and Earthquake Susceptibility

The Oregon Resilience Plan

Reducing Risk and Improving Recovery for the Next Cascadia Earthquake and Tsunami



Salem, Oregon February 2013

Air Transportation

The state of Oregon has an extensive aviation system that provides valuable transportation options for the public, ranging from small airports in remote regions of the state to large commercial service airports. Ninety-seven public-use airports provide support to the economic health and vitality of Oregon and contribute to the quality of life for its citizens and visitors.

- Fifty-seven public-use airports are partially supported by FAA and included in the National Plan of Integrated Airport System (NPIAS).
- Sixteen public-use airports are either owned by other municipalities or are privately owned.
- Over 400 private airports and landing strips are located within Oregon.

The 2007 Oregon Aviation Plan established five categories of airports, based on the definitions outlined within the National Plan of Integrated Airports System (NPIAS), the design criteria outlined by the Airport Reference Code (ARC), and the facilities inventory.

CATEGORY I: COMMERCIAL SERVICE AIRPORTS

These airports support some level of scheduled commercial airline service in addition to a full range of general aviation aircraft. This includes both domestic and international destinations.

CATEGORY II: URBAN GENERAL AVIATION AIRPORTS

These airports support all general aviation aircraft and accommodate corporate aviation activity including business jets, helicopters, and other general aviation activity. The primary users are business related and service a large geographic region, or they experience high levels of general aviation activity.

CATEGORY III: REGIONAL GENERAL AVIATION AIRPORTS

These airports support most twin and single engine aircraft, may accommodate occasional business jets, and support regional transportation needs.

CATEGORY IV: LOCAL GENERAL AVIATION AIRPORTS

These airports primarily support single engine, general aviation aircraft, but are capable of accommodating smaller twin-engine general aviation aircraft. They also support local air transportation needs and special use aviation activities.

CATEGORY V: REMOTE ACCESS AND EMERGENCY SERVICE AIRPORTS

These airports primarily support single-engine, general aviation aircraft, special use aviation activities, and access to remote areas; or they provide emergency service access.

The following list identifies airports within each category that have the potential to maintain or quickly restore operational functions after a major earthquake. The Transportation Task Group arranged these 29 airports into a tier system to indicate the priorities for making future investments. Tier 1 (T1) is comprised of the essential airports that will allow access to major population centers and areas

considered vital for both rescue operations and economic restoration. Tier 2 (T2) is a larger network of airports that provide access to most rural areas and will be needed to restore major commercial operations. Tier 3 (T3) airports will provide economic and commercial restoration to the entire region after a Cascadia subduction zone event.

Category I	Category II	Category III	Category IV	Category V
*Redmond (T1)	Scappoose (T2)	Tillamook (T2)	Mulino State (T3)	Independence State (T3)
PDX (T1)	Troutdale (T3)	Roseburg (T1)	Albany (T3)	Siletz Bay State (T2)
Salem (T1)	Hillsboro (T2)	Bandon State (T2)	Lebanon (T3)	Cape Blanco State (T2)
Eugene (T1)	Portland Heliport (T3)	Grants Pass (T3)	Florence (T3)	
Rogue Valley Medford (T1)	(Aurora State (T3))		Creswell (T3)	
Klamath Falls (T1)	McMinnville (T3)		Cottage Grove State (T3)	
	Newport (T2)		Myrtle Creek (T3)	
	Corvallis (T3)		Brookings (T2)	

^{*}Primary emergency response airport for FEMA Region X: Redmond municipal airport, centrally located in central Oregon, is ideally situated to be the primary FEMA emergency response airport.

Figure 5.16: Oregon Airports (Source: Oregon Department of Aviation)

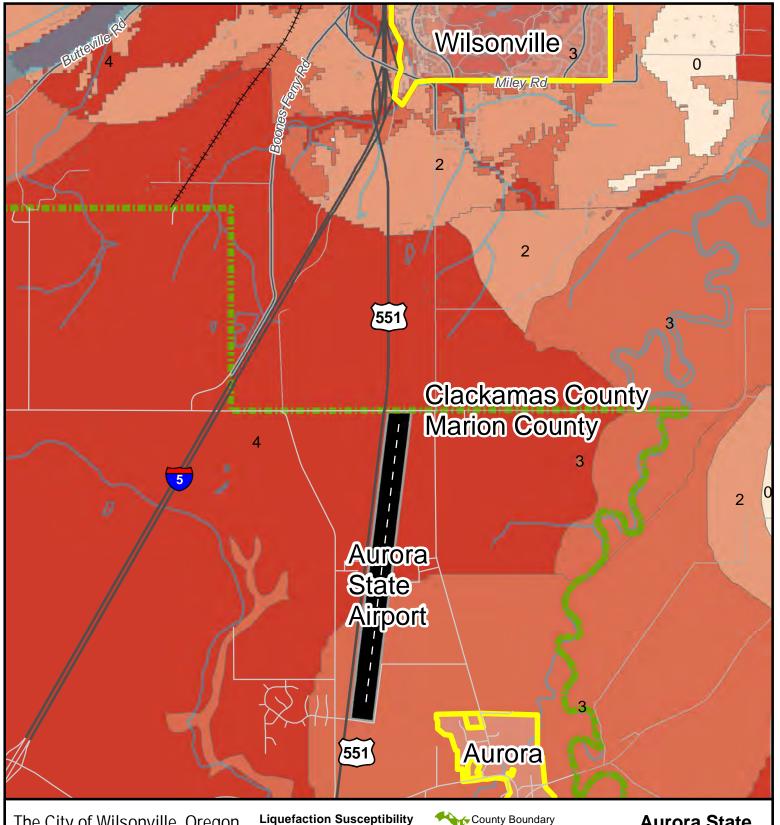
The Portland International Airport (PDX) is one of Oregon's vital transportation network links. As the state's major airport, PDX will play a key role in re-establishing our economy by facilitating the movement of people, goods, and services after a major statewide emergency event. Other airports in Oregon will also play a vital role during the post-disaster emergency response and initial recovery phase. During the emergency response, for example, displaced residents, injured people, and the elderly may need to be evacuated by means of airports; and airports will also provide a staging area for needed supplies (such as water, food, medical supplies, and materials for temporary housing). Until highway and rail transportation can be fully restored, air transportation, along with ships off the coast, will be the lifelines for Oregon's citizens.

Oregon Transportation Resiliency Status

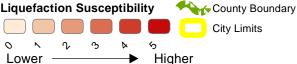
*Key to the Table

TARGETS TO ACHIEVE DIFFERENT LEVELS OF F	RECOVE	RY:								
Minimal: (A minimum level of service is restor	ed, prin	narily fo	r the us	e of em	ergency	respon	ders, re	pair cre	ews, and	R
vehicles transporting food and other critical su	pplies.)									
Functional: (Although service is not yet restore e.g. some truck/freight traffic can be accommo and lower speed limits.)		•	•		-		•	_	•	Y
Operational: (Restoration is up to 90% of capacity: A full level of service has been restored and is sufficient to allow people to commute to school and to work.)								G		
ESTIMATED TIME FOR RECOVERY TO 60% OPERATIONAL GIVEN CURRENT CONDITIONS:							S			
ESTIMATED TIME FOR RECOVERY TO 90% OPERATIONAL GIVEN CURRENT CONDITIONS:								Х		
Comparison of Targe	t State:	s and E	stimat	ed Time	e for Re	cover	У			
Infrastructure Facilities	Event Occurs	0 – 24 hours	1 – 3 days	3 – 7 days	1 – 4 weeks	1–3 months	3 – 6 months	6 – 12 months	1 – 3 years	3+ years
Central Oregon Zone	A STATE OF THE PARTY OF THE PAR									
► OREGON STATE HIGHWAY SYSTEM	1 <u>11</u> ((4))									
State Highway System - Tier 1 SLR ¹⁾			R	Υ	G			S	Х	
Roadways			R	Y	G/S		Х			
Bridges			R	Y	G		S	Х		
Landslides			R	Υ	G			S	Х	
State Highway System - Tier 2 SLR			R		Υ	G			S	Х
Roadways			R		Υ	G /S		Х		
Bridges			R		Υ	G		S	Х	
Landslides			R		Υ	G			S	Х
State Highway System - Tier 3 SLR				R		Υ	G		S	Х
Roadways				R		Υ	G/S		Х	
Bridges				R		Υ	G		S	Х
Landslides				R		Υ	G		S	Х
State Highway System - Other Routes					R		Υ	G	S	Х
Roadways					R		Υ	G	Х	
Bridges					R		Υ	G	S	Х
Landslides					R		Υ	G	S	Х
► AIRPORTS & AIR TRANSPORTATION	L									
Tier I - Oregon Airports System										
Redmond Municipal Roberts Field Airport - FEMA		R	S		Υ	G	Х			
Klamath Falls Airport		R	S		Υ	G	Х			
FAA Facility			R	Υ	G					
► OREGON RAIL TRANSPORTATION										
UPRR										
CA/OR State Line to Bieber Line Jct. (Klamath Falls)			Υ	G	S	Х				

Infrastructure Facilities	Event Occurs	0 – 24 hours	1 – 3 days	3 – 7 days	1 – 4 weeks	1-3 months	3 – 6 months	6 – 12 months	1 – 3 years	3+ years
Bieber Ln Jct. (Klamath Falls) to Chemult (Shared			Υ	G	S	Х				
Chemult to Eugene					Υ	G	S	Х		
BNSF										
CA/OR State Line to Bieber Line Jct. (Klamath Falls)		G	S	Х						
Chemult to Redmond		G	S	Х						
Redmond to O.T. Jct. (connection with UP at Columbia			Υ	G	S	Х				
► OREGON PUBLIC TRANSIT										
Admin & Maintenance Facilities 2)						R	Υ	G	S	Х
Local Area Paratransit On-Demand Service (critical				R	Υ	S	G	Х		
Local Area Paratransit On-Demand Service (full						R	Υ	G	S	Х
Local Roadway Fixed Route Service (emergency				R	Υ	S	G	Х		
Local Roadway Fixed Route Service (regular						R	Υ	G	S	Х
Intercity & Commuter Bus ⁴⁾						R	Υ	G	S	Х
Willamette Valley Zone	- Allenson									
► OREGON STATE HIGHWAY SYSTEM	100									
State Highway System - Tier 1 SLR ¹⁾			R	Υ	G			S	Х	
Roadways			R	Υ	G		S	Х		
Bridges			R	Υ	G			S	Х	
Landslides			R	Υ	G			S	Х	
State Highway System - Tier 2 SLR			R		Υ	G			S	Х
Roadways			R		Υ	G	S	Х		
Bridges			R		Υ	G			S	Х
Landslides			R		Υ	G			S	Х
State Highway System - Tier 3 SLR				R		Υ	G		S	Х
Roadways				R		Υ	G	S	Х	
Bridges				R		Υ	G		S	Х
Landslides				R		Υ	G		S	X
State Highway System - Other Routes					R		Υ	G	S	Х
Roadways					R		Υ	G	S	Х
Bridges					R		Υ	G	S	Х
Landslides					R		Υ	G	S	Х
► AIRPORTS & AIR TRANSPORTATION ⁵⁾										
Tier I - Oregon Airports System										
Portland International Airport (PDX) (Tier 1)		R			Υ	S		G	Х	
Salem McNary Field		R			Υ	S		G	Х	
Eugene Mahlon Sweet Filed		R			Υ	S		G	Х	
Rogue Valley International Medford		R			Υ	S		G	Х	
Roseburg Regional Airport		R			Υ	S		G	Х	
Tier III Oregon General Aviation Airport System										
Troutdale			R		S	Υ		G		Х
Portland Heliport			R		S	Υ		G		Х
Aurora State			R		S	Υ		G		Х
McMinnville Municipal			R		S	Υ		G		Х
Corvallis			R		S	Υ		G		Х



The City of Wilsonville, Oregon Clackamas and Washington Counties





Summary: This map shows liquefacction susceptibility for Oregon calculated following the methods of FEMA's 2011 HAZUS-MH MR4 technical manual. The map was prepared in support of a series of ground motion and ground failure maps for a scenario Magnitude 9.0 Cascadia Subduction Earthquake developed by the Oregon Department of Geology aand Mineral Industries. The scenario maps were prepared for the Oregon Sesimic Safety Policy Advisory Commission for its use in preparing a report to the 77th Oregon Legislative Assembly entitled "The Oregon Resilience Plan; Reducing Risk and Improving Recovery for the Next Cascadia Earthquake and Tsunami".

Aurora State
Airport Area
Earthquake
Liquefaction
Susceptibility

O Miles

0.5

OREGON DEPARTMENT OF GEOLOGY AND MINERAL INDUSTRIES INTERPRETIVE MAP SERIES 24

GEOLOGIC HAZARDS, EARTHQUAKE AND LANDSLIDE HAZARD MAPS, AND FUTURE EARTHQUAKE DAMAGE
ESTIMATES FOR SIX COUNTIES IN THE MID/SOUTHERN WILLAMETTE VALLEY INCLUDING YAMHILL, MARION, POLK,
BENTON, LINN, AND LANE COUNTIES AND THE CITY OF ALBANY, OREGON

APPENDIX E: MARION COUNTY

CRUSTAL EARTHQUAKE SCENARIO

Scenario Details Ground Motion Map

SUBDUCTION ZONE EARTHQUAKE SCENARIO

Scenario Details Ground Motion Map

GEOLOGIC HAZARD MAPS

Relative Ground-Shaking Amplification Susceptibility Map Relative Liquefaction Hazard Susceptibility Map Relative Earthquake-induced Landslide Susceptibility Map Identified Landslide Areas Map

HAZUS-MH GLOBAL REPORT FOR CRUSTAL SCENARIO
HAZUS-MH GLOBAL REPORT FOR SUBDUCTION ZONE SCENARIO

CRUSTAL EARTHOUAKE SCENARIO DETAILS FOR MARION COUNTY

Crustal Earthquake Scenario: A magnitude 6.9 earthquake on the Mount Angel Fault.

For the magnitude 6.9 earthquake on the Mount Angel Fault scenario, we defined the fault source using the "deterministic seismic source" option within HAZUS-MH (Figure E1) (FEMA, 2003b). The fault and earthquake event were chosen by examination of USGS (2004) data and data in the Geomatrix Consultants, Inc. (1995) Seismic Design Mapping, State of Oregon report prepared for the Oregon Department of Transportation. In general, a likely worst-case scenario was selected. Figure E1 has the location of the fault, shown as the dark line, and the census tracts within Marion County. Figure E2 displays the peak ground acceleration (PGA) for the crustal scenario.

Scenario Name Mount Angel M6.9

Type of Earthquake Source

Fault Name Mount Angel Fault

Historical Epicenter ID # 67 Probabilistic Return Period NA Longitude of Epicenter -122.83Latitude of Epicenter 45.05 Earthquake Magnitude 6.90 Depth (km) 0.00 Rupture Length (km) 30 69

Rupture Orientation (degrees) 0.00 Attenuation Function Project 2000 West - Non Extensional

Crustal Earthquake Scenario Ground Motion Map

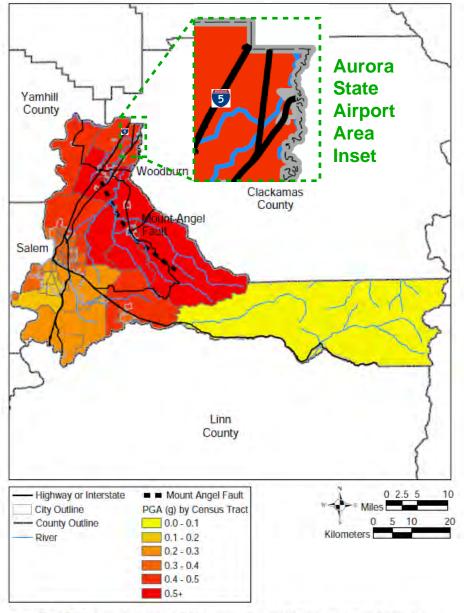


Figure E2. Peak ground acceleration (PGA) by census tracts map for the crustal earthquake scenario, Marion County, Oregon (FEMA, 2003b)

GEOLOGIC HAZARD MAPS

Relative Ground-Shaking Amplification Susceptibility Map

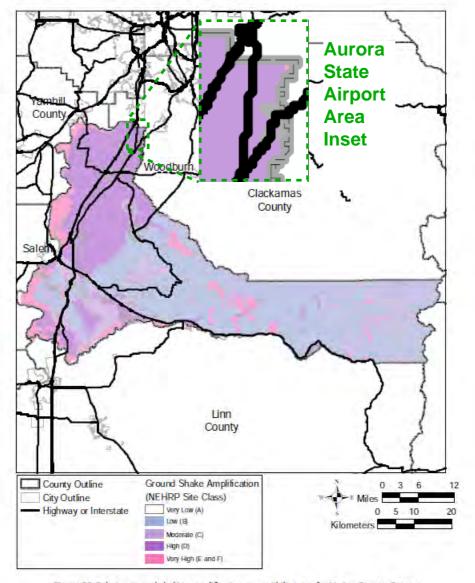
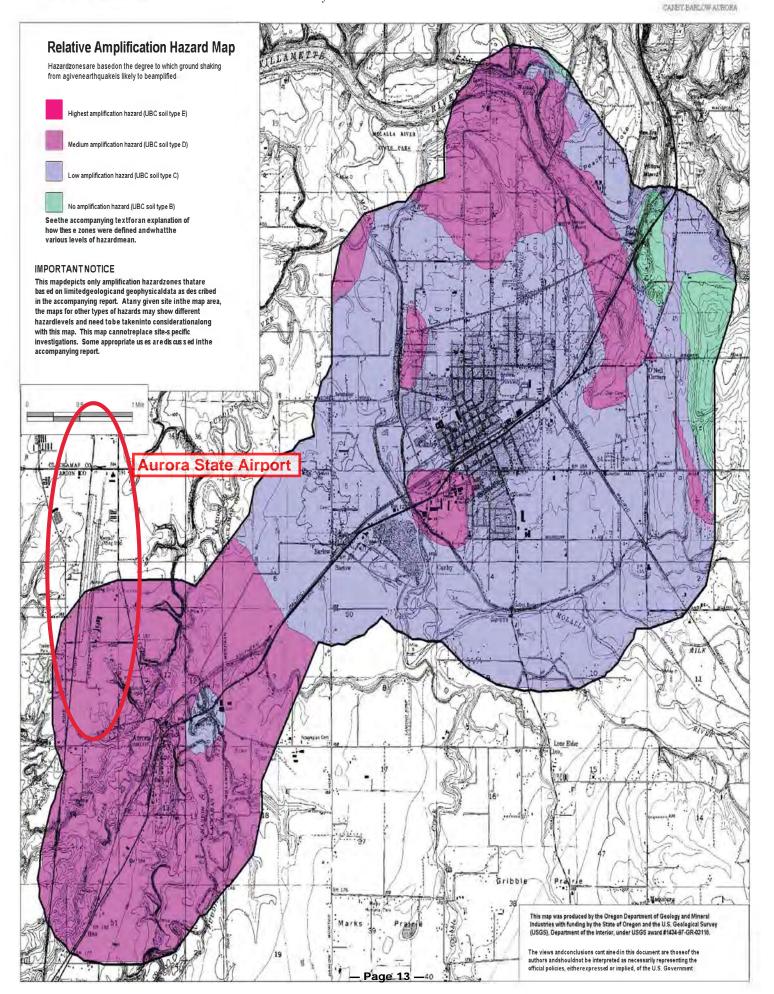
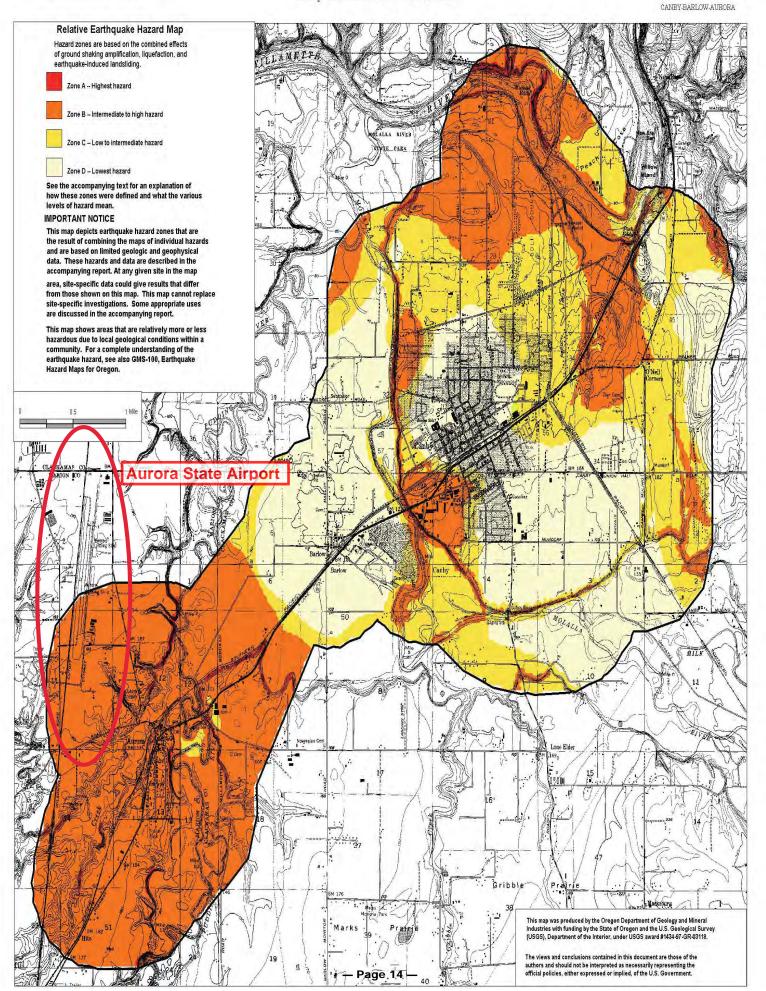
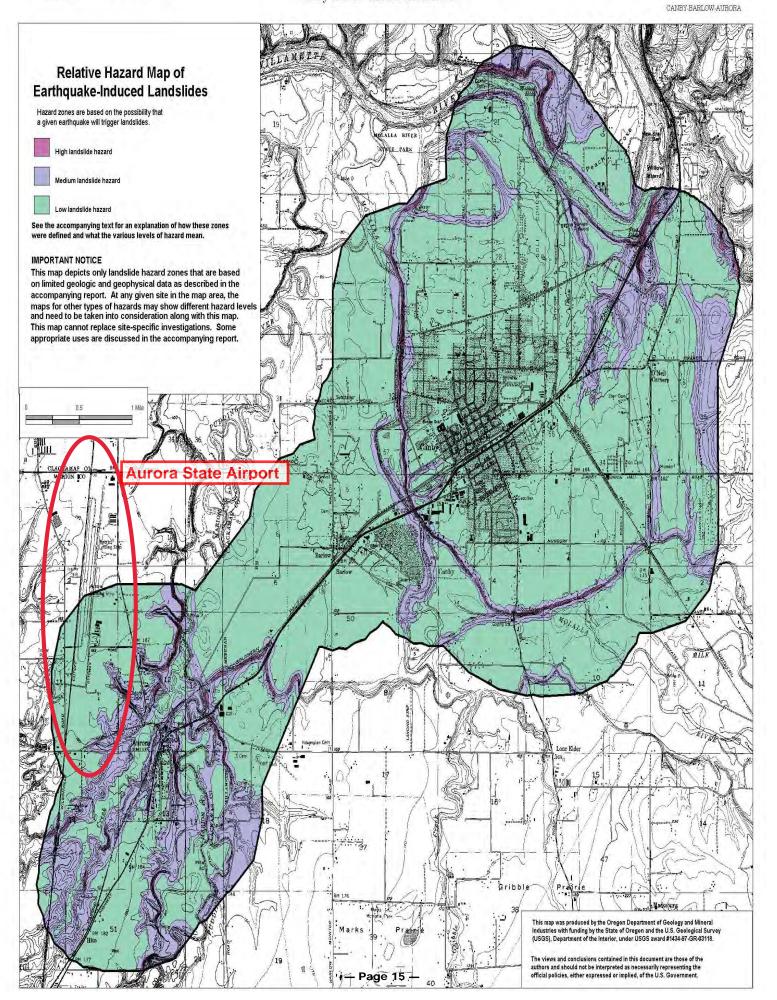


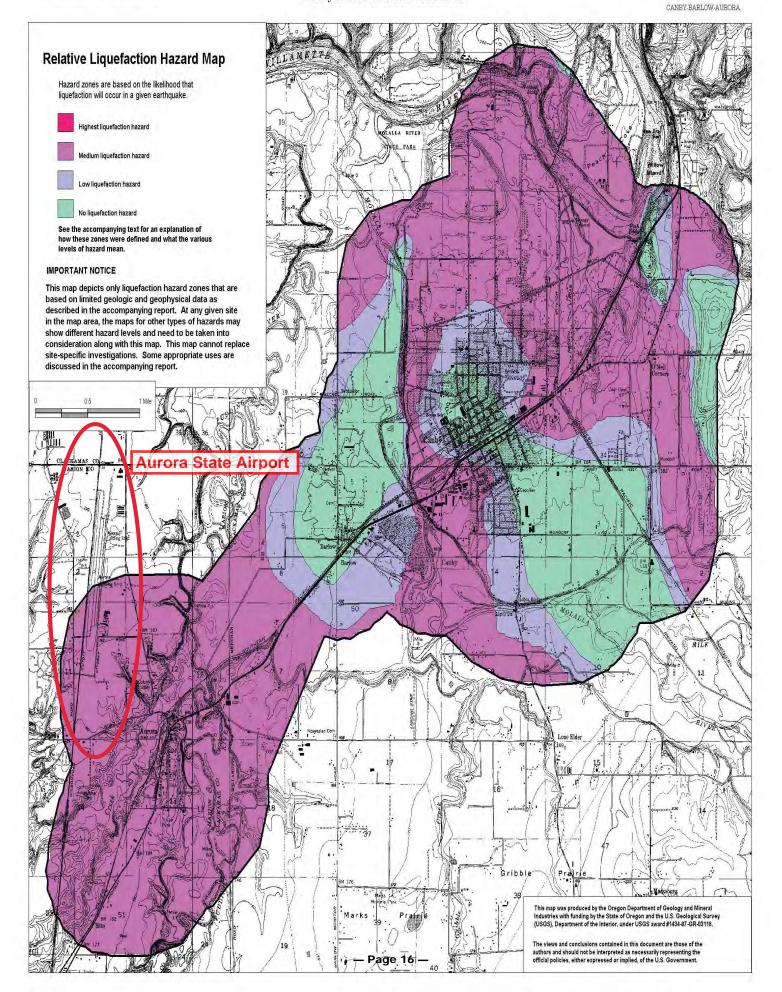
Figure E5. Relative ground-shaking amplification susceptibility map for Marion County, Oregon.







Relative Earthquake Hazard Maps for Selected Urban Areas in Western Oregon



Form **990EZ**

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)

OMB No. 1545-1150

Department of the Treasury

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

Open to

Internal Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest informati				rmatio	n	Public
_		2020 1		illiatio		Inspection
_		1e 2020 caieno if applicable:	dar year, or tax year beginning 01-01-2020, and ending 12-31-2020 C Name of organization	<u> </u>) Fmnlove	r identification number
		s change	AURORA AIRPORT IMPROVEMENT ASSOCIATION	- 1 -		
	Name o	-	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite	-	83-14680 Telephone	
_	Initial r	eturn urn/terminated	14497 KEIL ROAD NE			
		ed return	City or town, state or province, country, and ZIP or foreign postal code			503) 519-6059
_		tion pending	AURORA, OR 97002		Group Exe Number	
		nting Method:	req		attach S	chedule B or 990-PF).
			conly one) - ○ 501(c)(3) 3 501(c)(6) 4 (insert no.) ○ 4947(a)(1) or ○ 527			
K F	orm of	organization:	☑ Corporation □ Trust □ Association □ Other			
L A	dd line \$500	es 5b, 6c, and 7 ,000 or more, fi	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if ile Form 990 instead of Form 990-EZ	total as	sets (Parl	II, column (B) below) \$ 163,306
_	art I	Revenue	. Expenses, and Changes in Net Assets or Fund Balances (see the ins	ruction	s for Part	T)
	1	Contributions	e organization used Schedule O to respond to any question in this Part I gifts, grants, and similar amounts received	<u></u>	1	163,306
	2		ce revenue including government fees and contracts		2	103,300
	3	•	ues and assessments		3	
	4		come	• •	4	
	5a		from sale of assets other than inventory	• •	+	
	b		other basis and sales expenses	0	-	
	c		from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6		undraising events			
an	а	-	from gaming (attach Schedule G if greater than \$15,000) 6a			
Revenue	b		from fundraising events (not including \$ of contributions from ents reported on line 1) (attach Schedule G if the			
		sum of such g	ross income and contributions exceeds \$15,000) 6b	0		
	С	Less: direct ex	openses from gaming and fundraising events 6c	0		
	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 g	goods sold	0		
	С	Gross profit or	r (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue	e (describe in Schedule O)		8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•	9	163,306
	10	Grants and sin	nilar amounts paid (list in Schedule O)		10	
	11		to or for members		11	
	12	·	r compensation, and employee benefits		12	
Expenses	13	•	ees and other payments to independent contractors		13	166,506
Sen	14		nt, utilities, and maintenance		14	100/300
EX	15	• • •	cations, postage, and shipping		15	
	16	• • •	es (describe in Schedule O)		16	
	17	•	ses. Add lines 10 through 16	•	17	166,506
	18	<u>.</u>	icit) for the year (Subtract line 17 from line 9)		18	-3,200
Sts	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree with		15	3,200
Assets			gure reported on prior year's return)		19	5,292
Net A	20			20	5,232	
ž	21	_	s in net assets or fund balances (explain in Schedule 0)		21	2 092

orm 990-E	Z (2020)							Page 2
Part II	Balance Sheets(see the instruc			D L II				
	Check if the organization used School	edule O to respond to any o	question in this					<u> </u>
22 Cash. sa	avings, and investments		1	(A) B	eginning of year 5,292	22	(B) End of year	2,092
	d buildings				5,252	23		
24 Other as	ssets (describe in Schedule O)					24		
25 Total as	ssets				5,292	25		2,092
26 Total lia	abilities (describe in Schedule O).					26		
27 Net ass	sets or fund balances (line 27 of co	lumn (B) must agree with	line 21)		5,292	27		2,092
Part III	Statement of Program Serv	-	•					penses or section 501(
further the interest of be work with oregonand promote associated we were several to be presented by the control of the contro	If this an If this an rogram services (describe in Schedule	ose? Ind aviation activities association; 1. Apmunity officials to promote This work is ongoing and concers. 2. Approximately 50% ort Owner) and the Federal all improvements to the air and taxiways as well as the doconducted as duties of the manner, describe the services of the association; mount includes foreign granmount includes foreign gra	ciated with Auroproximately 50 the safe and efonducted as during the following of the safe and efonducted as during the following of the safe and efonducted as during ort. Specifical efonds improvement the board memb of the safe are largest as provided, the safe and the following of the safe are largest than the following of the safe and the following of the fo	ora State % of our fficient op ties of the nd resour nistration lly, devel of same program number Aurora St	time and resource peration of business e board members rees - Work directly (FAA) to develop oping strategies to include services, as of persons ate Airport in the	-	(3) and 50 organization others.)	1(c)(4) ns; optional for
2 rotal pr Part IV	List of Officers, Directors, Trust	· ,			ompensated ; see the			
rareiv	Check if the organization used School	edule O to respond to any o	question in this	Part IV.	<u></u>		0	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensation (Forms W-2, MISC) (if no enter -(ation /1099- o t paid,	(d) Health ben contributions to er benefit plans, deferred comper	nployee and	(e) Estimated of other compo	
RUCE BEN	NETT	1.00		0				
resident								
ONY HELBI	LING	1.00		0				
ecretary								
OSH LEWIS	6	1.00		0				
reasurer								
i easurer								
								
							Form 990-E	2 (2020)
		Pag	0.3					
		rag	<i>e</i> 5					
orm 990-E	Z (2020)							Page 3
Part V	Other Information (Note the	ne Schedule A and perso	onal benefit c	ontract	statement requir	ement	s in the	
	instructions for Part V.) Check if th	e organization used Sched	ule O to respon	d to any	question in this Pa	tV	0	
							Yes	No
	ne organization engage in any signific			IRS? If '	'Yes," provide a			
detail	ed description of each activity in Sch	edule O					33	No
	any significant changes made to the					У		
	e amended documents if they reflect shedule O. See instructions.	a cilange to the organizatio		erwise, ex			34	No
		— F	Page 18 —				1 1	

44a b c d 45a 45b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Page 4 990-EZ (2020)	45b	Yes Yes	No No No No No Page 4 No
44a b c d 45a 45b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44a 44b 44c 44d 45a	Yes 990-E	No No No No No Page 4
44a b c d 45a 45b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44a 44b 44c 44d 45a	Yes	No No No No No No Z (2020)
44a b c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	44a 44b 44c 44d 45a	Yes	No No No No No No
44a b c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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	44a 44b 44c 44d 45a	Yes	No No No No No No
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44a b c d	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44a 44b 44c 44d 45a		No No No No
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43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	42c 44a 44b 44c		No No No
43 44a b	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c 44a 44b		No No No
43 44a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	42c		No No
43 44a	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 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 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	42c		No No
43	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:			No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		▶ 0	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:		.	
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		42b		No
	If "Yes," enter the name of the foreign country:	420		No
		42b		No
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)?	400		
			Yes	No
	Located at ► 14497 KEIL ROAD NE AURORA , OR ZIP + 4 ►	9/002		
42a	The organization's books are in care of TONY HELBLING Telephone n	o. ► <u>(50</u>	3) 519-6	5059
41	transaction? If "Yes," complete Form 8886-T			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No
d	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
·	managers or disqualified persons during the year under sections4912, 4955, and 4958			
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	40D		
	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		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	section 4911 0; section 4912 0; section 4955 0			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
a b	Gross receipts, included on line 9, for public use of club facilities 39b	-		
ээ a	Initiation fees and capital contributions included on line 9			
39	Section 501(c)(7) organizations. Enter:	1		
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	38a		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	20-		No
	Did the organization file Form 1120-POL for this year?	37b		No
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		
	the year? If "Yes," complete applicable parts of Schedule N	36		No
50	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	35c		No
36	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
c 36	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		35a		

	<u> </u>	o to respond to any qu				Yes	No
7 Did the or	ganization engage in lobbying activi	ties or have a section 50	01(h) election in effect	during the tax year?			
If "Yes," co	omplete Schedule C, Part II				. 47		
Is the orga	anization a school as described in se	ction 170(b)(1)(A)(ii)? I	If "Yes," complete Sch	edule E .	. 48		
a Did the or	ganization make any transfers to an	exempt non-charitable	related organization?		. 49a		
b If "Yes," w	as the related organization a section	527 organization? .			. 49b		
	this table for the organization's five				ees and key	employ	ees)
	received more than \$100,000 of cor le and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits contributions to emplo benefit plans, and deferred compensati	of othe	timated er comp	amo ensat
NE							
f Total nur	nber of other employees paid over \$	100,000					
	this table for the organization's five ion from the organization. If there i		dependent contractors	who each received mor	re than \$100	0,000 o	f
	(a) Name and business address of	each independent contra	actor	(b) Type of service	(c) Compe	ensation	1
NE							
	nber of other independent contracto	rs each receiving over \$	5100,000				
d Total nur							
Did the	organization complete Schedule A? ed Schedule A			st attach a	. ▶ _{□ Ye}	s 🗆 I	No
Did the complet ler penalties o wledge and b	ed Schedule A	mined this return, include	ling accompanying sch	edules and statements,		best of	
Did the complet	ed Schedule A	mined this return, include	ling accompanying sch	edules and statements, is based on all informat	and to the	best of	my
Did the complete penalties of wledge and be any knowled	of perjury, I declare that I have example ed., it is true, correct, and complet ge.	mined this return, include	ling accompanying sch	edules and statements,	and to the	best of	my
Did the complete services of the complete serv	ed Schedule A	mined this return, include	ling accompanying sch	edules and statements, is based on all informat	and to the	best of	my
Did the complete service and be any knowled service se	of perjury, I declare that I have example in the structure of officer NY HELBLING Secretary	mined this return, include	ling accompanying sch	edules and statements, is based on all informat	and to the	best of	my
Did the completed any knowled any knowled To	of perjury, I declare that I have example in the structure of officer NY HELBLING Secretary or print name and title Print/Type preparer's name	mined this return, include. Declaration of prepare	ling accompanying sch	edules and statements, is based on all informat 2021-05-28 Date Check if Ptotal	and to the cion of which	best of	my
Did the complet der penalties diwledge and be any knowled	of perjury, I declare that I have example to the structure of officer NY HELBLING Secretary Decor print name and title Print/Type preparer's name JEREMY GINGERICH	mined this return, include. Declaration of prepare	ling accompanying sch	edules and statements, is based on all informat 2021-05-28 Date Check if self-employed	and to the cion of which	best of	my
Did the complete der penalties of wledge and be any knowled some the second sec	ed Schedule A	mined this return, include. Declaration of prepare	ling accompanying sch	edules and statements, is based on all informat 2021-05-28 Date Check if proper pro	and to the cion of which	best of	my

Additional Data

Return to Form

.....

Software ID: 20011551 **Software Version:** 2020v4.0

Form 990-EZ, Special Condition Description:

Special Condition Description

efile Public Visual Render ObjectId: 202231739349300018 - Submission: 2022-06-22

TIN: 83-1468040

Form **990**

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 private foundations)

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

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Inspection

A F	or th	e 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-	31-2021								
B Che	ck if a	applicable: C Name of organization AURORA AIRPORT IMPROVEMENT ASSOCIATION			D Employe	dentif	ication number				
_		change			83-1468	040					
		nange Doing business as									
○ Ini ○ Fin		rn/terminated									
		d return Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite		E Telephone	number					
ОАр	plicat	ion pending 14497 KEIL ROAD NE			(503) 51	9-6059					
		City or town, state or province, country, and ZIP or foreign postal code									
		AURORA, OR 97002			G Gross reco	eipts \$ 3	05,270				
		F Name and address of principal officer:	H(a)	Is this	a group retu	ırn for					
		14497 KEIL ROAD NE			linates?		□Yes <a>V No				
		AURORA, OR 97002	H(b)	Are all	subordinate ed?	S	☐ Yes ☐No				
I Tax	(-exe	mpt status: \bigcirc 501(c)(3) \checkmark 501(c) (6) \blacktriangleleft (insert no.) \bigcirc 4947(a)(1) or \bigcirc 527		If "No,	" attach a lis	t. See	instructions.				
J W	ebsi	te:▶ N/A	H(c)	Group	exemption r	umber	>				
			1								
K Forr	n of o	rganization: 🗹 Corporation 🗌 Trust 🗋 Association 🗍 Other 🕨	L Year o	of format	tion: 2017	M State	of legal domicile: OR				
Pa	rt I	Summary Briefly describe the organization's mission or most significant activities:									
		Further the economic improvement of business and aviation activities associated wi									
		property owning members of the association; 1. Approximately 50% of our time and									
		community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is engoing and conducted as duties of the board members and association members, all of which are volunteers.2. Approximately 50% of our									
Ce		time and resources - Work directly with Oregon Department of Aviation (ODA) (Airport Owner) and the Federal Aviation Administration (FAA) to develop and promote safe and efficient aviation operational improvements to the airport. Specifically, developing strategies									
Jar		associated with maintenance of existing runway and taxiways as well as the improv									
Ne n		work is ongoing and conducted as duties of the board memb									
9											
×8											
Activities & Governance	_	Check this box $\blacktriangleright \sqcup$ Number of voting members of the governing body (Part VI, line 1a)				د ا	1 2				
ž	3	Number of independent voting members of the governing body (Part VI, line 1b)				4	2				
Act		Total number of individuals employed in calendar year 2021 (Part V, line 1a)			•	5	0				
					1	6					
		Total number of volunteers (estimate if necessary)			•	7a	12				
		Total unrelated business revenue from Part VIII, column (C), line 12				7a 7b	0				
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11 $$. $$. $$.				/b	Comment Veen				
		Contributions and grants (Port VIII line 1b)		PIIC	or Year		Current Year				
2		Contributions and grants (Part VIII, line 1h)					305,270				
Reven		Program service revenue (Part VIII, line 2g)					0				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)					0				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					305,270				
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					<u> </u>				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)					0				
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>				0				
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u> </u>				0				
8		a Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>			-	0				
ਲੋ		Total fundraising expenses (Part IX, column (D), line 25) 0	<u> </u>			+	207.022				
ment		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>				307,033				
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>				307,033				
. 07	19	Revenue less expenses. Subtract line 18 from line 12	_				-1,763				
Assets or Balances			Beg	inning (of Current Ye	ar	End of Year				
set	20	Total assets (Part X, line 16)	 		2,09	92	329				
AB B		T. 18 189 (D. 174 B. 26)	-		2,0.		323				

E.	22 N	et ass	ets or fund balances. Subtract line	e 21 from line 20			2,092	329
Part	:	Sig	nature Block				<u> </u>	
				mined this return, including accompany				
nowie iny kna			lier, it is true, correct, and complet	te. Declaration of preparer (other than o	officer) is ba	sed on all infor	mation of which	preparer nas
	Ī							
		Sign	ature of officer			2022-06-22 Date		
Sign		, 3.g				5466		
lere			Y HELBLING Secretary or print name and title					
		Туре	Print/Type preparer's name	December of mark we	Data	T	DTIN	
.			Printy Type preparer's name	Preparer's signature	Date	Check if	PTIN P01413165	
Paid	0 L 0 L	,	Firm's name WILCOX ARREDOND	0 & CO		self-employed Firm's EIN		
Prep			· · · · · · · · · · · · · · · · · · ·				.5 1505015	
Jse (Office	'	Firm's address PO BOX 1008			Phone no. (503	3) 266-7545	
			CANBY, OR 97013					
1av the	e IRS	discus	ss this return with the preparer sh	own above? (see instructions)			. Ves	□No
			eduction Act Notice, see the se	,	Cat.	No. 11282Y		rm 990 (2021)
								,
				Page 2				
				_				
orm 9	90 (20	021)						Page 2
Part	Ш	Stat	tement of Program Service	Accomplishments				
		Chec	k if Schedule O contains a respons	se or note to any line in this Part III .		<u></u>		🗆
1 E	Briefly	descr	ribe the organization's mission:					
urther	the e	conor	mic improvement of business and	aviation activities associated with Auror	a State Airp	ort in the intere	est of business a	ind property
				y 50% of our time and resources - World				
				ess and aviation operations at Aurora St				
				of which are volunteers.2. Approximate				
				er) and the Federal Aviation Administrat				
				pecifically, developing strategies associa				
veii as	tne ir	nprov	ement of same to include extension	onof the runway. This work is ongoing a	na conducte	a as duties of the	ne board memb	
2 [Oid the	o orga	anization undertake any cignificant	program services during the year whic	h were not li	isted on		
		_	rm 990 or 990-EZ?	program services during the year wine	ii were noch	isted on	ΩYe	es 🔽 No
			scribe these new services on Scheo	1ule O			∪ 1 e	3 40
		•		ke significant changes in how it conduct	s, anv progr	am		
	service							Yes 🔽 No
			scribe these changes on Schedule	0				
_		•	5	ccomplishments for each of its three lar	aest nroarar	m services as r	massured by evi	nencec
Š	Section	n 501	(c)(3) and $501(c)(4)$ organizations	s are required to report the amount of g				
ā	and re	venue	e, if any, for each program service	reported.				
	(0.1) (B		
-	(Code:) (Expenses \$	including grants of \$	A) (Revenue \$)
	Further of the a			viation activities associated with Aurora State	Airport in the	interest of busine	ss and property ov	vning members
-								
4b ((Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(, (=p			, (4		,
_								
-								
-								
-								
-								
_								
_								
-								
46	(Cod-) (5	ingluding) (Payer ::		
4c ((Code:) (Expenses \$	including grants of \$) (Revenue \$)
-								
-								
-								

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			
4e	Total program service expenses▶				
		F	orm 99	0 (2021)	
	Page 3				
Form	990 (2021)			Page 3	
Pai	Checklist of Required Schedules				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes	No No	
_	Schedule A	1			
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2	Yes	No	
,	for public office? If "Yes," complete Schedule C, Part I	3		NO	
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? <i>If "Yes," complete Schedule C, Part II</i>				
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	4			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right				
	to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No	
d	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, — Page 24 —	17		No	

	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	-,		
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2021)
	Page 4			
_				
	990 (2021) t IV Checklist of Required Schedules (continued)			Page 4
I di	tiv Checkist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J </i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		
b	Is the organization aware that it 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's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes		
Pa	Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0				
ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No	
		F	orm 99	0 (2021)	
	Page 5				
Form	990 (2021)			Daga E	
	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			_	
Za	Tax Statements, filed for the calendar year ending with or within the year covered by this return				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
За	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
	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)?	4a		No	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	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 was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form				
	1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring 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				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)				

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	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99 0	0 (2021
	Page 6 ———————————————————————————————————			
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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction 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 2			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b		ı	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	ı	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
		\vdash		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a		No No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	12a		

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14 15	Did the organization have a written docum Did the process for determining compensa				•	•				 denendent	14	No
15	persons, comparability data, and contempor									иерепиет		
а	The organization's CEO, Executive Director	; or top manage	ement o	official		•		•			15 a	No No
b	Other officers or key employees of the orga	anization .									15b	No
	If "Yes" to line 15a or 15b, describe the pro											
	Did the organization invest in, contribute a taxable entity during the year?				•	•		•			16a	No No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal tax	k law, a	nd tal	ke s	teps	to sa	fegu	ard the organization	participation n's exempt	16b	
Se	ction C. Disclosure											
17 18	List the states with which a copy of this Fo Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	nake its Form 1 ction. Indicate h	023 (10 now you	024 or made	10: e th	ese	availa	ble.	Check all that appl)-T (section y.		
19	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available t	how) the orga o the public dur	nizatior ing the	made tax y	e its ear.	gov	vernin	g do	ocuments, conflict o			
20	State the name, address, and telephone no ►TONY HELBLING 14497 KEIL ROAD NE							rgan	nization's books and	l records:		
												Form 990 (2021
				Page	7							
Form	990 (2021)											Page
	t VII Compensation of Officers, D	irectors,Tru	stees	Key	En	npl	oyee	s, F	lighest Comper	sated Em	ploye	
	and Independent Contracto											
	Check if Schedule O contains a respection A. Officers, Directors, Truste										•	<u> U</u>
• l who organ • l of re • l organ	mpensation. Enter -0- in columns (D), (E), a ist all of the organization's current key em ist the organization's five current highest or received reportable compensation (box 5 of nization and any related organizations. ist all of the organization's former officers, portable compensation from the organization ist all of the organization's former director nization, more than \$10,000 of reportable counter he instructions for the order in which to list	ployees, if any. compensated er Form W-2, Form key employees and any relate rs or trustees ompensation fro	See the nployee n 1099 s, or high dorgathat recommendation the normal section the new	e instres (other other o	ructiner to, arcomons.	ions than nd/o pens	for de an of r box sated capac	ficer 1 of emp	r, director, trustee of Form 1099-NEC) of bloyees who receive as a former director	r key employ f more than d more than r or trustee o	\$100,0 \$100,	
4	Check this box if neither the organization no	r any related oi	ganizat	tion co	omp	ens	ated a	ny c	urrent officer, direc	tor, or truste	e.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	οx, ι n of or/t	t che inles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportab compensat from relat organizatio (W-2/109 MISC/109 NEC)	ion ed ons 9-	(F) Estimated amount of other compensation from the organization and related organizations
(1) BI	RUCE BENNETT	1.00					_					
Presid	<mark>ent</mark>	0.00			Χ				0		0	
(2) To	DNY HELBLING	1.00										
Secre	tary	0.00			Χ				0		0	
		· 0.00										

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		•							•		•	Form 99	90 (20
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990 (2021) t VII Section A. Officers, Direction	ctors, Trustee	s, Ke	/ Emp	love	ees,	and	Higl	hest	t Compens	sated	l Employees (co	ontinued)	Pag
(A)	(B)	· ·		(C					(D)		(E)	(F	.,
Name and title	Average hours per week (list	thar	tion (d n one b s both a	lo no oox, i an of	ot ch unle: ffice:	ss pei r and	rson		Reportable compensation from the	n	Reportable compensation from related	Estim amount comper	iated of oth isatio
	any hours for related	9 =	direc				711	1	ganization (2/1099-		organizations (W- 2/1099-	organiza	tion a
	organizations below dotted	r din	Instit	Officer	Key employee	lighe:	Former	MI	ISC/1099-NI	EC)	MISC/1099-NEC)	rela organiz	
	line)	octor dual	ution	-	mplo	st oc	Đ,						
		Individual trustee or director	Institutional Truste		уве	Highest compensated employee							
		6	Jstee			nsat							
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_													
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	+											†	
ub-Total	<u> </u>	!		<u>. </u>	<u>-</u>	•					1		
otal from continuation sheets to						•							
otal (add lines 1b and 1c)				e ho	hove	a) wh	o rece	aive	d more than	\$100) 000		
Total number of individuals (including			J3C 115L	.cu d	POAF	-) WII	o rece	SIVE(a more uidli	י אדטנ	,,000		
Total number of individuals (includin of reportable compensation from the		0											

								3	INO
4	For any individual listed on lin organization and related orga individual						n the	4	No
5	Did any person listed on line services rendered to the orga					tion or ind	vidual for		
<u> </u>			es, complete seried	ale 5 for such person	,			5	No
<u>Se</u> 1	ction B. Independent Co Complete this table for your f		mpensated indepen	dent contractors that	t received	more than	\$100,000 of cor	npensatio	<u></u> n
	from the organization. Report	compensatio	n for the calendar ye				n's tax year.	·	
			A) siness address			Desc	(B) ription of services	C	(C) ompensation
	otal number of independent co		luding but not limite	d to those listed abo	ve) who r	eceived m	ore than \$100,00	0 of	
	ompensation from the organize	ICIOII P 0						Forr	m 990 (2021)
				Page 9 ———					
orm	990 (2021)								Page 9
Pa	rt VIII Statement of Re			D-41/III					
	Check if Schedule O	contains a res	sponse or note to an	(A)		 B)	(C)		(D)
				Total revenue		ed or mpt	Unrelated business		Revenue luded from
					fun	ction enue	revenue	tax u	nder sections 12 - 514
<u></u>	ederated campaigns	1a			160	ende			12 314
-: c	ributions,								
	Grants, 1embership dues	1b							
Othei Simil	or	1.							
Ar fi ot I	Hedraising events	1c							
d F	Related organizations	1d							
e (Government grants (contributions)	1e							
a	All other contributions, gifts, grants, and similar amounts not included above	1f							
	305,270								
	Noncash contributions included in included in								
	11.4	1g							
n ı	Total. Add lines 1a-1f		305,270)	I			1	
2	a		Business Code					-	
l									
en	,								
æ	<u></u>								
ce	:								
Service Revenue	1								
								+	
Program	3								
	f All other program service re	Wentie							
-	9 Total. Add lines 2a-2f 3 Investment income (including			, 					
	similar amounts)		icerest, and other	0					
I.	4 Income from investment of t	av-evemnt ho	and nroceeds	— Page 30 —	I			I	

					р	ļ 			
5	Royalties	_			•	• [
			(i) Rea	ıl	(ii) Personal				
	Cuasa wamba	_							
	Gross rents	6a							
b	Less: rental expenses	6b							
С	Rental income or (loss)	6c							
l d	Net rental income	or (loss)			<u></u>			
"	Net rental income	01 (Ĭ			
	ļ		(i) Securi	ties	(ii) Other				
7a	Gross amount from sales of assets other than inventory	7a							
ь	Less: cost or other basis and sales expenses	7b							
	Cain or (loss)	7c							
	Gain or (loss)				l	_			
	Net gain or (loss)			· ·	•	U			
Revenue	Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expens	on li	of ine 1c).	8a 8b					
<u>ē</u> 0	Net income or (los	s) fro	om fundraisir	ng eve	nts				
Other	Gross income from g See Part IV, line 19	jamii •	ng activities.	9a					
Ь	Less: direct expens	ses		9b					
	: Net income or (los)C				
'	. Net income of (loss	5) 110	oni ganing a	CUVILIE	:5	_			
	Gross sales of invereturns and alloware. Less: cost of goods	nces		10a 10b		_			
	: Net income or (los			l	an/	0			
-	Miscellaneo	_		ivento	Business Code				
11		us it	CVCHUC		Dasiness code				
b)								
,	:								
d	All other revenue			\Box					
e	Total. Add lines 11	a-1	1d		•				
12	: Total revenue. Se	e in	structions .			0			
						305,270		<u> </u>	Faura 200 (2021)
									Form 990 (2021)
						– Page 10 – – – – – – – – – – – – – – – – – – –			
orm 90	90 (2021)								Page 10
Part I		of I	Functional	Eve	encec				rage 10
raill	Section 501(c	:)(3)	and 501(c)(4) ora	anizations must o	omplete all columns.	All other organization	ns must complete co	lumn (A).
						y line in this Part IX			U
	t include amounts , 9b, and 10b of P			es 6b), 	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ants and other assis					0			
	ants and other assisted IV, line 22					0			
3 ^-	,		na ta faraian		izationa forcian	Page 21			
						— Page 31 —			

3	governments, and foreign individuals. See Part IV, lines 15 and 16.	Ŭ					
4	Benefits paid to or for members	0					
	Compensation of current officers, directors, trustees, and key employees	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	0					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	0					
	Fees for services (non-employees):						
а	Management	0					
b	Legal	302,851	302,851				_
С	Accounting	610				610	
	Lobbying	0					
е	Professional fundraising services. See Part IV, line 17	0					_
	Investment management fees	0					_
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0					
	Advertising and promotion	3,572				3,572	_
	Office expenses	0					
	Information technology	0					
	Royalties	0					
16	Occupancy	0					
	Travel	0					
	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0					
19	Conferences, conventions, and meetings	0					
	Interest	0					
	Payments to affiliates	0					
	Depreciation, depletion, and amortization	0					
	Insurance	0					
	exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
	a						
ļ	b						
•	С						
(d						
9	e All other expenses	0					
25	Total functional expenses. Add lines 1 through 24e	307,033	302,851			4,182	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).						
							Form 990 (2021)
		— Page 11 ———					
_	000 (2004)						
	1 990 (2021)						Page 11
P	art X Balance Sheet						
	Check if Schedule O contains a response or note to any	line in this Part IX .					U
			(A) Beginning of y	ear ear			(B) End of year
	1 Cash-non-interest-bearing	_	+	2,092	1		329
	2 Savings and temporary cash investments			,,,,,,	2		0
	3 Pledges and grants receivable, net				3		0
	A Accorde manifestal and	Dago 22	—		_	 	0

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net		5 6 7 8 9	0 0 0 0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net		7 8	0
8 Inventories for sale or use		7 8	0
8 Inventories for sale or use			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11		9	
basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11			0
b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11			
12 Investments—other securities. See Part IV, line 11		10c	0
·		11	0
10		12	0
13 Investments—program-related. See Part IV, line 11		13	0
14 Intangible assets		14	0
15 Other assets. See Part IV, line 11		15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,092	16	329
17 Accounts payable and accrued expenses		17	
18 Grants payable		18	
19 Deferred revenue		19	
20 Tax-exempt bond liabilities		20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
or family member of any of these persons		22	
25 Secured mortgages and notes payable to dimended time parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
26 Total liabilities. Add lines 17 through 25	0	26	0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	0.000		
27 Net assets without donor restrictions	2,092	27	329
28 Net assets with donor restrictions		28	
Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
29 Capital stock or trust principal, or current funds		29	
30 Paid-in or capital surplus, or land, building or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds	0.000	31	
32 Total net assets or fund balances	2,092	32	329
33 Total liabilities and net assets/fund balances	2,092	33	329
Page 12			Form 990 (2021)
Form 990 (2021)			Page 12
Part XI Reconcilliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI .	<u></u>	<u></u>	🗆
1 Total revenue (must equal Part VIII, column (A), line 12)		1	305,270
2 Total expenses (must equal Part IX, column (A), line 25)		2	307,033
3 Revenue less expenses. Subtract line 2 from line 1		3	-1,763
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,092
		5	
5 Net unrealized gains (losses) on investments			
		6	
5 Net unrealized gains (losses) on investments		7	
 Net unrealized gains (losses) on investments Lonated services and use of facilities Lonated services 	· · · · · · · · · · · · · · · · · · ·	7 8	
 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 		7 8 9	329

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	i,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	О.		
За	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		No
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		
		F	orm 99	0 (2021
orm	990 (2021)			
	Iditional Data	Petur	n to Fo	rm

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TIN: 83-1468040

Form **990**

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 private foundations)

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public **Inspection**

A F	or the 20	21 calendar year, or tax year beginning 01-01-2021 $$, and ending 12-31	l-2021			
B Che	ck if applica	ble: C Name of organization AURORA AIRPORT IMPROVEMENT ASSOCIATION		D Employer	identifi	ication number
	dress chang	e		83-14680	40	
	me change	Doing business as				
	al return/term	inated		E Talankana s		
	ended retu	14407 KETI DOAD NE	te	E Telephone r		
O Ap	olication per	iunig		(503) 519	-6059	
		City or town, state or province, country, and ZIP or foreign postal code AURORA, OR 97002		G Gross recei	pts \$ 30	05,270
		F Name and address of principal officer:	H(a) Is this	s a group retur	n for	
		14497 KEIL ROAD NE	subor	dinates?		☐Yes <a>V No
		AURORA, OR 97002	н(ь) Are al includ	l subordinates		☐ Yes ☐No
I Tax	exempt st	atus: ☐ 501(c)(3)		," attach a list	. See i	nstructions.
J W	ebsite: 🕨	N/A	H(c) Group	exemption nu	ımber	▶
			L Year of forma	ation: 2017 M	l Ctato	of legal domicile: OR
K Forn	n of organiz	ation: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L rear or forms	Stion: 2017	State	or regar dorniche. OK
Pa	rt I S	Summary				
		y describe the organization's mission or most significant activities:	Aurana Chaha	Aire aut in the	:	-+ -£ hi
		er the economic improvement of business and aviation activities associated with orty owning members of the association;1. Approximately 50% of our time and r				
	comn	nunity officials to promote the safe and efficient operation of business and aviati	on operations	at Aurora Stat	e Airpo	ort. This work is
m		ng and conducted as duties of the board members and association members, al and resources - Work directly with Oregon Department of Aviation (ODA) (Airpo				
ě	(FAA)	to develop and promote safe and efficient aviation operational improvements to	the airport.	Specifically, de	velopir	ng strategies
E .		iated with maintenance of existing runway and taxiways as well as the improver is ongoing and conducted as duties of the board memb	ment of same	to include exte	ension	of the runway. This
Ne Ne	WOIK	is origoning and conducted as duties of the board memb				
Š						
×8	- 0					
Activities & Governance		k this box ▶ ☐ ber of voting members of the governing body (Part VI, line 1a)			3	2
Ä	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)			4	0
Ă	5 Tota	number of individuals employed in calendar year 2021 (Part V, line 2a)			5	0
	6 Tota	number of volunteers (estimate if necessary)			6	12
	7a Tota	unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Net	unrelated business taxable income from Form 990-T, Part I, line 11			7b	
			Pri	or Year		Current Year
9	8 Cont	ributions and grants (Part VIII, line 1h)				305,270
enue	9 Prog	ram service revenue (Part VIII, line 2g)				0
Rever	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Tota	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)				305,270
	13 Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Bene	efits paid to or for members (Part IX, column (A), line 4)				0
88	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0
Expenses	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)				0
ď	b Total	fundraising expenses (Part IX, column (D), line 25) ▶0				
ш		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				307,033
		expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)				307,033
. 00	19 Reve	enue less expenses. Subtract line 18 from line 12				-1,763
Assets or d Balances			Beginning	of Current Yea	r	End of Year
Set	20 Tota	assets (Part X, line 16)		2,092	2	329
A B		liabilities (Part Y line 26)		,,,,,	+	0

FE	22 Net a	ssets or fund balances. Subtract	line 21 from line 20			2,092	32
Part		ignature Block				_,,	
Under _I knowle	penalties	of perjury, I declare that I have e pelief, it is true, correct, and comp					
	TK.				2022-06-2	27	
Sign	Sig	gnature of officer			Date	.2	
Here	, _{T0}	ANN LIFE DE INC. Comments in .					
		NY HELBLING Secretary pe or print name and title					
		Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid		7 // - 1 - 1 - 1 - 1	.,		Check self-emplo	101113103	
Prep	arer	Firm's name WILCOX ARREDO	NDO & CO			▶ 93-1303013	
	Only						
000	U y	Firm's address PO BOX 1008			Phone no.	(503) 266-7545	
		CANBY, OR 9701	.3				
May the	e IRS disc	cuss this return with the preparer	shown above? (see instructio	ons)		🔽 Yes	No
For Pa	perwork	Reduction Act Notice, see the	separate instructions.		Cat. No. 11282	Y F	orm 990 (2021
			Page 2				
Form 9	90 (2021)		Page 2				Page :
Part	` '	atement of Program Servi	ce Accomplishments				raye
rait		_	<u>-</u>	ic Port III			
1		eck if Schedule O contains a resp scribe the organization's mission:		S Pail III			∪
		ganization undertake any significa	ant program services during t	the year which were	e not listed on		
	•	Form 990 or 990-EZ?				. UY	
	•	escribe these new services on Sci		:			res 🔽 No
	services?	ganization cease conducting, or n	nake significant changes in no		nrogram		res 💟 No
				ow it conducts, any	program		
4 [Describe t	escribe these changes on Schedu		ow it conducts, any	program	\Box	Yes ✓ No
		escribe these changes on Schedu he organization's program service 01(c)(3) and 501(c)(4) organizati ue, if any, for each program servi	e accomplishments for each o ions are required to report the	f its three largest p	program services,	as measured by e	Yes Vo
		he organization's program service 01(c)(3) and 501(c)(4) organizati	e accomplishments for each o ions are required to report the	its three largest per amount of grants	program services,	as measured by e	Yes Vo
4a	and reven	he organization's program service 01(c)(3) and 501(c)(4) organizati ue, if any, for each program servi	e accomplishments for each o ions are required to report the ice reported. including gra	its three largest pe amount of grants	program services, and allocations to) (Revenue	as measured by each oothers, the total of	Yes No xpenses. expenses,
4a (and reven (Code: Further the	he organization's program service 01(c)(3) and 501(c)(4) organizati ue, if any, for each program servi	e accomplishments for each o ions are required to report the ice reported. including gra	of its three largest per amount of grants ints of \$ th Aurora State Airport	program services, and allocations to) (Revenue	as measured by e o others, the total of e \$ usiness and property of	Yes No xpenses. expenses,
4a (and reven (Code: Further the of the assoc	he organization's program service D1(c)(3) and 501(c)(4) organizati ue, if any, for each program servi) (Expenses \$ economic improvement of business an	e accomplishments for each o ions are required to report the ice reported. including gra nd aviation activities associated wit	of its three largest per amount of grants ints of \$ th Aurora State Airport	orogram services, and allocations to) (Revenue t in the interest of bu	as measured by e o others, the total of e \$ usiness and property of	Yes No xpenses. expenses,) owning members
4a (and reven (Code: Further the of the assoc	he organization's program service D1(c)(3) and 501(c)(4) organizati ue, if any, for each program servi) (Expenses \$ economic improvement of business an	e accomplishments for each o ions are required to report the ice reported. including gra nd aviation activities associated wit	of its three largest per amount of grants ints of \$ th Aurora State Airport	orogram services, and allocations to) (Revenue t in the interest of bu	as measured by e o others, the total of e \$ usiness and property of	Yes No xpenses. expenses,) owning members
4a (and reven (Code: Further the of the assoc	he organization's program service D1(c)(3) and 501(c)(4) organizati ue, if any, for each program servi) (Expenses \$ economic improvement of business an	e accomplishments for each o ions are required to report the ice reported. including gra nd aviation activities associated wit	of its three largest per amount of grants ints of \$ th Aurora State Airport	orogram services, and allocations to) (Revenue t in the interest of bu	as measured by e o others, the total of e \$ usiness and property of	Yes No xpenses. expenses,) bwning members
4a (and reven (Code: Further the of the assoc	he organization's program service D1(c)(3) and 501(c)(4) organizati ue, if any, for each program servi) (Expenses \$ economic improvement of business an	e accomplishments for each o ions are required to report the ice reported. including gra nd aviation activities associated wit	of its three largest per amount of grants onts of \$ th Aurora State Airport	orogram services, and allocations to) (Revenue t in the interest of bu	as measured by end others, the total of the state of the	Yes No xpenses. expenses,) owning members

4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)				
4e	Total program service expenses					
		F	orm 99	0 (2021)		
	Page 3					
Form	990 (2021)			Page 3		
Pai	Checklist of Required Schedules	1				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No No		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes			
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		No		
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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>			No		
7	Schedule D, Part I	7		No		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No		
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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		No		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.					
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No		
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No		
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No		
	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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No		
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No		
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, — Page 37 —	17		No		

	column (A) lines 6 and 11e2 If "Ves " complete Schedule C. Part I. See instructions		1 1	1
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2021)
	Page 4			
Form	990 (2021)			
	tiv Checklist of Required Schedules (continued)			Page 4
	Constitution of the part of th		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		
b	Is the organization aware that it 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's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
	(3=====,3, =============================		orm 99	0 (2021)
	Page 5			
Fa	000 (2021)			
	990 (2021)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
	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:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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 the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	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 was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			

12-	Continue 4047(a)(4) where assume the site blockwards. To the expeniention filing Forms 000 in liquid Forms 10412	l 43- l	Ī	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
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		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in			
b	which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99 0	0 (2021
	Page 6 ————			
	rage 0			
Form	990 (2021)			Page (
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	,	onse to	✓
Se	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
	Storra Constraint Cons		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 2			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a		No
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
				No

											-		
14	Did the organization have a written docum							٠			14		No
15	Did the process for determining compensa persons, comparability data, and contemporate persons.	oraneous substa	antiatio	n of t	he c	lelib	eration	n an	d decision?	dependent			
	The organization's CEO, Executive Director					•	•	•			158		No
b	Other officers or key employees of the org						•	•			15l	<u> </u>	No
16-	If "Yes" to line 15a or 15b, describe the pr									:			
	Did the organization invest in, contribute a taxable entity during the year?				•	•	•	•			16	1	No
b	If "Yes," did the organization follow a writt in joint venture arrangements under applic status with respect to such arrangements?	cable federal tax	k law, a	nd ta	ke s	teps	to sa	fegu	ard the organizatio		161	,	
	ction C. Disclosure												
17	List the states with which a copy of this Fo	•								· - / · · ·			
18	Section 6104 requires an organization to n 501(c)(3)s only) available for public inspec	ction. Indicate h	now you	mad	le th	iese	availa	ble.	Check all that appl				
19	Own website Another's website Describe in Schedule O whether (and if so, policy, and financial statements available t	, how) the orga o the public dur	nization ing the	mac tax y	le its year	s go	vernin	g do	cuments, conflict o				
20	State the name, address, and telephone not be TONY HELBLING 14497 KEIL ROAD NE							rgan	iization's books and	records:			
	· · · · · · · · · · · · · · · · · · ·	,			-							Form 99	(2021)
				Page	2 7	_							
Form	990 (2021)												Page 7
Par	Compensation of Officers, D	irectors,Tru	stees,	Key	/ Er	npl	oyee	s, F	lighest Compen	sated Em	ploye	ees,	
	and Independent Contracto												
	Check if Schedule O contains a resp											<u> </u>	
	ction A. Officers, Directors, Truste complete this table for all persons required to					_							
L L who rorgar L L of regar orgar	mpensation. Enter -0- in columns (D), (E), a ist all of the organization's current key emist the organization's five current highest of ecceived reportable compensation (box 5 of ization and any related organizations. ist all of the organization's former officers, portable compensation from the organization ist all of the organization's former directo ization, more than \$10,000 of reportable compensation from the organization is the instructions for the order in which to list	ployees, if any. compensated er Form W-2, Forr key employees n and any relate rs or trustees ompensation fro	See the nployee n 1099 if, or high ed organ that recommend the commend on the com	e instes (ot -MISO hestenizati	ruct her C, ar com ons d, in	ions than nd/o npen	for de an of r box : sated	ficer 1 of emp	; director, trustee o Form 1099-NEC) of loyees who receive as a former director	r key employ f more than s d more than or trustee o	\$100, \$100		:he
<u> </u>	Check this box if neither the organization no	r any related oi	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, direc	tor, or truste	e.		
	(A) Name and title	(B) Average hours per week (list any hours	than c	ne b	ox, ι ın of	t ch unle: ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportab compensat from relat organizatio	ion ed ons	Estim amount of compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/109 MISC/109 NEC)		organizat relat organiz	ed
	CUCE BENNETT	1.00			Х				0		0		0
Presid		0.00			^								
	NY HELBLING	1.00											
Secret	ary	0.00			Х				0		0		0
		0.00				T							
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												Form 99)0 (20
				Page	e 8								
000 (2021)				5 -									_
990 (2021) t VII	ectors, Trustee	s, Key	Emp	loye	ees,	and	Higl	nesi	t Compens	sated	l Employees (co	ontinued)	Pag
(A)	(B)			(C				1	(D)		(E)	(F	
Name and title	Average hours per week (list any hours	than	tion (d one b both a direc	o no ox, u an of	t cho unles ficer	ss per and	rson		Reportable compensation from the ganization (on	Reportable compensation from related organizations (W-	Estim amount comper	nated of oth nsatio
	for related organizations	9 5	T	_	_		Ţ	•	2/1099- SC/1099-N		2/1099- MISC/1099-NEC)	organiza rela	tion a
	below dotted line)	Individual trustee or director	Institutional Truste	Officer	Key employee	Highest compensated employee	Former	1411	.SC/ 1099-N	LC)	M13C/1099-NLC)	organiz	
	illie)	ctor	itiona		nplo	yee	=						
		nuste	Tru		уөө	nper							
		ě	stee			nsate							
			-			ă							
												<u> </u>	
otal from continuation sheets to				· .		*							
Total (add lines 1b and 1c) Total number of individuals (includ of reportable compensation from the state of the stat	ing but not limited	l to the		ed a	bove	e) who	o rece	eive	d more thar	s \$100),000		
or reportable compensation from the													
												Yes	Ne

							= =	3	וויס
4	For any individual listed on lir organization and related orga individual						n the	4	No
5	Did any person listed on line services rendered to the orga					tion or ind	ividual for		
<u> </u>			es, complete serieu	idic 3 for such person	,	<u> </u>		5	No
<u>Se</u> 1	ction B. Independent Co Complete this table for your f		ompensated indepen	dent contractors that	received	more than	\$100,000 of cor	npensatio	on
	from the organization. Report	compensatio	n for the calendar ye				n's tax year.		
			A) siness address			Desc	(B) cription of services	С	(C) Compensation
	otal number of independent co		luding but not limite	ed to those listed abo	ve) who r	eceived m	ore than \$100,00	0 of	
C	ompensation from the organiza	ation > 0						For	m 990 (2021)
									,
				Page 9					
orm	990 (2021)								Page 9
Pa	rt VIII Statement of Re	venue							
	Check if Schedule O	contains a res	sponse or note to an	1				<u></u>	. U
				(A) Total revenue	Relat	B) ced or	(C) Unrelated		(D) Revenue
						mpt ction	business revenue		cluded from Inder sections
A	ederated campaigns	1a			reve	enue		5	512 - 514
	ibutions,	<u>Ia</u>							
Sifts, ar t d	Grants, 1embership dues	1b							
Othe		<u> </u>							
Arfiol	Hedraising events	1c							
al [Related organizations	ا ما							
u ,	Related Organizations	1d							
e (Government grants (contributions)	1e							
a	Ill other contributions, gifts, grants, ind similar amounts not included bove	1f							
	305,270								
	Ioncash contributions included in nes 1a - 1f:\$,_							
1		1g							
h T	Total. Add lines 1a-1f		305,270)			l		
2	a		Business Code						
l	-								
Service Revenue	,								
æ	<u></u>								
ce	:								
Serv	1								
	-			-					
Program	3								
		Wenue							
	f All other program service re)					
_	9 Total. Add lines 2a-2f			, 					
	3 Investment income (including similar amounts)		interest, and other	0					
I.	1 Income from investment of t	av-evemnt ho	and araceeds b	— Page 43 —					

	one or tax exempt bond	proceeds	<u> </u>	0		
5 Royalties	(i) Real	(ii) Personal	<u>'I</u>			
 	(i) Kedi	(וו) רכוסטוומו	\dashv			
_	6a					
b Less: rental expenses	6Ь					
c Rental income or (loss)	6c					
d Net rental income of	or (loss)	•	-	0		
Γ	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a					
b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c					
d Net gain or (loss)		•	-	0		
a Gross income from fund (not including \$ contributions reported of See Part IV, line 18 b Less: direct expense c Net income or (loss)	on line 1c).	s		0		
Gross income from ga See Part IV, line 19 b Less: direct expense	9a 9b					
c Net income or (loss)	from gaming activities	• • •		0		
10aGross sales of invenreturns and allowand b Less: cost of goods:	ces 10a			0		
Miscellaneou 11a		Business Code				
b						
С						
d All other revenue				+		
e Total. Add lines 11a	l <u>—</u>	>	1			
12 Total revenue. See	e instructions			0		
	· · · ·		305,27	70		Form 000 (2021)
						Form 990 (2021)
			Page 10			
n 990 (2021)	_					Page 10
	of Functional Exper (3) and 501(c)(4) organ		omplete all columns	All other organization	ns must complete co	lumn (A).
	ule O contains a respon					
not include amounts i 8b, 9b, and 10b of Pai	reported on lines 6b,	The state of the	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
Grants and other assist	ance to domestic organ		0	expenses	general expenses	expenses
domestic governments. Grants and other assist Part IV, line 22	ance to domestic individ	<u></u>	0			
·						
Cranta and other assist	ance to foreign arganiza	tions foreign	— Page 44 — ^ l	I		

3	governments, and foreign individuals. See Part IV, lines 15 and 16.	٥				Ī	
4	Benefits paid to or for members	0					
	Compensation of current officers, directors, trustees, and key employees	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	0					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	0					
11	Fees for services (non-employees):						
а	Management	0					_
b	Legal	302,851	302,851				
C	: Accounting	610				610	
	Lobbying	0					_
е	Professional fundraising services. See Part IV, line 17	0					
	Investment management fees	0					_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0					
	Advertising and promotion	3,572				3,572	_
	Office expenses	0					
	Information technology	0					
15	Royalties	0					
	Occupancy	0					
	Payments of travel or entertainment expenses for any	0					
	federal, state, or local public officials						
	Conferences, conventions, and meetings	0					
	Interest	0					
	Payments to affiliates	0					
	Depreciation, depletion, and amortization	0					
	Insurance	0					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
i	a						
ļ	b						
	С						
	d						
9	e All other expenses	0					
25	Total functional expenses. Add lines 1 through 24e	307,033	302,851			4,182	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).						
	, ,	1					Form 990 (2021)
							101111 333 (2021)
		— Page 11 ———					
_	000 (000)						
	n 990 (2021)						Page 11
P	art X Balance Sheet						
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u>· · ·</u>		<u> U</u>
			(A) Beginning of y	/ear			(B) End of year
	1 Cash-non-interest-bearing	•		2,092	1	1	329
	2 Savings and temporary cash investments				2	<u>† </u>	0
	3 Pledges and grants receivable, net				3		0
	A Assessment was a six make				А	† 	

A -------

Controlled entity or ramily member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net	5 0 6 0 7 0 8 0 9 0
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net	7 0 8 0 9 0
7 Notes and loans receivable, net	7 0 8 0 9 0
8 Inventories for sale or use	9 0
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11	
basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 11 Investments—publicly traded securities . 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11	.0c 0
b Less: accumulated depreciation 10b 10 11 Investments—publicly traded securities . 1 12 Investments—other securities. See Part IV, line 11	. 0 c
12 Investments—other securities. See Part IV, line 11	
13 Investments—program-related. See Part IV, line 11	11 0
, ,	12 0
14 Intangible assets	13 0
2. Antangible assets in the internal and int	14 0
15 Other assets. See Part IV, line 11	15 0
16 Total assets. Add lines 1 through 15 (must equal line 33) 2,092 1	16 329
17 Accounts payable and accrued expenses	17
18 Grants payable	18
19 Deferred revenue	19
20 Tax-exempt bond liabilities	20
21 Escrow or custodial account liability. Complete Part IV of Schedule D	21
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	
or family member of any of these persons	22
25 Secured mortgages and notes payable to difficient third parties	23
	24
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25
26 Total liabilities. Add lines 17 through 25	26 0
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	
27 Net assets without donor restrictions	329
28 Net assets with donor restrictions	28
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	
	29
30 Paid-in or capital surplus, or land, building or equipment fund	30
31 Retained earnings, endowment, accumulated income, or other funds	31
0	329
33 Total liabilities and net assets/fund balances	329
——————————————————————————————————————	Form 990 (2021)
Form 990 (2021)	Page 12
Part XI Reconcilliation of Net Assets	
Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>
1 Total revenue (must equal Part VIII, column (A), line 12)	1 305,270
2 Total expenses (must equal Part IX, column (A), line 25)	2 307,033
3 Revenue less expenses. Subtract line 2 from line 1	3 -1,763
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 2,092
5 Net unrealized gains (losses) on investments	5
	6
6 Donated services and use of facilities	
6 Donated services and use of facilities	7
6 Donated services and use of facilities	8
6 Donated services and use of facilities	9

Pa	rt XII Financial Statements and Reporting	_1		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	
			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basic consolidated basis, or both:	÷,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
За	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		No
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		
		F	Form 99	0 (2021
	990 (2021)			
Ac	Iditional Data	Retur	n to Fo	orm

Software ID: 21013475 **Software Version:** 2021v4.0 Form **990EZ**

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 private foundations)

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

Open to **Public**

			► Go to <u>www.irs.gov/Form990EZ</u> for instructions and the la	itest informat	ion.	Inspection
_			ndar year, or tax year beginning 01-01-2022, and ending 12-31-202	2		
		if applicable:	C Name of organization		D Emplo	yer identification number
_		s change	AURORA AIRPORT IMPROVEMENT ASSOCIATION		83-14	68040
	Name of Initial r	-	Number and street (or P. O. box, if mail is not delivered to street address) Room/s	uite		one number
_		urn/terminated	14497 KEIL ROAD NE			(503) 519-6059
		ed return	City or town, state or province, country, and ZIP or foreign postal code			
0	Applica	tion pending	AURORA, OR 97002		F Group Numbe	Exemption er
G A	Accoun	ntina Method:	☑ Cash ☐ Accrual Other (specify)	H Check ▶		
		3				n Schedule B EZ, or 990-PF).
ΙV	Vebsit	t e: ▶ N/A		(FOITH 95	90, 990-L	.2, 01 990-PF).
J Ta	ax-exe	mpt status (ch	eck only one) - ○ 501(c)(3) ② 501(c)(6) ◄ (insert no.) ○ 4947(a)(1) or ○ 527			
K F	orm of	organization	☑ Corporation ☐ Trust ☐ Association ☐ Other			
		-	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	nore or if total	assets (F	Part II column (R) helow)
are	\$500	,000 or more	, file Form 990 instead of Form 990-EZ			. • \$ 2,815
F	Part I	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (se	ee the instruction	ons for Pa	art I)
		Check if	the organization used Schedule O to respond to any question in this Part I $$			
	1	Contribution	ns, gifts, grants, and similar amounts received		1	2,815
	2	Program ser	rvice revenue including government fees and contracts		2	
	3	Membership	dues and assessments		3	
	4	Investment	income		4	
	5a	Gross amou	nt from sale of assets other than inventory 5a			
	ь		r other basis and sales expenses		0	
	c		s) from sale of assets other than inventory (Subtract line 5b from line 5a) .			
	6	•	I fundraising events		30	
Ф		-				
Revenue	а	Gross Incom	ne from gaming (attach Schedule G if greater than \$15,000) 6a		_	
9/6	b		ne from fundraising events (not including \$ of contributio	ns from		
ĕ		_	events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) 6b		0	
	С		expenses from gaming and fundraising events 6c		0	
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less: cost o	f goods sold		0	
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reven	ue (describe in Schedule O)		8	
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	2,815
	10	Grants and	similar amounts paid (list in Schedule O)		10	
	11	Benefits pai	d to or for members		11	
US.	12	Salaries, oth	ner compensation, and employee benefits		12	
Expenses	13	Professional	fees and other payments to independent contractors		13	1,355
bel	14	Occupancy,	rent, utilities, and maintenance		14	
Ě	15		blications, postage, and shipping		15	
	16		nses (describe in Schedule O)		16	
	17	·	· · ·		▶ 17	1 255
_			nses. Add lines 10 through 16			1,355
\$	18	`	deficit) for the year (Subtract line 17 from line 9)		18	1,460
550	19		or fund balances at beginning of year (from line 27, column (A)) (must agree			
A		,	figure reported on prior year's return)		19	329
Net Assets	20	-	ges in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20	<u></u> .	21	1,789

Form 990-EZ (2022)							ı	Page 2
Part II Balance Sheets(see the instructio Check if the organization used Schedu	,	question in this	Part II				0	
check if the organization used Schede	are o to respond to any t	question in this		eginning of year	· · · ·	(B) End o		
22 Cash, savings, and investments					22			.,789
3 Land and buildings					23			
4 Other assets (describe in Schedule O)					24			
25 Total assets				329	25		1	.,789
27 Net assets or fund balances (line 27 of colur				329			1	.,789
Part III Statement of Program Service	. , ,	,	ions for Pa				Expe	enses
Check if the organization used Schedu What is the organization's primary exempt purpose further the economic improvement of business and interest of business and property owning members. Work with State, County and surrounding commund aviation operations at Aurora State Airport. This indices are considered with Oregon Department of Aviation (ODA) (Airport indices and efficient aviation operational inspection of the runway. This work is ongoing and considered with maintenance of existing runway and extension of the runway. This work is ongoing and considered with maintenance of existing runway and extension of the runway. This work is ongoing and considered by expenses. In a clear and concise manuscripted, and other relevant information for each property owning members of business and property owning members of business and property owning members. Grants \$) If this amo of the program services (describe in Schedule Of Grants \$) If this amo of the program services (describe in Schedule Of Grants \$) If this amo	alle O to respond to any or	question in this ciated with Auro proximately 50 the safe and el onducted as du 6 of our time a I Aviation Admi rport. Specifica e improvement e board memb s three largest es provided, the essociated with a hts, check here hts, check here hts, check here	pract III pra State % of our fficient op ties of th nd resour nistration lly, devel of same program number Aurora St	Airport in the time and resources beration of business be board members ces - Work directly (FAA) to develop oping strategies to include services, as of persons ate Airport in the	;	(3) a organ other	28a 29a 30a	; optional for
2 Total program service expenses (add lines 2 $\mathbf{p}_{\mathbf{art} \; \mathrm{IV}}$ List of Officers, Directors, Trustee				ompensated; see the	• instructi		3 2 IV)	
Check if the organization used Schedu (a) Name and title	(b) Average hours per week devoted to position	(c) Report compense (Forms W-2 MISC) (if no enter -6	table ation /1099- ot paid,	(d) Health ben- contributions to er benefit plans, deferred compen	efits, nployed	(e) Estir		
	1.00		U					
resident ONY HELBLING	1.00	1	0			1		
ecretary								
ecretary								
						Form 9 9	90-EZ	(2022)
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	Pag	e 3 ———						<u> </u>
orm 990-EZ (2022)							ı	Page 3
Part V Other Information (Note the	Schedule A and person	onal benefit o	ontract	statement requir	ement	ts in the	<u>'</u>	g \ -
instructions for Part V.) Check if the	•			•			. 0	
							Yes	No
Did the organization engage in any significan detailed description of each activity in Schedu	t activity not previously	reported to the	RS? If '	'Yes," provide a			Ī	NI.
				h n apré		33		No
Were any significant changes made to the orgon of the amended documents if they reflect a con Schedule O. See instructions	hange to the organizatio	n's name. Othe	erwise, ex	cplain the change	· ·	34		No

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		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	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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 0; section 4912 0; section 4955 0			
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		
	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 sections4912, 4955, and 4958			
	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
e 41	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		No
	The organization's books are in care of P TONY HELBLING Telephone n	o. ► (50	3) 519-6	5059
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42b	Yes	No No
	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:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country:			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	▶ 0	
			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		No
	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		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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		No
		Form	990-E	Z (2022)
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	Page 4			
Го	000 E7 (2022)			
rorm	990-EZ (2022)	1	V -	Page 4
			Yes	No
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		No

	Chec	k if the organization used Schedule	e O to respond to any qu	uestion in this Part V	<u>′I</u>		· · ·	Yes	No
47	Did the ora	anization engage in lobbying activi	ties or have a section 50)1(h) election in effe	ect during the tax ve	ar?			
		mplete Schedule C, Part II					47		
48	Is the orgai	nization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E		48		
49a	Did the org	anization make any transfers to an	exempt non-charitable	related organization	1?		49a		
b	If "Yes," wa	s the related organization a sectio	n 527 organization? .			[49b		
		nis table for the organization's five					nd key	employ	ees)
		eceived more than \$100,000 of cone and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health be contributions to	enefits, employee s, and		timated er comp	
NONE									
f	Total num	ber of other employees paid over s	\$100,000 			. •			
		nis table for the organization's five on from the organization. If there		dependent contract	ors who each receive	ed more tha	n \$10	0,000 of	f
	(a) Name and business address of	each independent contra	actor	(b) Type of servi	ce (c)	Compe	ensation	1
NONE									
d	lotal num	ber of other independent contracto	ors each receiving over \$	\$100,000		_			
52		rganization complete Schedule A? d Schedule A			nust attach a		· —		_
	•						Ye		No
cnowle	dge and be	f perjury, I declare that I have exa llief, it is true, correct, and comple							
nas an	y knowledg	e.							
	Sign	nature of officer			2024-11-15 Date				
Sign Here					Date				
		Y HELBLING Secretary e or print name and title							
	!'	Print/Type preparer's name JEREMY GINGERICH	Preparer's signature	Da	check C	PTIN if P01413:	165		
Paid Pren	arer	Firm's name WILCOX ARREDOND	0 & CO		self-employe	ed 93-130301	13		
	Only	Firmula address in DO DOV 1000			Discuss of	E02) 266 7E	45		
	•	Firm's address ▶ PO BOX 1008			Phone no. (503) 266-754	45		
		CANBY, OR 97013							
					l l				
May th	ie IRS discu	ss this return with the preparer sh	own above? See instruc	tions			Yes	□ No	

Additional Data

Return to Form

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Software ID: 22015553 **Software Version:** 2022v5.0

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ

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 private foundations)

2023

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

Open to Public

► Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information. **Inspection** A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023 **B** Check if applicable: D Employer identification number C Name of organization URORA AIRPORT IMPROVEMENT ASSOCIATION Address change 83-1468040 □ Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number O Initial return O Final return/terminated (503) 519-6059 City or town, state or province, country, and ZIP or foreign postal code O Amended return AURORA, OR 97002 F Group Exemption Application pending Number Check 🕨 🔽 **G** Accounting Method:
☐ Cash ☐ Accrual Other (specify)
☐ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **J Tax-exempt status** (check only one) - ○ 501(c)(3) **3** 501(c)(6) **4** (insert no.) ○ 4947(a)(1) or ○ 527 K 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) below) 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 2 Program service revenue including government fees and contracts 2 3 3 4 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses 0 b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . c 5c Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 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 0 Less: direct expenses from gaming and fundraising events 0 6c 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 7b b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 8 8 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) . . . 10 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . . . Expenses 13 Professional fees and other payments to independent contractors 13 14 14 15 15 Printing, publications, postage, and shipping . . 16 16 Other expenses (describe in Schedule O) 17 **Total expenses.** Add lines 10 through 16 17 18 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 1,789 19 20 20

1.789

Net assets or fund balances at end of year. Combine lines 18 through 20

Form 990-EZ (2023)							Р	age 2
Part II Balance Sheets(see the instruction Check if the organization used Sched		question in this	Part II				0	
check if the organization used seried	ale o to respond to any t	question in this		eginning of year	· · · ·	(B) End of		
2 Cash, savings, and investments				1,789	22			,789
3 Land and buildings					23			
4 Other assets (describe in Schedule O)					24			
5 Total assets				1,789	25		1	, 789
27 Net assets or fund balances (line 27 of colu				1,789			1	,789
Part III Statement of Program Service	()	,	ions for Pa				Expe	nses
Check if the organization used Scheol Interest of business and property owning members Work with State, County and surrounding commit association members, all of which are volunter into Open Department of Aviation (ODA) (Airporn of promote safe and efficient aviation operations as sociated with maintenance of existing runway as excisted the organization's program service accompassured by expenses. In a clear and concise maintenance of existing runway are easured by expenses. In a clear and concise maintenance of existing runway are easured by expenses. In a clear and concise maintenance of existing runway are easured by expenses. In a clear and concise maintenance of existing runway are easured by expenses. In a clear and concise maintenance of existing runway are easured by expenses and property owning members of the expenses and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of business and property owning members of each state of each	d aviation activities association; 1. Ap unity officials to promote is work is ongoing and coers. 2. Approximately 50% to Owner) and the Federal improvements to the air distance as well as the conducted as duties of the uplishments for each of its one, describe the service program title. and aviation activities as of the association; bunt includes foreign grandunt includes forei	ciated with Auroproximately 50 the safe and el onducted as du 6 of our time a I Aviation Admirport. Specifica e improvement e board memb s three largest is provided, the associated with a hots, check here the check h	ora State % of our fficient op titles of th nd resour nistratior lly, devel of same program number Aurora St	time and resources peration of business e board members rces - Work directly n (FAA) to develop oping strategies to include services, as of persons rate Airport in the	3	(3) an organ others	28a 29a 30a	section 501(i)(4); optional for
2 Total program service expenses (add lines $\mathbf{p}_{\mathbf{art} \; \mathrm{IV}}$ List of Officers, Directors, Trustee				ompensated : see the	• instructi	ons for Part I		
Check if the organization used Sched (a) Name and title	(b) Average hours per week devoted to position		table ation /1099- ot paid, D-)		efits, nployed	(e) Estim	ated an	
RUCE BENNETT	1.00		0					
resident	1.00							
ONY HELBLING	1.00		0					
ecretary ecretary								
						00	O F7 (2022)
						Form 99	U-EZ (2023)
	Pag	e 3 ———						
000 F7 (2022)							_	_
Part V Other Information (Note the	Schedule A and norce	onal benefit o	ontract	statement requir	emon	ts in the	P	age 3
instructions for Part V.) Check if the	•			•			. 0	
and the second to the sty direct in the				gazzasii iii dilo rul				 No
3 Did the organization engage in any significan	nt activity not previously	reported to the	IRS? If	"Yes," provide a				·
detailed description of each activity in Scheo	ule O					33		No
Were any significant changes made to the or of the amended documents if they reflect a					У			
on Schedule O. See instructions.						34		No

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		No
h	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the organization file Form 1120-POL for this year?	37b		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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
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 0; section 4912 0; section 4955 0			
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		
	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 sections4912, 4955, and 4958			
	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Enter amount of tax on line 40c reimbursed by the organization			
e 41	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		No
	The organization's books are in care of TONY HELBLING Telephone n	o. > (50	3) 519-6	5059
h	Located at 14497 KEIL ROAD NE AURORA, OR ZIP + 4 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No No
_	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		
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country:			
43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ 0	
	and enter the amount of tax-exempt interest received or accrued during the tax year	-		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead		163	140
b	of Form 990-EZ	44a		No
С	instead of Form 990-EZ	44b		No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44c 44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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		No
		Form	990-E	Z (2023)
	Page 4			
Form	990-EZ (2023)			Page 4
. 0.111			Yes	No
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		No

	Che	eck if the organization used Schedul	e O to respond to any qu	uestion in this Part V	Ι	<u></u>		Yes	No
47 Di	id the o	rganization engage in lobbying activ	ities or have a section 50	11(h) election in effe	ect during the ta	v vear?			
		complete Schedule C, Part II	· · · · · · · · ·				47		
48 Is	the org	ganization a school as described in s	ection 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E		48		
49a Di	id the o	rganization make any transfers to a	n exempt non-charitable	related organization	1?		49a		
b If	"Yes," v	was the related organization a section	n 527 organization? .				49b		
		this table for the organization's five received more than \$100,000 of co					ind key	employ	ees)
		me and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Heal contribution benefit	th benefits, as to employee plans, and compensation		timated er comp	
IONE									
f ·	Total nu	mber of other employees paid over	\$100,000			<u> </u>			
		this table for the organization's five		dependent contract	ors who each re	ceived more th	an \$10	0,000 o	f
		(a) Name and business address of	each independent contra	actor	(b) Type of	service (c)	Comp	ensation	1
IONE									
									,
ď	Total nu	mber of other independent contract	ors each receiving over \$	100,000		· -			
52		e organization complete Schedule A?			nust attach a				
	comple	ted Schedule A				.	Ye	s 🗆 I	No
nowled		of perjury, I declare that I have exabelief, it is true, correct, and compledge.							
	- Ik	-							
Sign	Signature of officer Date								
lere		ONY HELBLING Secretary							
	Ту	/pe or print name and title	Durana unda sina ataun	I n.		DTIN			
Paid		Print/Type preparer's name JEREMY GINGERICH	Preparer's signature	Da	check self-en	101113103			
	rer	Firm's name ■ WILCOX ARREDONDO & CO ■ Firm's EIN ■ 93-130							
	\ I	Firm's address ▶ PO BOX 1008	PO BOX 1008 Phone no						
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Additional Data

Return to Form

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Software ID: 23017517 **Software Version:** 2023v5.1

Form 990-EZ, Special Condition Description:

Special Condition Description

AMENDED ANNUAL REPORT



E-FILED

Dec 04, 2019

OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

BUSINESS ACTIVITY

MUTUAL BENEFIT OF MEMBERS

MAILING ADDRESS

144797 KEIL RD NE AURORA OR 97002 USA

TYPE

DOMESTIC NONPROFIT CORPORATION

PRIMARY PLACE OF BUSINESS

144797 KEIL RD NE AURORA OR 97002 USA

JURISDICTION

OREGON

REGISTERED AGENT

ANTHONY ALAN HELBLING

144797 KEIL RD NE

AURORA OR 97002 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

BRUCE BENNETT

144797 KEIL RD NE

AURORA OR 97002 USA

SECRETARY

ANTHONY HELBLING

144797 KEIL RD NE



OREGON SECRETARY OF STATE

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

ANTHONY HELBLING

TITLE

SECRETARY

DATE SIGNED

12-04-2019

REINSTATEMENT AMENDED



E-FILED

Mar 30, 2021

OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

The entity listed above requests to be active on the records of the Corporation Division. The effective date of the administrative dissolution is 02/25/2021.

The reason(s) for the administrative action that inactivated this business has been eliminated or did not exist.

I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

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ELECTRONIC SIGNATURE

NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE SIGNED

03-29-2021

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

BUSINESS ACTIVITY

MUTUAL BENEFIT OF MEMBERS

MAILING ADDRESS

14497 KEIL RD NE AURORA OR 97002 USA

TYPE

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PRIMARY PLACE OF BUSINESS

14497 KEIL RD NE AURORA OR 97002 USA

JURISDICTION

OREGON

REGISTERED AGENT

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14497 KEIL RD NE

AURORA OR 97002 USA

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PRESIDENT

BRUCE BENNETT

14497 KEIL RD NE

AURORA OR 97002 USA

SECRETARY

ANTHONY HELBLING

14497 KEIL RD NE

REINSTATEMENT AMENDED



E-FILED Mar 25, 2022 OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

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ELECTRONIC SIGNATURE

NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE

03-24-2022



REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

BUSINESS

MUTUAL BENEFIT OF MEMBERS

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14497 KEIL RD NE AURORA OR 97002 USA

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JURISDICTION

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14497 KEIL RD NE

AURORA OR 97002 USA

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PRESIDENT

BRUCE BENNETT

14497 KEIL RD NE

AURORA OR 97002 USA

SECRETARY

ANTHONY HELBLING

14497 KEIL RD NE

AMENDED ANNUAL REPORT



E-FILED

Nov 14, 2022

OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

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OREGON SECRETARY OF STATE

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ELECTRONIC SIGNATURE

NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE

11-14-2022

AMENDED ANNUAL REPORT



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Nov 13, 2023

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- Page 66 -

PRESIDENT

BRUCE BENNETT

14497 KEIL RD NE

AURORA OR 97002 USA

SECRETARY

ANTHONY HELBLING

14497 KEIL RD NE



OREGON SECRETARY OF STATE

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

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NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE

11-13-2023

AMENDED ANNUAL REPORT



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Nov 11, 2024

OREGON SECRETARY OF STATE

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SECRETARY

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14497 KEIL RD NE



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ELECTRONIC SIGNATURE

NAME

ANTHONY ALAN HELBLING

TITLE

PRESIDENT

DATE

11-11-2024