



## 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 ○ Crustal Earthquake Scenario Ground Motion Map
- Page 12 ○ 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 Liquefaction 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

# The Oregon Resilience Plan

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

Report to the  
77<sup>th</sup> Legislative Assembly

from  
Oregon Seismic Safety Policy  
Advisory Commission (OSSPAC)



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)	<b>Aurora State (T3)</b>		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.

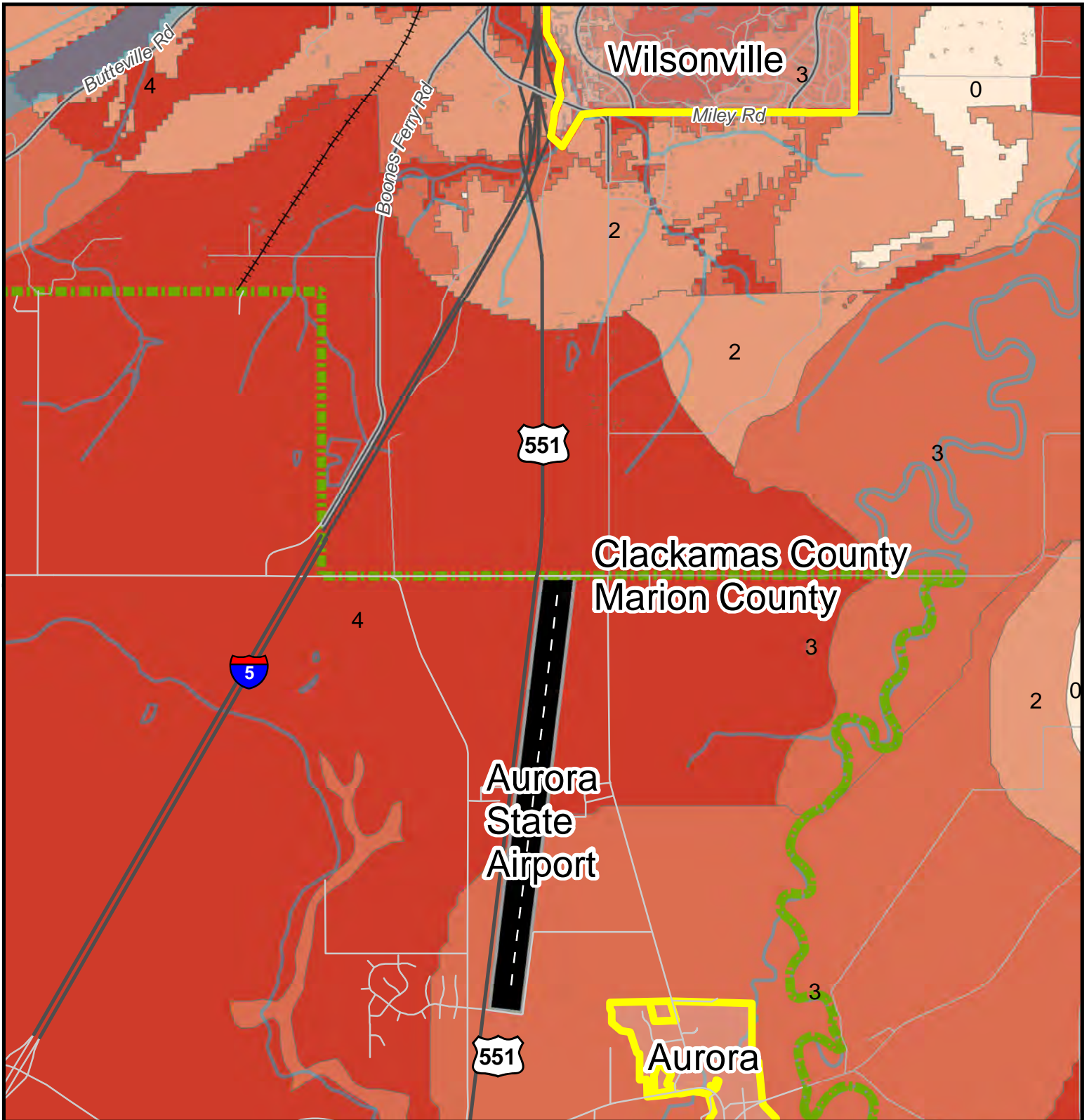
## Oregon Transportation Resiliency Status

**\*Key to the Table**

<i>TARGETS TO ACHIEVE DIFFERENT LEVELS OF RECOVERY:</i>										
<b>Minimal:</b> (A minimum level of service is restored, primarily for the use of emergency responders, repair crews, and vehicles transporting food and other critical supplies.)										<b>R</b>
<b>Functional:</b> (Although service is not yet restored to full capacity, it is sufficient to get the economy moving again— e.g. some truck/freight traffic can be accommodated. There may be fewer lanes in use, some weight restrictions, and lower speed limits.)										<b>Y</b>
<b>Operational:</b> (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.)										<b>G</b>
ESTIMATED TIME FOR RECOVERY TO <b>60%</b> OPERATIONAL GIVEN CURRENT CONDITIONS:										<b>S</b>
ESTIMATED TIME FOR RECOVERY TO <b>90%</b> OPERATIONAL GIVEN CURRENT CONDITIONS:										<b>X</b>
Comparison of Target States and Estimated Time for Recovery										
<i>Infrastructure Facilities</i>	<i>Event Occurs</i>	<i>0 – 24 hours</i>	<i>1 – 3 days</i>	<i>3 – 7 days</i>	<i>1 – 4 weeks</i>	<i>1 – 3 months</i>	<i>3 – 6 months</i>	<i>6 – 12 months</i>	<i>1 – 3 years</i>	<i>3+ years</i>
<b>Central Oregon Zone</b>										
<b>► OREGON STATE HIGHWAY SYSTEM</b>										
<b>State Highway System - Tier 1 SLR <sup>1)</sup></b>										
Roadways			R	Y	G			S	X	
Bridges			R	Y	G/S		X			
Landslides			R	Y	G			S	X	
<b>State Highway System - Tier 2 SLR</b>										
Roadways			R		Y	G			S	X
Bridges			R		Y	G/S		X		
Landslides			R		Y	G		S	X	
<b>State Highway System - Tier 3 SLR</b>										
Roadways				R		Y	G		S	X
Bridges				R		Y	G/S		X	
Landslides				R		Y	G		S	X
<b>State Highway System - Other Routes</b>										
Roadways					R		Y	G	S	X
Bridges					R		Y	G	S	X
Landslides					R		Y	G	S	X
<b>► AIRPORTS &amp; AIR TRANSPORTATION</b>										
<b>Tier I - Oregon Airports System</b>										
Redmond Municipal Roberts Field Airport - FEMA		R	S		Y	G	X			
Klamath Falls Airport		R	S		Y	G	X			
<b>FAA Facility</b>										
			R	Y	G					
<b>► OREGON RAIL TRANSPORTATION</b>										
<b>UPRR</b>										
CA/OR State Line to Bieber Line Jct. (Klamath Falls)			Y	G	S	X				

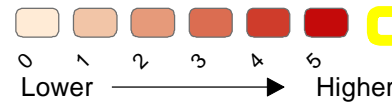
<i>Infrastructure Facilities</i>	<i>Event Occurs</i>	<i>0 – 24 hours</i>	<i>1 – 3 days</i>	<i>3 – 7 days</i>	<i>1 – 4 weeks</i>	<i>1 – 3 months</i>	<i>3 – 6 months</i>	<i>6 – 12 months</i>	<i>1 – 3 years</i>	<i>3+ years</i>
Bieber Ln Jct. (Klamath Falls) to Chemult (Shared Chemult to Eugene)			Y	G	S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





The City of Wilsonville, Oregon  
Clackamas and Washington Counties

**Liquefaction Susceptibility**



- County Boundary
- City Limits

**Aurora State Airport Area Earthquake Liquefaction Susceptibility**



M:\projects\2018\100918\_Liq\Liq.mxd

*Summary: This map shows liquefaction 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 and Mineral Industries. The scenario maps were prepared for the Oregon Seismic 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".*



**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**

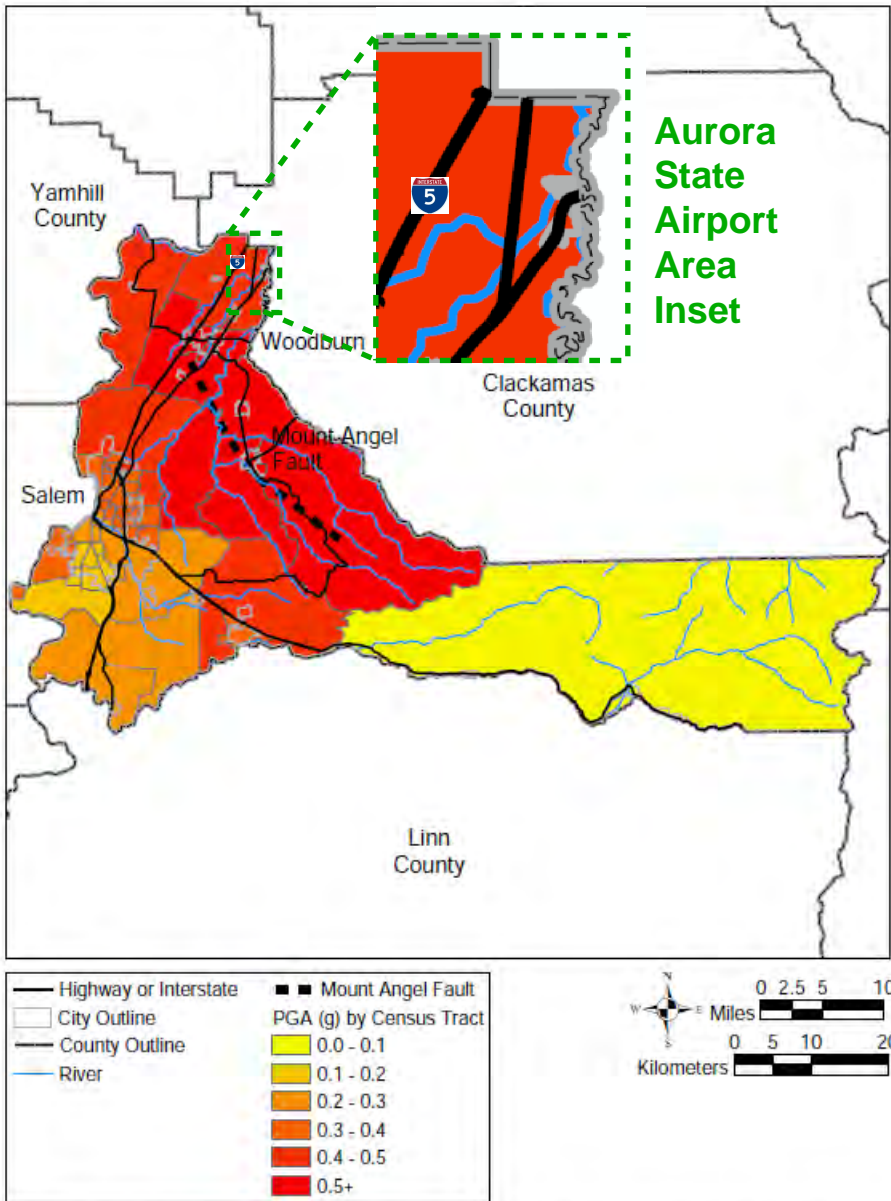
## CRUSTAL EARTHQUAKE SCENARIO DETAILS FOR MARION COUNTY

**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	-122.83
Latitude 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

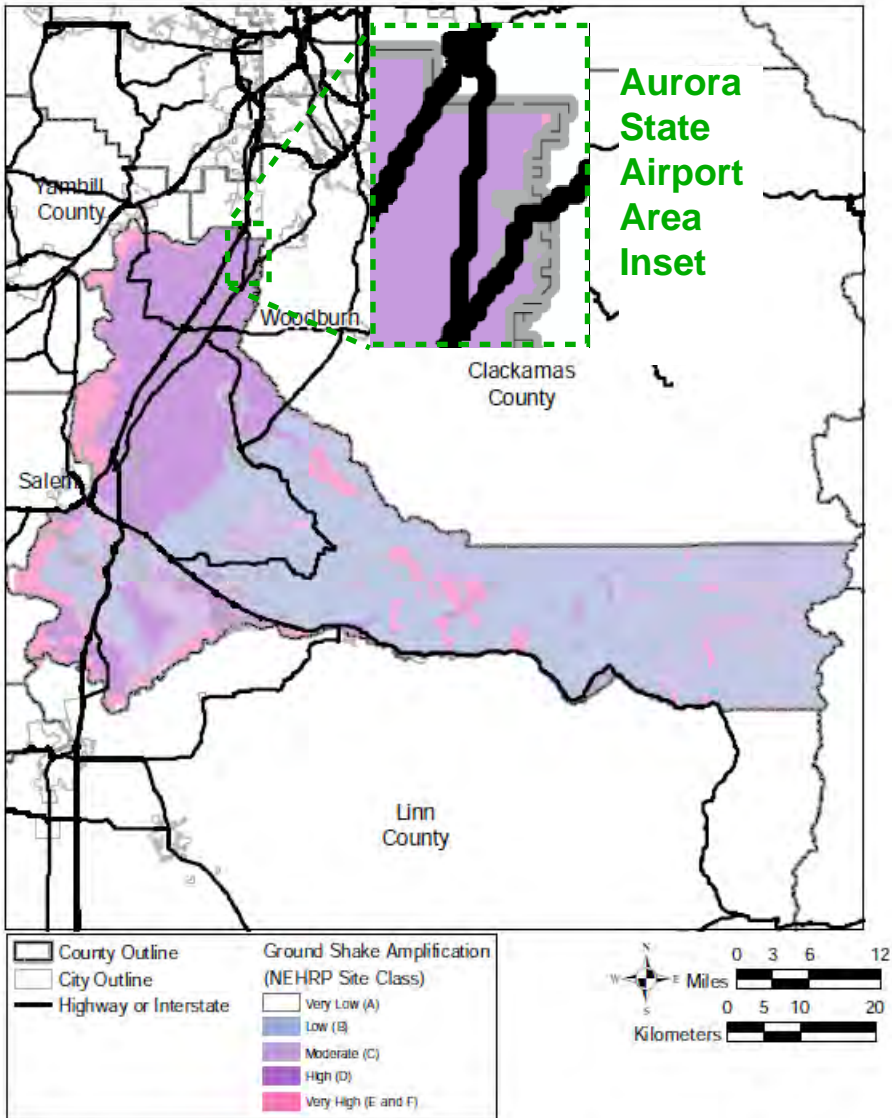






Figure E5. Relative ground-shaking amplification susceptibility map for Marion County, Oregon.



## Relative Amplification Hazard Map

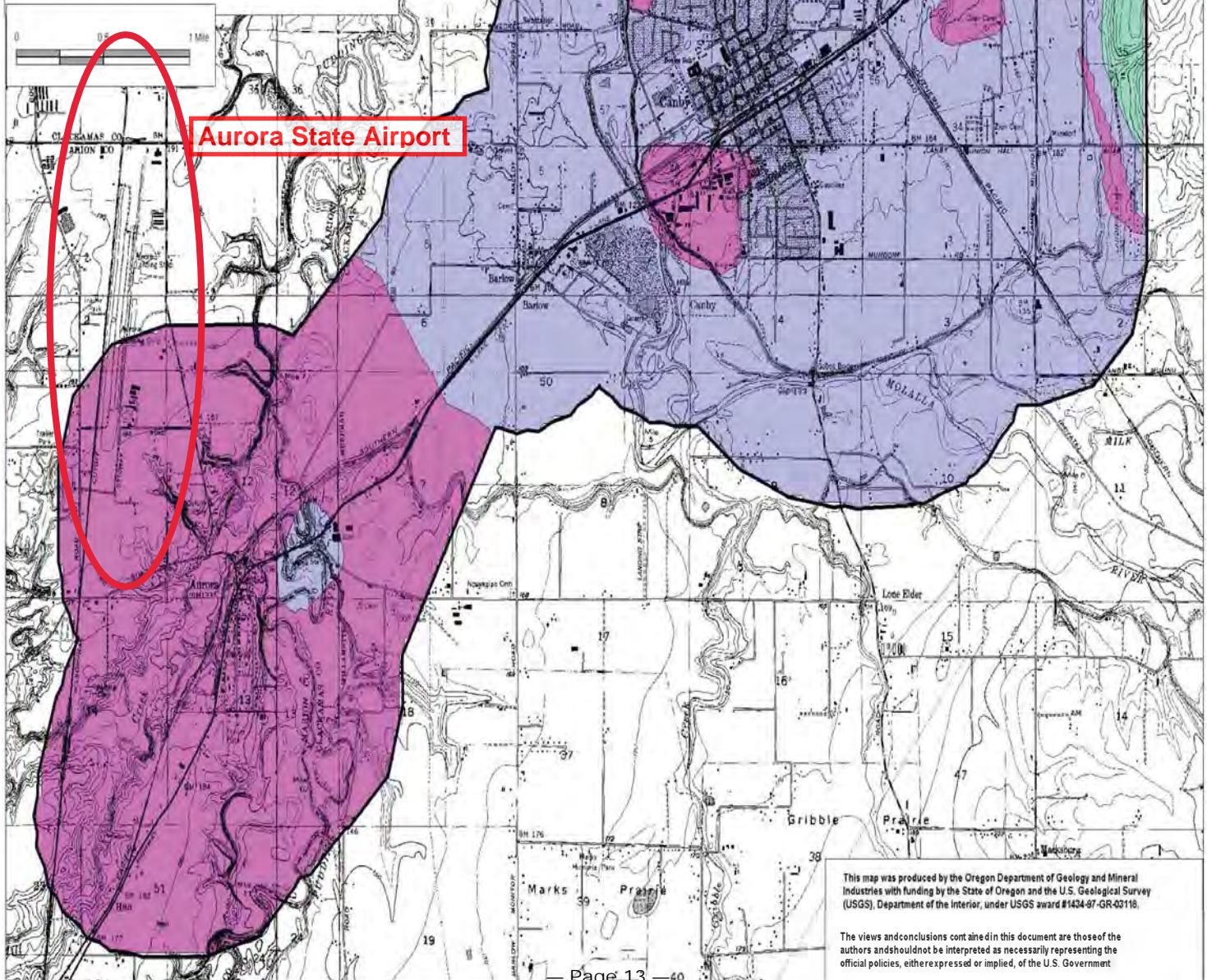
Hazard zones are based on the degree to which ground shaking from a given earthquake is likely to be amplified.

-  Highest amplification hazard (UBC soil type E)
-  Medium amplification hazard (UBC soil type D)
-  Low amplification hazard (UBC soil type C)
-  No amplification hazard (UBC soil type B)

See the accompanying text for an explanation of how these zones were defined and what the various levels of hazard mean.

### IMPORTANT NOTICE

This map depicts only amplification hazard zones that are based on limited geologic and geophysical data as described in the accompanying report. At any given site in the map area, the maps for other types of hazards may show different hazard levels and need to be taken into consideration along with this map. This map cannot replace site-specific investigations. Some appropriate uses are discussed in the accompanying report.








### Canby-Barlow-Aurora Urban Area

By Ian P. Madin and Zhenming Wang

CANBY-BARLOW-AURORA

#### Relative Earthquake Hazard Map

Hazard zones are based on the combined effects of ground shaking amplification, liquefaction, and earthquake-induced landsliding.

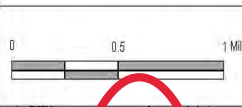
-  Zone A -- Highest hazard
-  Zone B -- Intermediate to high hazard
-  Zone C -- Low to intermediate hazard
-  Zone D -- Lowest hazard

See the accompanying text for an explanation of how these zones were defined and what the various levels of hazard mean.

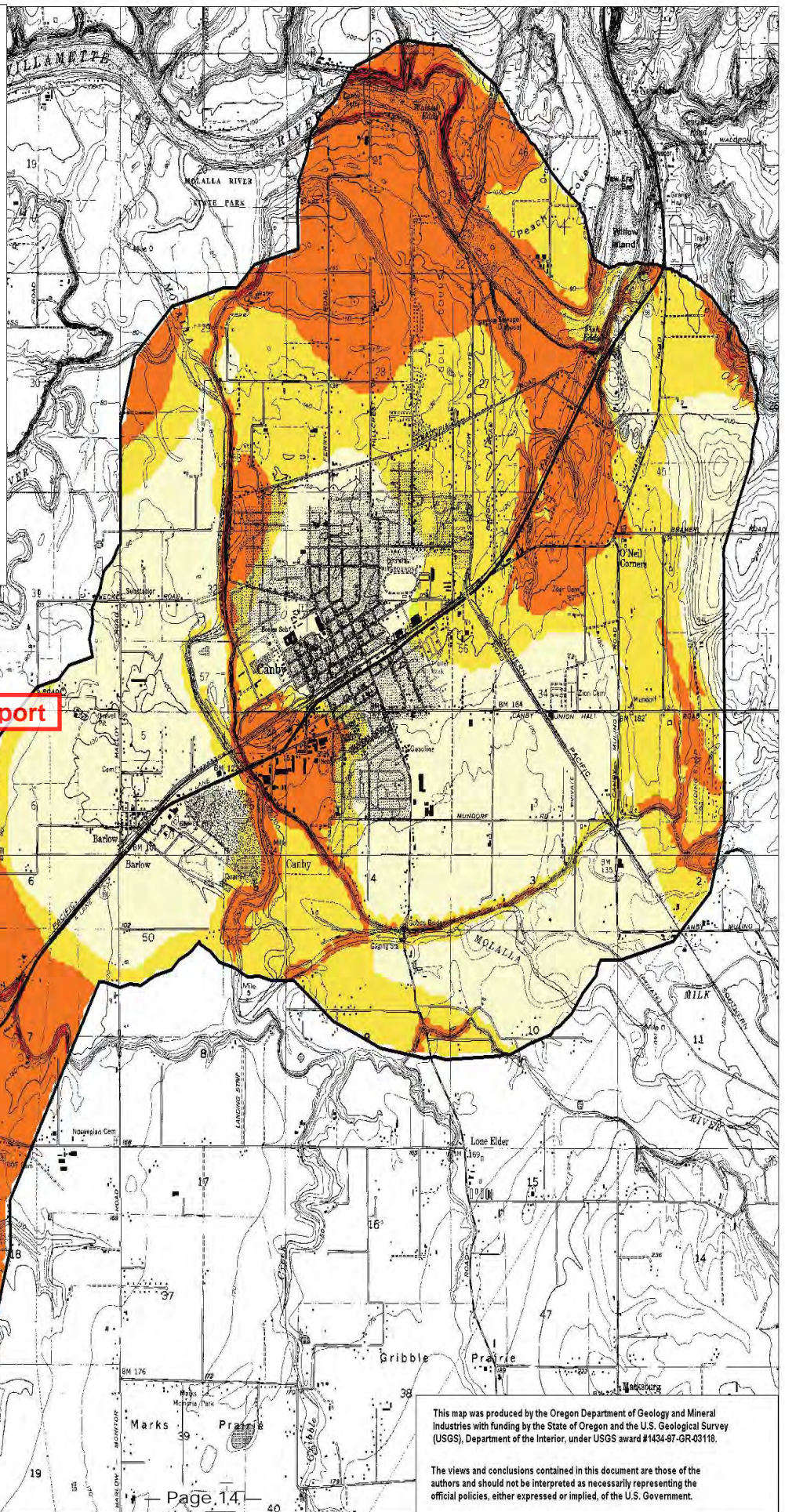
#### IMPORTANT NOTICE

This map depicts earthquake hazard zones that are the result of combining the maps of individual hazards and are based on limited geologic and geophysical data. These hazards and data are described in the accompanying report. At any given site in the map area, site-specific data could give results that differ from those shown on this map. This map cannot replace site-specific investigations. Some appropriate uses are discussed in the accompanying report.

This map shows areas that are relatively more or less hazardous due to local geological conditions within a community. For a complete understanding of the earthquake hazard, see also GMS-100, Earthquake Hazard Maps for Oregon.



**Aurora State Airport**



This map was produced by the Oregon Department of Geology and Mineral Industries with funding by the State of Oregon and the U.S. Geological Survey (USGS), Department of the Interior, under USGS award #1434-97-GR-0318.

The views and conclusions contained in this document are those of the authors and should not be interpreted as necessarily representing the official policies, either expressed or implied, of the U.S. Government.



## Relative Hazard Map of Earthquake-Induced Landslides

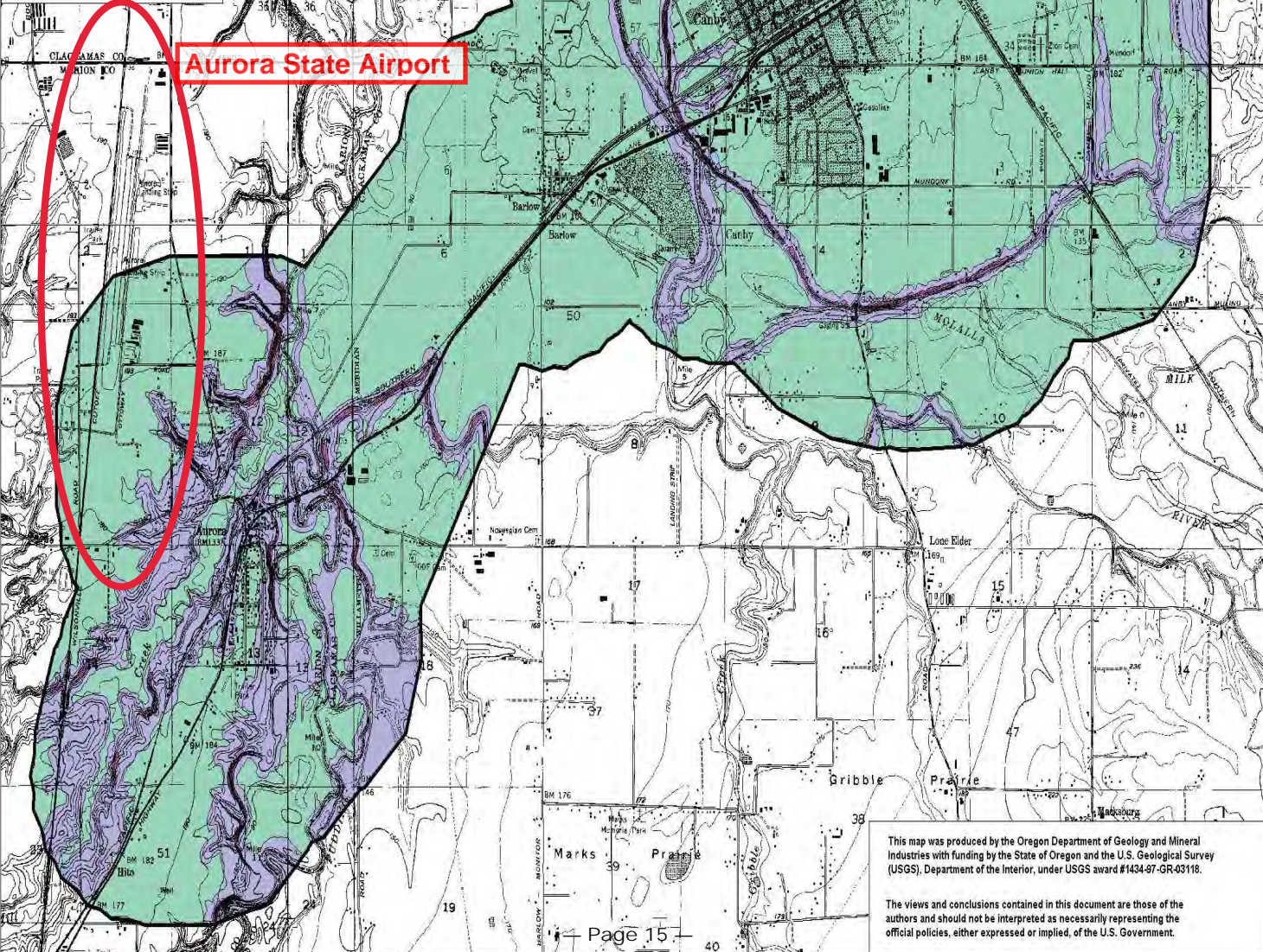
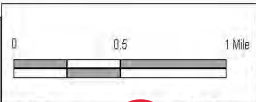
Hazard zones are based on the possibility that a given earthquake will trigger landslides.

-  High landslide hazard
-  Medium landslide hazard
-  Low landslide hazard

See the accompanying text for an explanation of how these zones were defined and what the various levels of hazard mean.

### IMPORTANT NOTICE

This map depicts only landslide hazard zones that are based on limited geologic and geophysical data as described in the accompanying report. At any given site in the map area, the maps for other types of hazards may show different hazard levels and need to be taken into consideration along with this map. This map cannot replace site-specific investigations. Some appropriate uses are discussed in the accompanying report.



This map was produced by the Oregon Department of Geology and Mineral Industries with funding by the State of Oregon and the U.S. Geological Survey (USGS), Department of the Interior, under USGS award #1434-87-GR-03118.

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### Relative Liquefaction Hazard Map

Hazard zones are based on the likelihood that liquefaction will occur in a given earthquake.

- Highest liquefaction hazard
- Medium liquefaction hazard
- Low liquefaction hazard
- No liquefaction hazard

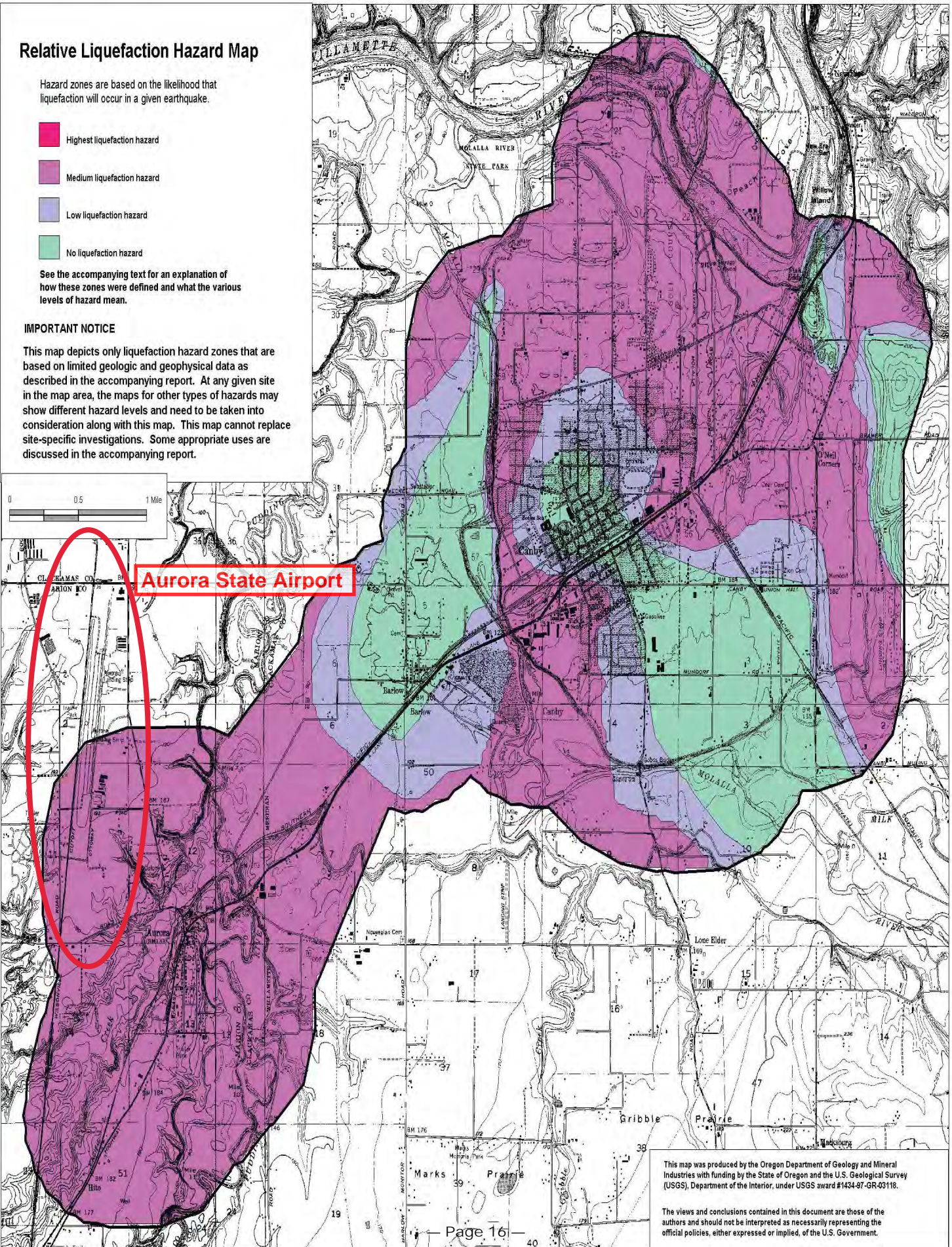
See the accompanying text for an explanation of how these zones were defined and what the various levels of hazard mean.

#### IMPORTANT NOTICE

This map depicts only liquefaction hazard zones that are based on limited geologic and geophysical data as described in the accompanying report. At any given site in the map area, the maps for other types of hazards may show different hazard levels and need to be taken into consideration along with this map. This map cannot replace site-specific investigations. Some appropriate uses are discussed in the accompanying report.



**Aurora State Airport**



This map was produced by the Oregon Department of Geology and Mineral Industries with funding by the State of Oregon and the U.S. Geological Survey (USGS), Department of the Interior, under USGS award #1434-87-GR-03118.

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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.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150

# 2020

Open to  
Public  
Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

Number and street (or P. O. box, if mail is not delivered to street address) 14497 KEIL ROAD NE	Room/suite
City or town, state or province, country, and ZIP or foreign postal code AURORA, OR 97002	

**D** Employer identification number  
83-1468040

**E** Telephone number  
(503) 519-6059

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) ◀ (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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 163,306

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

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	163,306
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b>	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	163,306	

Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	166,506
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	166,506	

Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-3,200
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	5,292
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	2,092	

Part II Balance Sheets (see the instructions for Part II)

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

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

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

What is the organization's primary exempt purpose? Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers.2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb

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

28 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; (Grants \$ ) If this amount includes foreign grants, check here

29 (Grants \$ ) If this amount includes foreign grants, check here

30 (Grants \$ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

29a

30a

31a

32

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

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include BRUCE BENNETT (President), TONY HELBLING (Secretary), and JOSH LEWIS (Treasurer).

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

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

Table with 3 columns: Question number, Yes, No. Rows correspond to questions 33 and 34.



**35a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** 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. **37a**

**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:

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

**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**

**c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

**d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

**41** List the states with which a copy of this return is filed.

**42a** The organization's books are in care of TONY HELBLING Telephone no. (503) 519-6059

Located at 14497 KEIL ROAD NE AURORA, OR ZIP + 4 97002

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

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).

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

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

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

**c** 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? If "No," provide an explanation in Schedule O **44d**

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** 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-EZ** (2020)

**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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52. and complete the tables for lines 50 and 51. — Page 19 —

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

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

(a) Name and 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** 2021-05-28  
Date  
 \_\_\_\_\_  
 Signature of officer  
 TONY HELBLING Secretary  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEREMY GINGERICH	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413165
	Firm's name ▶ Wilcox Arredondo & Co			Firm's EIN ▶ 93-1303013	
	Firm's address ▶ 190 North Douglas Canby, OR 97013			Phone no. (503) 266-7545	

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

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

**Form 990-EZ, Special Condition Description:**

Special Condition Description

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
14497 KEIL ROAD NE

City or town, state or province, country, and ZIP or foreign postal code  
AURORA, OR 97002

**D** Employer identification number  
83-1468040

**E** Telephone number  
(503) 519-6059

**G** Gross receipts \$ **305,270**

**F** Name and address of principal officer:  
14497 KEIL ROAD NE  
AURORA, OR 97002

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2017 **M** State of legal domicile: OR

Part I **Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; 1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers. 2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb			
	<b>2</b> Check this box <input type="checkbox"/>			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>2</b>	2
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>	12
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	305,270
	<b>9</b> Program service revenue (Part VIII, line 2g)			0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			305,270
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				307,033
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				307,033
<b>19</b> Revenue less expenses. Subtract line 18 from line 12			-1,763	
<b>Assets or Liabilities</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	2,092
	<b>21</b> Total liabilities (Part X, line 26)			329

<b>Net Fund</b>	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	2,092	329
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**Part II Signature Block**

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

**Sign Here** Signature of officer \_\_\_\_\_ Date 2022-06-22  
 TONY HELBLING Secretary \_\_\_\_\_  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413165
	Firm's name ▶ WILCOX ARREDONDO & CO				Firm's EIN ▶ 93-1303013
	Firm's address ▶ PO BOX 1008 CANBY, OR 97013				Phone no. (503) 266-7545

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2021)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . .

**1** Briefly describe the organization's mission:  
 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; 1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers. 2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  **Yes**  **No**  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  **Yes**  **No**  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**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 ▶**

Part IV **Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🗺️ . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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, Part I</i> . . . . .		No
<b>7</b> 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> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> 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> . . . . .		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> 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> . . . . .		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> 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> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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> . . . . .		No
<b>15</b> 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 "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, line 7? <i>If "Yes," complete Schedule F, Part V</i> . . . . .		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.* . . . .
- 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.* . . . .
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H.* . . . .
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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.* . . . .

<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No

Form 990 (2021)

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . .		No
<b>23</b> 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> . . . .		No
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . .		
<b>b</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> . . . .		
<b>26</b> 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> . . . .		No
<b>27</b> 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, Part III.</i> . . . .		No
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> . . . .		No
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> . . . .		No
<b>c</b> 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> . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . .		No
<b>32</b> 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> . . . .		No
<b>33</b> 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> . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . .		

<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	Yes	

**Part V 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
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No

Form 990 (2021)

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<b>2a</b>	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>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			No
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			

<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b> 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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> 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.	<b>17</b>		

Form 990 (2021)

Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . 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>1a</b>	2	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	0	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> 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? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>		No
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		No
<b>9</b> 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 . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> 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? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>		No
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>		No
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>		No

<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	No
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶ TONY HELBLING 14497 KEIL ROAD NE AURORA, OR 97002 (503) 519-6059

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE BENNETT ..... President	1.00 ..... 0.00			X				0	0	0
(2) TONY HELBLING ..... Secretary	1.00 ..... 0.00			X				0	0	0



		<b>3</b>	NO
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	<b>5</b>	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Form **990** (2021)

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .				
<b>1b</b> Contributions, Gifts, Grants, and Membership dues . . . . .				
<b>1c</b> OtherAmt Similar Fundraising events . . . . .				
<b>1d</b> Related organizations . . . . .				
<b>1e</b> Government grants (contributions) . . . . .				
<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	305,270			
<b>1g</b> Noncash contributions included in lines 1a - 1f: \$ . . . . .				
<b>h Total.</b> Add lines 1a-1f . . . . . ▶	305,270			

	Business Code			
<b>2a</b> Program Service Revenue				
<b>f</b> All other program service revenue . . . . .				
<b>9 Total.</b> Add lines 2a-2f. . . . . ▶				0

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	0			
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶	0			



Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties		0		
		(i) Real	(ii) Personal		
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Rental income or (loss)	<b>6c</b>			
<b>d</b>	Net rental income or (loss)		0		
		(i) Securities	(ii) Other		
<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>			
<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>			
<b>c</b>	Gain or (loss)	<b>7c</b>			
<b>d</b>	Net gain or (loss)		0		
<b>Other Revenue</b>	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		
	<b>b</b>	Less: direct expenses	<b>8b</b>		
	<b>c</b>	Net income or (loss) from fundraising events		0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		
	<b>b</b>	Less: direct expenses	<b>9b</b>		
	<b>c</b>	Net income or (loss) from gaming activities		0	
	<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b>	Less: cost of goods sold	<b>10b</b>		
	<b>c</b>	Net income or (loss) from sales of inventory		0	
	<b>11a</b>	Miscellaneous Revenue	Business Code		
	<b>b</b>				
	<b>c</b>				
	<b>d</b>	All other revenue			
	<b>e</b>	Total. Add lines 11a-11d		0	
<b>12</b>	Total revenue. See instructions			305,270	

<b>Part IX Statement of Functional Expenses</b>				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign	0			

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	0			
5 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):				
a Management	0			
b Legal	302,851	302,851		
c Accounting	610		610	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f 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			
12 Advertising and promotion	3,572		3,572	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 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.)				
a				
b				
c				
d				
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Beginning of year		(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
4 Accounts receivable, net		4	0

<b>Assets</b>	4	Accounts receivable, net . . . . .		4	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 . . . . .		5	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) . . . . .		6	0	
	7	Notes and loans receivable, net . . . . .		7	0	
	8	Inventories for sale or use . . . . .		8	0	
	9	Prepaid expenses and deferred charges . . . . .		9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b	10c	0	
	11	Investments—publicly traded securities . . . . .		11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .		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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		2,092	16	329
	<b>Liabilities</b>	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 . . . . .		22		
23		Secured mortgages and notes payable to unrelated third parties . . . . .		23		
24		Unsecured notes and loans payable to unrelated third parties . . . . .		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		<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0	26	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions . . . . .	2,092	27	329	
	28	Net assets with donor restrictions . . . . .		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	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		31		
	32	<b>Total net assets or fund balances . . . . .</b>	2,092	32	329	
33	<b>Total liabilities and net assets/fund balances . . . . .</b>	2,092	33	329		

Form 990 (2021)

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

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	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	329

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 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?  
 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?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>		No
<b>2c</b>		
<b>3a</b>		No
<b>3b</b>		

Form **990** (2021)

Form 990 (2021)

**Additional Data**

[Return to Form](#)

Software ID: 21013475



Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
14497 KEIL ROAD NE

City or town, state or province, country, and ZIP or foreign postal code  
AURORA, OR 97002

**D** Employer identification number  
83-1468040

**E** Telephone number  
(503) 519-6059

**G** Gross receipts \$ **305,270**

**F** Name and address of principal officer:  
14497 KEIL ROAD NE  
AURORA, OR 97002

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)(6) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ N/A

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2017 **M** State of legal domicile: OR

Part I **Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; 1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers. 2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb			
	<b>2</b> Check this box <input type="checkbox"/>			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>2</b>	2
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>0</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>	12
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>	305,270
	<b>9</b> Program service revenue (Part VIII, line 2g)			0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			305,270
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				307,033
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				307,033
<b>19</b> Revenue less expenses. Subtract line 18 from line 12			-1,763	
<b>Assets or Liabilities</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>	2,092
	<b>21</b> Total liabilities (Part X, line 26)			329

<b>Net Fund</b>	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	2,092	329
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**Part II Signature Block**

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

**Sign Here** Signature of officer \_\_\_\_\_ Date 2022-06-22  
 TONY HELBLING Secretary \_\_\_\_\_  
 Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413165
	Firm's name ▶ WILCOX ARREDONDO & CO				Firm's EIN ▶ 93-1303013
	Firm's address ▶ PO BOX 1008 CANBY, OR 97013				Phone no. (503) 266-7545

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  **Yes**  **No**  
**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2021)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . .

**1** Briefly describe the organization's mission:  
 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; 1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers. 2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .  **Yes**  **No**  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .  **Yes**  **No**  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;


**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**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**

Part IV **Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.  . . . . .	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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, Part I</i> . . . . .		No
<b>7</b> 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> . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> 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> . . . . .		No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> 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> . . . . .		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> 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> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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> . . . . .		No
<b>15</b> 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 "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, line 7? <i>If "Yes," complete Schedule F, Part V</i> . . . . .		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.* . . . . .
- 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.* . . . . .
- 20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H.* . . . . .
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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.* . . . . .

<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		
<b>21</b>		No

Form 990 (2021)

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		No
<b>23</b> 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> . . . . .		No
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		
<b>b</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> . . . . .		
<b>26</b> 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> . . . . .		No
<b>27</b> 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, Part III.</i> . . . . .		No
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		No
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		No
<b>c</b> 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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> 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> . . . . .		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		

<b>37</b>	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>	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	Yes	

**Part V 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
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No

Form 990 (2021)

**Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)**

<b>2a</b>	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>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	<b>3b</b>			
<b>4a</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)?	<b>4a</b>			No
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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>6a</b>			No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			



<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		
<b>15</b> 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? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		No
<b>17 Section 501(c)(21) organizations.</b> 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.	<b>17</b>		

Form 990 (2021)

Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . 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>1a</b>	2	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b>	0	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> 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? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b> 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? . . . . .	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>		No
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		No
<b>9</b> 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 . . . . .	<b>9</b>		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> 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? . . . . .	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>		No
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>		No
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>		
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<b>12c</b>		
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>		No

<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	No
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	No
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ \_\_\_\_\_
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website    Another's website    Upon request    Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
▶ TONY HELBLING 14497 KEIL ROAD NE AURORA, OR 97002 (503) 519-6059

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE BENNETT ..... President	1.00 ..... 0.00			X				0	0	0
(2) TONY HELBLING ..... Secretary	1.00 ..... 0.00			X				0	0	0





Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties		0		
		(i) Real	(ii) Personal		
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less: rental expenses	<b>6b</b>			
<b>c</b>	Rental income or (loss)	<b>6c</b>			
<b>d</b>	Net rental income or (loss)		0		
		(i) Securities	(ii) Other		
<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>			
<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>			
<b>c</b>	Gain or (loss)	<b>7c</b>			
<b>d</b>	Net gain or (loss)		0		
<b>Other Revenue</b>	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		
	<b>8b</b>	Less: direct expenses	<b>8b</b>		
	<b>c</b>	Net income or (loss) from fundraising events		0	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		
	<b>9b</b>	Less: direct expenses	<b>9b</b>		
<b>c</b>	Net income or (loss) from gaming activities		0		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less: cost of goods sold	<b>10b</b>			
<b>c</b>	Net income or (loss) from sales of inventory		0		
<b>11a</b>		Miscellaneous Revenue	Business Code		
<b>b</b>					
<b>c</b>					
<b>d</b>	All other revenue				
<b>e</b>	Total. Add lines 11a-11d		0		
<b>12</b>	Total revenue. See instructions		305,270		

<b>Part IX Statement of Functional Expenses</b>				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign	0			



3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members	0			
5 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):				
a Management	0			
b Legal	302,851	302,851		
c Accounting	610		610	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f 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			
12 Advertising and promotion	3,572		3,572	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 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.)				
a				
b				
c				
d				
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Beginning of year		(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
4 Accounts receivable, net		4	0

<b>Assets</b>	4	Accounts receivable, net . . . . .		4	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 . . . . .		5	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) . . . . .		6	0	
	7	Notes and loans receivable, net . . . . .		7	0	
	8	Inventories for sale or use . . . . .		8	0	
	9	Prepaid expenses and deferred charges . . . . .		9	0	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c 0	
	11	Investments—publicly traded securities . . . . .		11	0	
	12	Investments—other securities. See Part IV, line 11 . . . . .		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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		2,092	16 329	
	<b>Liabilities</b>	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 . . . . .		22		
23		Secured mortgages and notes payable to unrelated third parties . . . . .		23		
24		Unsecured notes and loans payable to unrelated third parties . . . . .		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		<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0	26 0	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions . . . . .		2,092	27 329	
	28	Net assets with donor restrictions . . . . .			28	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	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			31	
	32	<b>Total net assets or fund balances . . . . .</b>		2,092	32 329	
33	<b>Total liabilities and net assets/fund balances . . . . .</b>		2,092	33 329		

Form 990 (2021)

Part XI **Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

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	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	329

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 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?  
 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?  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** 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?
- 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.

	Yes	No
<b>2a</b>		No
<b>2b</b>		No
<b>2c</b>		
<b>3a</b>		No
<b>3b</b>		

Form **990** (2021)

Form 990 (2021)

**Additional Data**

[Return to Form](#)

**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.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to  
Public  
Inspection

**A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

Number and street (or P. O. box, if mail is not delivered to street address)	Room/suite
14497 KEIL ROAD NE	
City or town, state or province, country, and ZIP or foreign postal code	
AURORA, OR 97002	

**D** Employer identification number  
83-1468040

**E** Telephone number  
(503) 519-6059

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**H** Check  required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) ◀ (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) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 2,815

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

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	2,815
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	0	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	2,815	

Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,355
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	1,355	

Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	1,460
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	329
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	1,789



Part II Balance Sheets (see the instructions for Part II)

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

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

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

What is the organization's primary exempt purpose? Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers.2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb

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

28 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association; (Grants \$ ) If this amount includes foreign grants, check here

29 (Grants \$ ) If this amount includes foreign grants, check here

30 (Grants \$ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

29a

30a

31a

32

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

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include BRUCE BENNETT (President) and TONY HELBLING (Secretary).

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

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

Table with 3 columns: Question number, Yes, No. Rows include 33 Did the organization engage in any significant activity not previously reported to the IRS? and 34 Were any significant changes made to the organizing or governing documents?

**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. **37a** \_\_\_\_\_

**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:

**a** Initiation fees and capital contributions included on line 9 **39a** \_\_\_\_\_

**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**

**c** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

**d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

**41** List the states with which a copy of this return is filed. \_\_\_\_\_

**42a** The organization's books are in care of TONY HELBLING Telephone no. (503) 519-6059

Located at 14497 KEIL ROAD NE AURORA, OR ZIP + 4 97002

	Yes	No
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">_____</span>	<b>42b</b>	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>c</b> 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: <span style="float:right">_____</span>	<b>42c</b>	No

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

	Yes	No
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	No
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	No

Form **990-EZ** (2022)

	Yes	No
<b>46</b> 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.	<b>46</b>	No

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52. and complete the tables for lines 50 and 51.  
 — Page 50 —

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		

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

(a) Name and 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** 2024-11-15  
Date  
 Signature of officer \_\_\_\_\_  
 TONY HELBLING Secretary  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name JEREMY GINGERICH	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413165
Firm's name ▶ WILCOX ARREDONDO & CO			Firm's EIN ▶ 93-1303013	
Firm's address ▶ PO BOX 1008 CANBY, OR 97013			Phone no. (503) 266-7545	

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

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

**Form 990-EZ, Special Condition Description:**

Special Condition Description
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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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: AURORA AIRPORT IMPROVEMENT ASSOCIATION. Number and street: 14497 KEIL ROAD NE. City or town: AURORA, OR 97002

D Employer identification number: 83-1468040. E Telephone number: (503) 519-6059. F Group Exemption Number

G Accounting Method: Cash (checked), Accrual, Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A. J Tax-exempt status: 501(c)(6) (checked)

K Form of organization: Corporation (checked), 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

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

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

Table with 9 rows for Revenue. Line 1: Contributions, gifts, grants, and similar amounts received. Line 2: Program service revenue including government fees and contracts. Line 3: Membership dues and assessments. Line 4: Investment income. Line 5a: Gross amount from sale of assets other than inventory. Line 5b: Less: cost or other basis and sales expenses. Line 5c: Gain or (loss) from sale of assets other than inventory. Line 6: Gaming and fundraising events. Line 6a: Gross income from gaming. Line 6b: Gross income from fundraising events. Line 6c: Less: direct expenses from gaming and fundraising events. Line 6d: Net income or (loss) from gaming and fundraising events. Line 7a: Gross sales of inventory, less returns and allowances. Line 7b: Less: cost of goods sold. Line 7c: Gross profit or (loss) from sales of inventory. Line 8: Other revenue. Line 9: Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Total revenue: 0.

Table with 7 rows for Expenses. Line 10: Grants and similar amounts paid. Line 11: Benefits paid to or for members. Line 12: Salaries, other compensation, and employee benefits. Line 13: Professional fees and other payments to independent contractors. Line 14: Occupancy, rent, utilities, and maintenance. Line 15: Printing, publications, postage, and shipping. Line 16: Other expenses. Line 17: Total expenses. Add lines 10 through 16.

Table with 4 rows for Net Assets. Line 18: Excess or (deficit) for the year. Line 19: Net assets or fund balances at beginning of year. Line 20: Other changes in net assets or fund balances. Line 21: Net assets or fund balances at end of year. Total: 1,789.

Part II Balance Sheets (see the instructions for Part II)

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

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

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

What is the organization's primary exempt purpose? Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;1. Approximately 50% of our time and resources - Work with State, County and surrounding community officials to promote the safe and efficient operation of business and aviation operations at Aurora State Airport. This work is ongoing and conducted as duties of the board members and association members, all of which are volunteers.2. Approximately 50% of our 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 associated with maintenance of existing runway and taxiways as well as the improvement of same to include extension of the runway. This work is ongoing and conducted as duties of the board memb

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

28 Further the economic improvement of business and aviation activities associated with Aurora State Airport in the interest of business and property owning members of the association;

(Grants \$ ) If this amount includes foreign grants, check here

29 (Grants \$ ) If this amount includes foreign grants, check here

30 (Grants \$ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a

29a

30a

31a

32

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

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

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include BRUCE BENNETT (President) and TONY HELBLING (Secretary).

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

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

Table with 3 columns: Question, Yes, No. Rows include: 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.

**35a** Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **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. **37a**

**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:

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

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

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

**b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I **40b**

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

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

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T **40e** No

**41** List the states with which a copy of this return is filed.

**42a** The organization's books are in care of TONY HELBLING Telephone no. (503) 519-6059

Located at 14497 KEIL ROAD NE AURORA, OR ZIP + 4 97002

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

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).

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

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

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

**c** 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? If "No," provide an explanation in Schedule O **44d**

**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** 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-EZ** (2023)

**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

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47- 49b and 52. and complete the tables for lines 50 and 51. — Page 55 —

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

	Yes	No
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .		

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

(a) Name and 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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .  Yes  No

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

**Sign Here** 2024-11-15  
Date  
 \_\_\_\_\_  
 Signature of officer  
 TONY HELBLING Secretary  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name JEREMY GINGERICH	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01413165
Firm's name ▶ WILCOX ARREDONDO & CO			Firm's EIN ▶ 93-1303013	
Firm's address ▶ PO BOX 1008 CANBY, OR 97013			Phone no. (503) 266-7545	

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

Form **990-EZ** (2023)



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

**Form 990-EZ, Special Condition Description:**

Special Condition Description

# AMENDED ANNUAL REPORT



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**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  
AURORA OR 97002 USA



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



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**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.

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 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**

DOMESTIC NONPROFIT CORPORATION

**PRIMARY PLACE OF BUSINESS**

14497 KEIL RD NE  
AURORA OR 97002 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

**ANTHONY ALAN HELBLING**

14497 KEIL RD NE  
AURORA OR 97002 USA

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

**PRESIDENT**

**BRUCE BENNETT**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**

**SECRETARY**

**ANTHONY HELBLING**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**

# REINSTATEMENT AMENDED



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Mar 25, 2022

**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 resolution is 02/24/2022.

The reason(s) for the administrative action that inactivated this business has been eliminated or

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**

03-24-2022



**REGISTRY NUMBER**

139074793

**REGISTRATION DATE**

12/29/2017

**BUSINESS NAME**

**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

**BUSINESS**

MUTUAL BENEFIT OF MEMBERS

**MAILING ADDRESS**

14497 KEIL RD NE  
AURORA OR 97002 USA

**TYPE**

DOMESTIC NONPROFIT CORPORATION

**PRIMARY PLACE OF BUSINESS**

14497 KEIL RD NE  
AURORA OR 97002 USA

**JURISDICTION**

OREGON

**REGISTERED AGENT**

**ANTHONY ALAN HELBLING**

14497 KEIL RD NE  
AURORA OR 97002 USA

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

**PRESIDENT**

**BRUCE BENNETT**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**

**SECRETARY**

**ANTHONY HELBLING**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**

# AMENDED ANNUAL REPORT



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Nov 14, 2022  
OREGON SECRETARY OF STATE

## REGISTRY NUMBER

139074793

## REGISTRATION DATE

12/29/2017

## BUSINESS NAME

**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

## BUSINESS

MUTUAL BENEFIT OF MEMBERS

## MAILING ADDRESS

14497 KEIL RD NE  
AURORA OR 97002 USA

## TYPE

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## PRIMARY PLACE OF BUSINESS

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## 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**  
**AURORA OR 97002 USA**





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**ELECTRONIC SIGNATURE**

**NAME**

ANTHONY ALAN HELBLING

**TITLE**

SECRETARY

**DATE**

11-14-2022

# AMENDED ANNUAL REPORT



Corporation Division  
[www.filinginoregon.com](http://www.filinginoregon.com)

**E-FILED**  
Nov 13, 2023  
OREGON SECRETARY OF STATE

## REGISTRY NUMBER

139074793

## REGISTRATION DATE

12/29/2017

## BUSINESS NAME

**AURORA AIRPORT IMPROVEMENT ASSOCIATION**

## BUSINESS

MUTUAL BENEFIT OF MEMBERS

## MAILING ADDRESS

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**BRUCE BENNETT**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**

## SECRETARY

**ANTHONY HELBLING**

**14497 KEIL RD NE**  
**AURORA OR 97002 USA**



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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**ELECTRONIC SIGNATURE**

**NAME**

ANTHONY ALAN HELBLING

**TITLE**

SECRETARY

**DATE**

11-13-2023

# AMENDED ANNUAL REPORT



Corporation Division  
[sos.oregon.gov/business](http://sos.oregon.gov/business)

**E-FILED**  
Nov 11, 2024  
**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

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## TYPE

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## PRESIDENT

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## SECRETARY

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**14497 KEIL RD NE**  
**AURORA OR 97002 USA**





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**ELECTRONIC SIGNATURE**

**NAME**

ANTHONY ALAN HELBLING

**TITLE**

PRESIDENT

**DATE**

11-11-2024