



**Testimony by City of Wilsonville Mayor Shawn O'Neil Opposing SR 2
and Supporting a Proposed SR 2-1:**

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

Scheduled for public hearing on April 16, 2025, before the Senate Committee On Rules

Chair Jama, Vice-Chair Bonham, and Members of the Committee:

I am testifying on behalf of the City of Wilsonville in strong opposition to SR 2 and in favor of a proposed dash-1 amendment, SR 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 onto prime farmland 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,” indicating the Aurora State Airport is not considered a priority for making emergency-response investments.**

Specifically lines 19-21 of SR 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 a geologically vulnerable 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 vested monetary interests in commercial operations at the Aurora State Airport.

The City appreciates your consideration and urges opposition to SR 2 and support for a proposed SR2-1 amendment. Thank you.



Shawn O'Neil, Mayor
City of Wilsonville

EXHIBITS:

- Page 3 SCR 2-1, 2/3/25, Proposed Amendments To Senate Concurrent Resolution 2, a model Dash-1 amendment for SR 2
- Page 7 **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”
 Geologic Maps demonstrating Earthquake Liquefaction Susceptibility and Earthquake Hazards of the Aurora State Airport Area:
- Page 12 • 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 13 • 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 15 ○ Crustal Earthquake Scenario Ground Motion Map
- Page 16 ○ Relative Ground-Shaking Amplification Susceptibility Map
 Oregon Department of Geology and Mineral Industries (DOGAMI) Relative Earthquake Hazard Maps Canby-Barlow-Aurora Urban Area
- Page 17 • Relative Amplification Hazard Map
- Page 18 • Relative Earthquake Hazard Map
- Page 19 • Relative Hazard Map of Earthquake-Induced Landslides
- Page 20 • Relative Liquefaction Hazard Map
- Pages 2020 – 2024 Federal Internal Revenue Service Form 990 Return of Organization
21-61 Exempt From Income Tax for Aurora Airport Improvement Association
- Pages 2019 – 2024 Oregon Secretary of State Corporation Division filings for Aurora Airport
62-73 Improvement Association

**A Model Dash-1
Amendment for SR 2**

SCR 2-1
(LC 3757)
2/3/25 (DJ/cfc/ps)

Requested by Senator WOODS

**PROPOSED AMENDMENTS TO
SENATE CONCURRENT RESOLUTION 2**

1 On page 1 of the printed concurrent resolution, delete lines 2 through 30.

2 On page 2, delete lines 1 through 23 and insert:

3 “Whereas Aurora State Airport, which is owned and operated by the
4 Oregon Department of Aviation in a rural area outside the City of Aurora,
5 maintains an airport emergency plan (AEP), a set of procedures for coordi-
6 nating responses to emergencies at the airport and in the surrounding com-
7 munity; and

8 “Whereas the AEP includes sections on communications, command and
9 control, alert notification and warning, emergency public information, pro-
10 tective actions, law enforcement and security, firefighting, search and rescue
11 and medical care; and

12 “Whereas based near Aurora State Airport are two of the nation’s largest
13 heavy-lift helicopter companies (Columbia Helicopters, Inc., and Helicopter
14 Transport Services), including not only each company’s fleet of helicopters
15 but also support services such as logistics, dispatch and maintenance; and

16 “Whereas Life Flight Network, the principal emergency air medical ser-
17 vice for the northwestern United States, has its regional headquarters in
18 Wilsonville and flight operations near Aurora State Airport; and

19 “Whereas the services of these three companies will be critical to the
20 people of the region following a disaster; and

21 “Whereas Aurora State Airport lacks any Transportation Security Ad-

1 ministration (TSA) facilities or other secured areas suitable for staging
2 emergency supplies, and there is also a lack of sufficient public water and
3 sewer facilities to support a sudden increase in activity during an emergency;
4 and

5 “Whereas geologic maps produced by the State Department of Geology
6 and Mineral Industries clearly show that the southern portion of Aurora
7 State Airport is subject to significant earthquake-related effects (liquefaction
8 and amplification), and that a moderate or severe earthquake would likely
9 render the runway and much of the airport unusable; and

10 “Whereas the Oregon Court of Appeals found that the purported 2012
11 Aurora State Airport Master Plan was never lawfully approved and adopted
12 by the State Aviation Board and that the airfield has ARC B-II status, with
13 a design capacity suitable for general aviation aircraft but too small for
14 corporate and commercial passenger or freight jets; and

15 “Whereas the Oregon Department of Aviation’s preferred alternative de-
16 sign in the pending master plan would expand the airfield at Aurora State
17 Airport to ARC C-II design standards, which would accommodate corporate
18 jets but not commercial passenger or freight jets; and

19 “Whereas an expansion of the airfield to ARC C-II status would require
20 moving State Highway 551 (OR-551), the acquisition of private properties,
21 including displacement of low-income housing and farms via condemnation,
22 and expansion of the airport onto exclusive farm use land, with a total es-
23 timated cost of \$184 million; and

24 “Whereas the state Department of Transportation has much more impor-
25 tant projects than moving OR-551 to accommodate a small number of private
26 jets at Aurora State Airport, which can easily instead use the existing run-
27 way and other facilities at the Salem-Willamette Valley Airport; and

28 “Whereas Aurora State Airport is one of only two state airports approved
29 for through-the-fence operations, which allow private aircraft based on pri-
30 vate property to operate as if they are based at the state airport, a re-

1 lationship that creates a natural conflict of interest between private owners
2 and developers next to an airport and the public interest in terms of general
3 aviation operations and emergency management; and

4 “Whereas Aurora State Airport is located within 25 miles of Salem-
5 Willamette Valley Airport, a much larger airport which already has an ARC
6 C-II airfield capable of supporting commercial passenger and freight jets, as
7 well as heavy military transport aircraft such as the C-5 Galaxy and C-130
8 Hercules; and

9 “Whereas Salem-Willamette Valley Airport also has TSA facilities and
10 large secured areas suitable for staging emergency supplies, but it has been
11 given only cursory analysis as an alternative to expanding Aurora State
12 Airport by the Oregon Department of Aviation and its master plan consult-
13 ants, which clearly prefer to support private developers at Aurora State
14 Airport; now, therefore,”.

15 Delete lines 25 through 28 and insert:

16 “That we, the members of the Eighty-third Legislative Assembly, recog-
17 nize that Aurora State Airport, and its nearby through-the-fence private
18 properties, should remain primarily a helicopter and drone airport to avoid
19 the extraordinary expense of expansion of the airfield to ARC C-II status,
20 which would still be inadequate for use by passenger or freight jets during
21 an emergency; and be it further

22 “Resolved, That we recognize that it would be significantly less expensive
23 and more in the public interest for the State of Oregon to acquire the private
24 properties near Aurora State Airport at a reasonable market price and con-
25 vert the airport into an emergency management hub that also supports gen-
26 eral aviation and refocuses the mission of the airport away from corporate
27 jets, thus resolving the longstanding conflict between the airport and the
28 immediately adjacent communities over the aspirations of the airport devel-
29 opers and better preparing for future emergency management needs while
30 also better aligning airport operations with the general public interest; and

1 be it further

2 “Resolved, That we strongly recommend that the Oregon Department of
3 Aviation and the State Aviation Board not adopt any plan for expansion of
4 Aurora State Airport until the airport and nearby through-the-fence proper-
5 ties have been annexed by the City of Aurora and connected to city water
6 and sewer services.”.

7

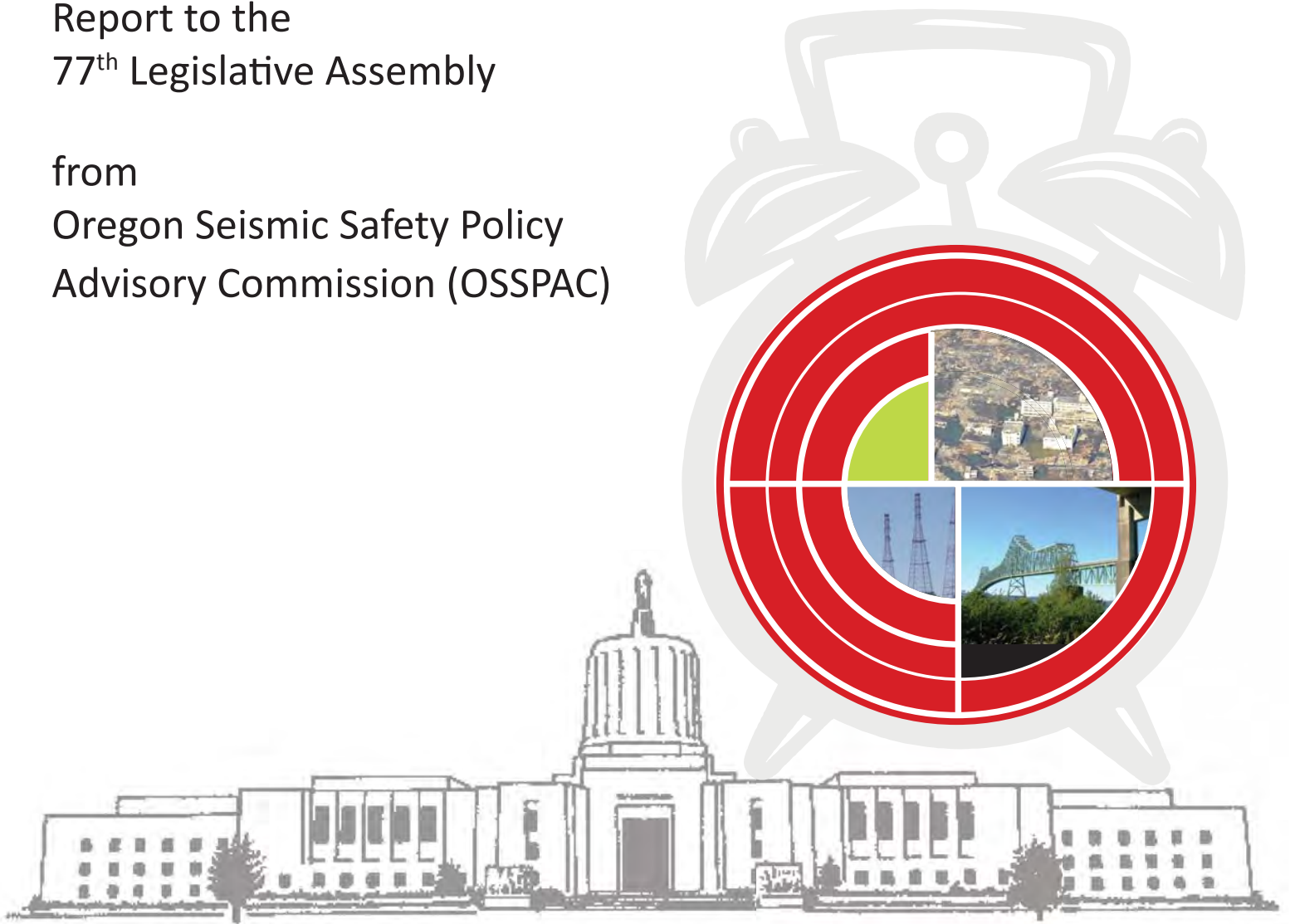
**Aurora State Airport in Relation to The Oregon
Resilience Plan and Earthquake Susceptibility**

The Oregon Resilience Plan

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

Report to the
77th 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)	Aurora State (T3) ←		Creswell (T3)	
Klamath Falls (T1)	McMinnville (T3)		Cottage Grove State (T3)	
	Newport (T2)		Myrtle Creek (T3)	
	Corvallis (T3)		Brookings (T2)	

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

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

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

Oregon Transportation Resiliency Status

*Key to the Table

TARGETS TO ACHIEVE DIFFERENT LEVELS OF RECOVERY:

Minimal: (A minimum level of service is restored, primarily for the use of emergency responders, repair crews, and vehicles transporting food and other critical supplies.)

R

Functional: (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.)

Y

Operational: (Restoration is up to 90% of capacity: A full level of service has been restored and is sufficient to allow people to commute to school and to work.)

G


ESTIMATED TIME FOR RECOVERY TO 60% OPERATIONAL GIVEN CURRENT CONDITIONS:


S

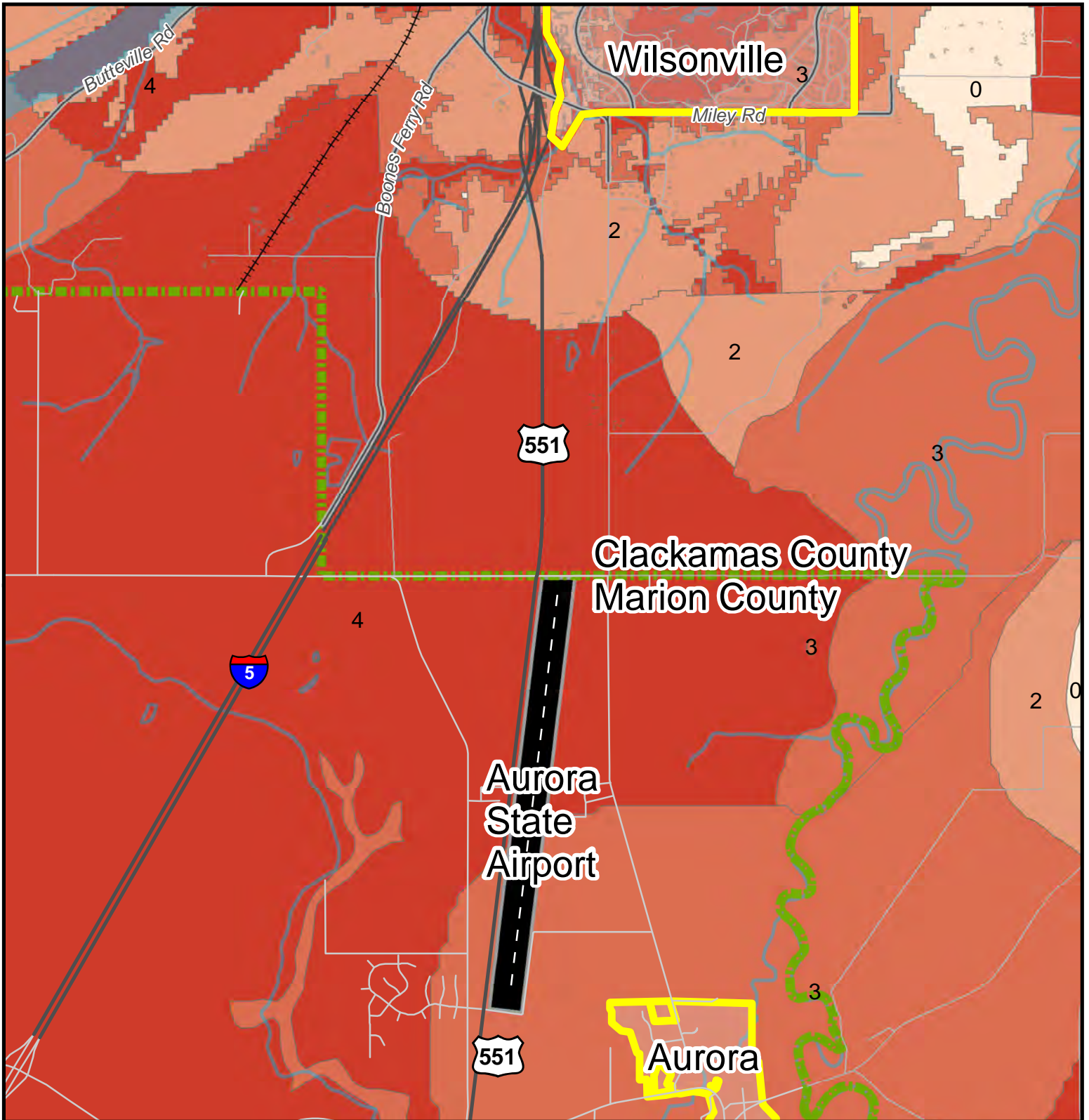
ESTIMATED TIME FOR RECOVERY TO 90% OPERATIONAL GIVEN CURRENT CONDITIONS:

X

Comparison of Target States and Estimated Time for Recovery

Infrastructure Facilities	Event Occurs	0 – 24 hours	1 – 3 days	3 – 7 days	1 – 4 weeks	1 – 3 months	3 – 6 months	6 – 12 months	1 – 3 years	3+ years
Central Oregon Zone										
► OREGON STATE HIGHWAY SYSTEM										
State Highway System - Tier 1 SLR¹⁾			R	Y	G			S	X	
Roadways			R	Y	G/S		X			
Bridges			R	Y	G		S	X		
Landslides			R	Y	G			S	X	
State Highway System - Tier 2 SLR			R		Y	G			S	X
Roadways			R		Y	G/S		X		
Bridges			R		Y	G		S	X	
Landslides			R		Y	G			S	X
State Highway System - Tier 3 SLR				R		Y	G		S	X
Roadways				R		Y	G/S		X	
Bridges				R		Y	G		S	X
Landslides				R		Y	G		S	X
State Highway System - Other Routes					R		Y	G	S	X
Roadways					R		Y	G	X	
Bridges					R		Y	G	S	X
Landslides					R		Y	G	S	X
► AIRPORTS & AIR TRANSPORTATION										
Tier I - Oregon Airports System										
Redmond Municipal Roberts Field Airport - FEMA		R	S		Y	G	X			
Klamath Falls Airport		R	S		Y	G	X			
FAA Facility			R	Y	G					
► OREGON RAIL TRANSPORTATION										
UPRR										
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)			Y	G	S	X				
Chemult to Eugene					Y	G	S	X		
BNSF										
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				
► OREGON PUBLIC TRANSIT										
Admin & Maintenance Facilities ²⁾						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 ⁴⁾						R	Y	G	S	X
Willamette Valley Zone										
► OREGON STATE HIGHWAY SYSTEM										
State Highway System - Tier 1 SLR ¹⁾			R	Y	G			S	X	
Roadways			R	Y	G		S	X		
Bridges			R	Y	G			S	X	
Landslides			R	Y	G			S	X	
State Highway System - Tier 2 SLR			R		Y	G		S	X	
Roadways			R		Y	G	S	X		
Bridges			R		Y	G		S	X	
Landslides			R		Y	G		S	X	
State Highway System - Tier 3 SLR				R		Y	G		S	X
Roadways				R		Y	G	S	X	
Bridges				R		Y	G		S	X
Landslides				R		Y	G		S	X
State Highway System - Other Routes					R		Y	G	S	X
Roadways					R		Y	G	S	X
Bridges					R		Y	G	S	X
Landslides					R		Y	G	S	X
► AIRPORTS & AIR TRANSPORTATION ⁵⁾										
Tier I - Oregon Airports System										
Portland International Airport (PDX) (Tier 1)		R			Y	S		G	X	
Salem McNary Field		R			Y	S		G	X	
Eugene Mahlon Sweet Field		R			Y	S		G	X	
Rogue Valley International Medford		R			Y	S		G	X	
Roseburg Regional Airport		R			Y	S		G	X	
Tier III Oregon General Aviation Airport System										
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**

0 Miles 0.5



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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

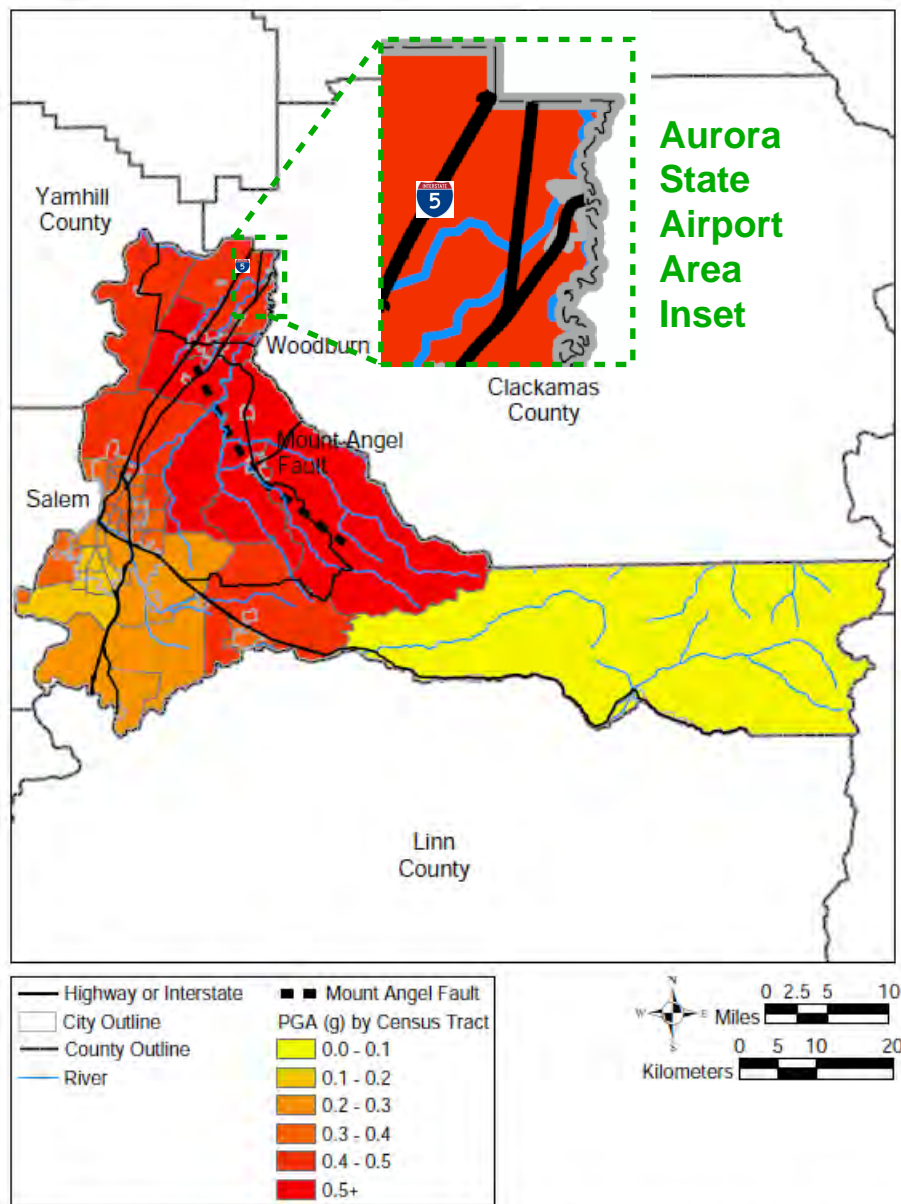
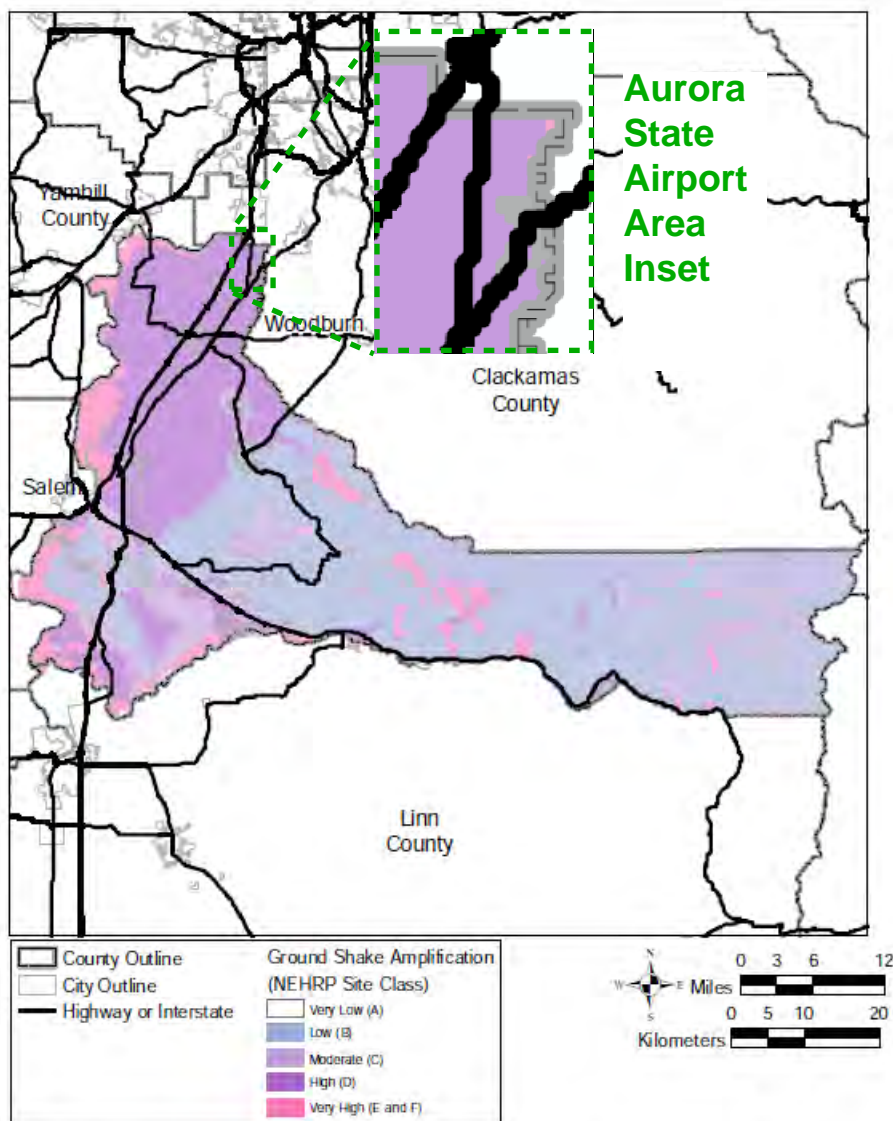
Crustal Earthquake Scenario Ground Motion Map

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

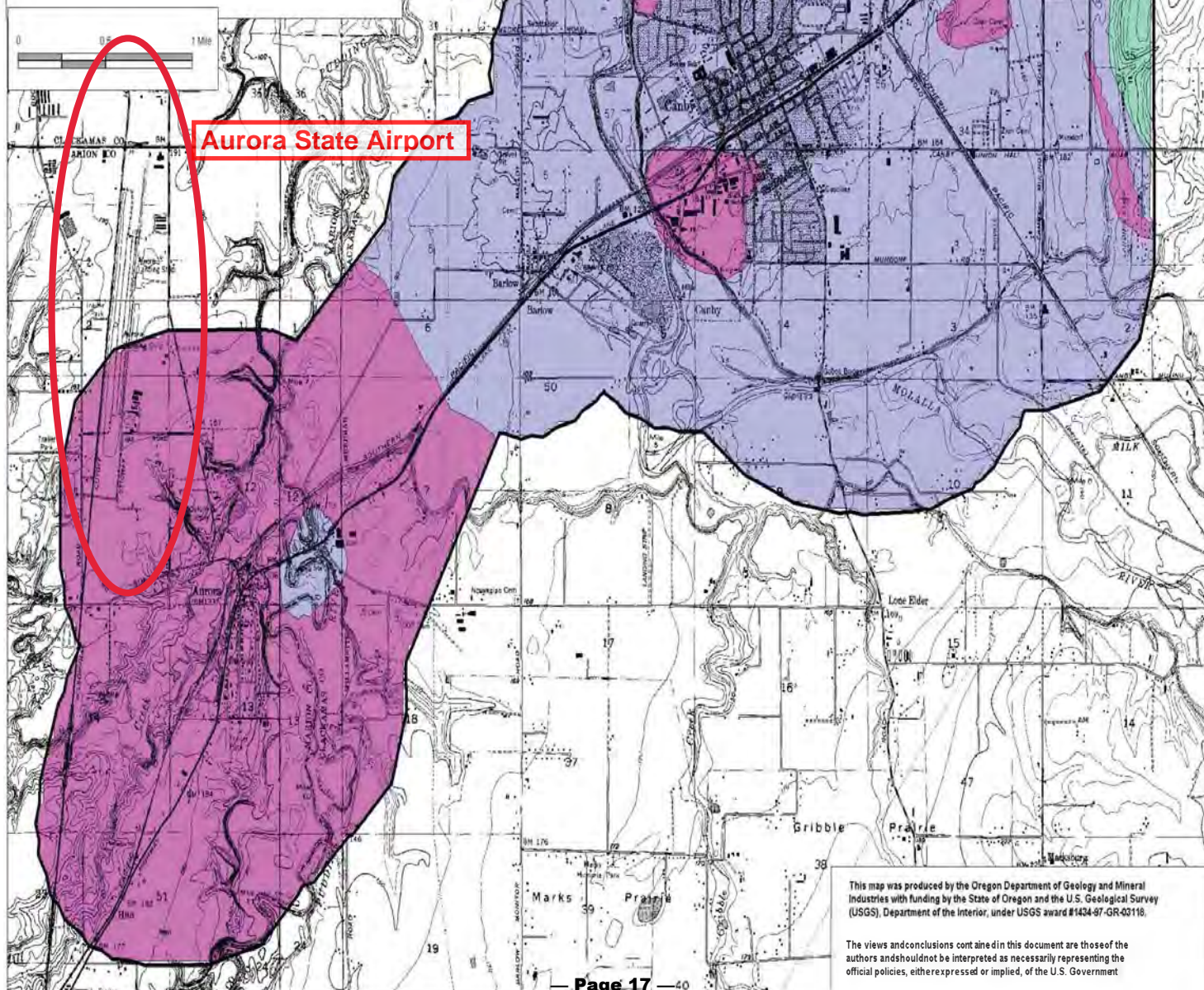
Hazard zones are based on the degree to which ground shaking from a given earthquake is likely to be amplified.

- 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.

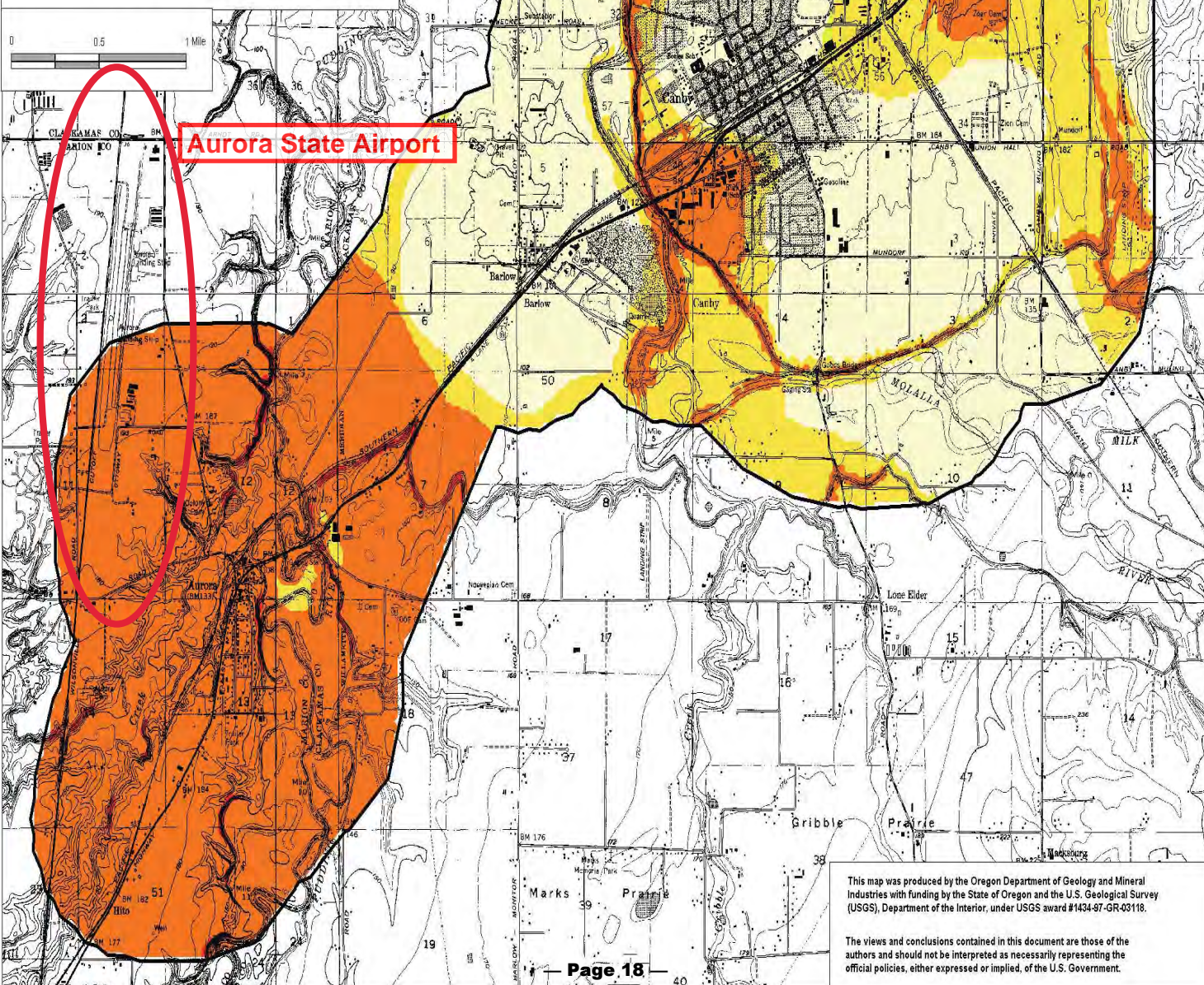
- Zone A -- Highest hazard
- Zone B -- Intermediate to high hazard
- Zone C -- Low to intermediate hazard
- Zone D -- Lowest hazard

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.



Relative Hazard Map of Earthquake-Induced Landslides

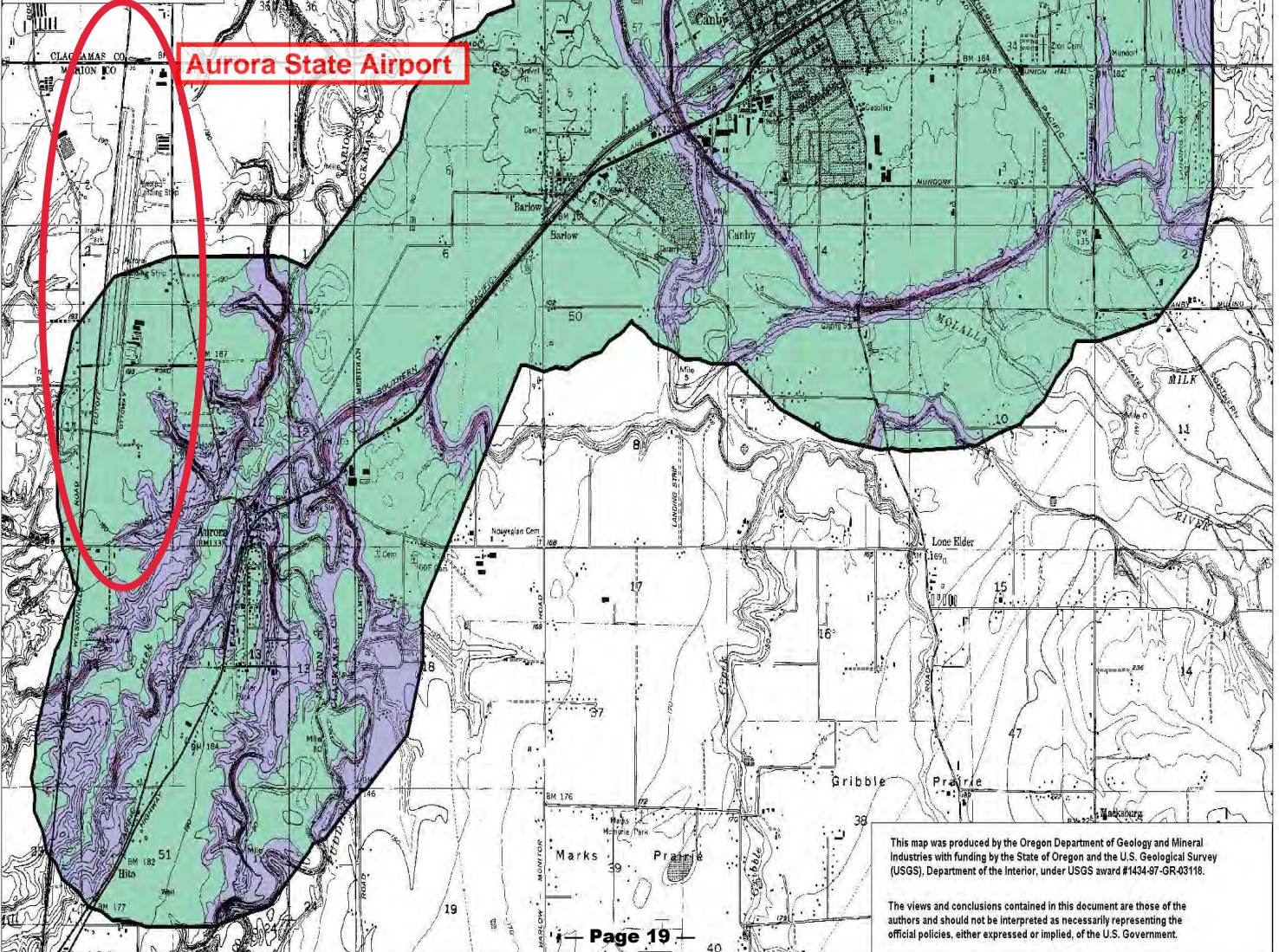
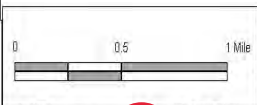
Hazard zones are based on the possibility that
a given earthquake will trigger landslides.

- 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.

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 Liquefaction Hazard Map

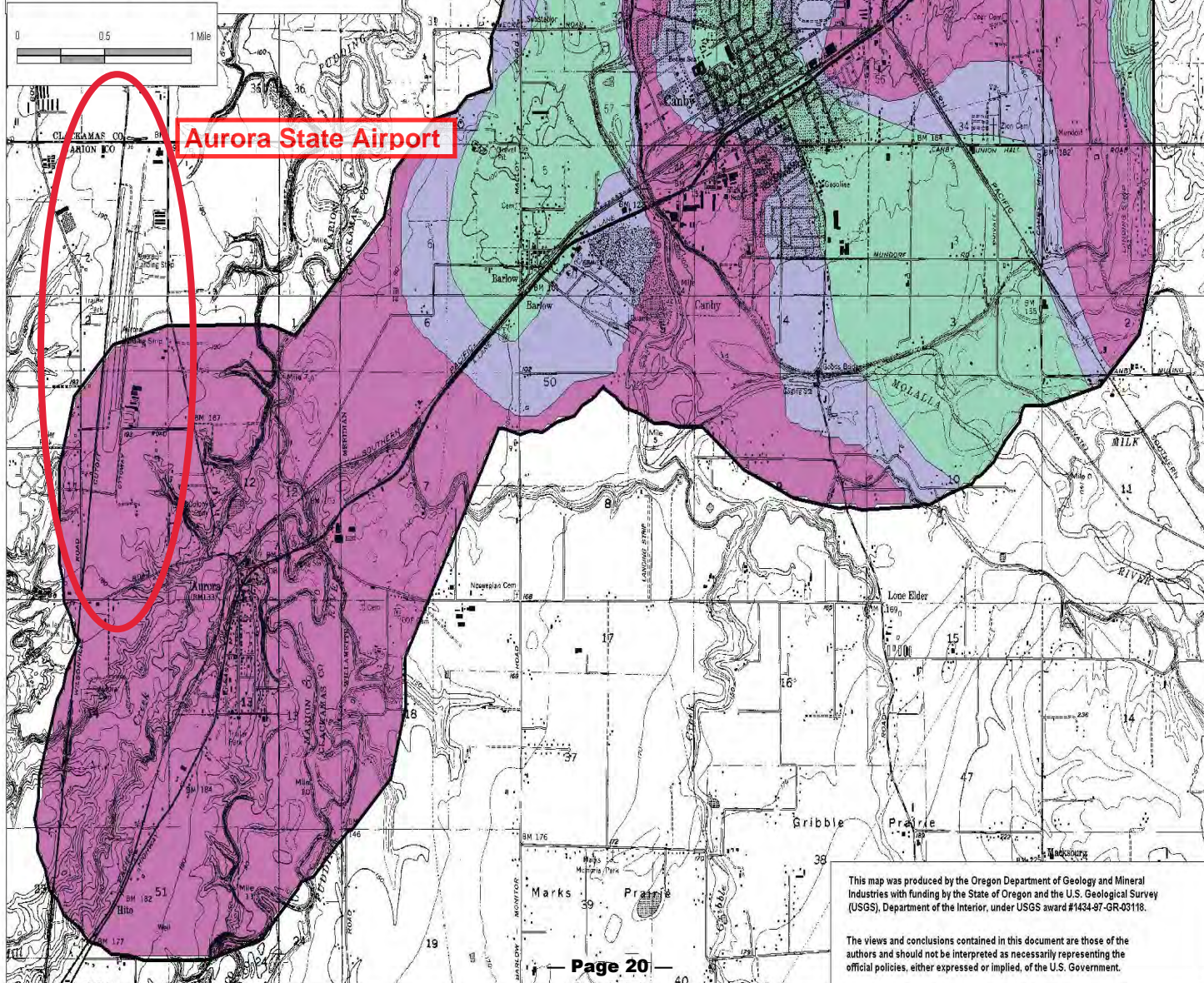
Hazard zones are based on the likelihood that liquefaction will occur in a given earthquake.




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.



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. 1545-1150
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) 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. ▶ \$ 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	1	Contributions, gifts, grants, and similar amounts received	1	163,306
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	163,306	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	166,506
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16	17	166,506	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,200
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	5,292
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,092

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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Page **2****Part II Balance Sheets**(see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,292	22 2,092
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	5,292	25 2,092
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,292	27 2,092

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 extensionof 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. ☐

(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
BRUCE BENNETT	1.00	0		
President				
TONY HELBLING	1.00	0		
Secretary				
JOSH LEWIS	1.00	0		
Treasurer				

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Page **3****Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No

35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	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 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
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 <u>TONY HELBLING</u> Telephone no. <u>(503) 519-6059</u>			
	Located at <u>14497 KEIL ROAD NE AURORA, OR</u> ZIP + 4 <u>97002</u>			
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____	42b		No
	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.? If "Yes," enter the name of the foreign country: _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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

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	Yes	No
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.

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

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

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	Signature of officer	2021-05-28
	TONY HELBLING Secretary	Date
	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 ▶ 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

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 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

Activities & Governance	1 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			
	2 Check this box <input type="checkbox"/>			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	12	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)		305,270	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		305,270	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)			0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) 0				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			307,033	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			307,033	
19 Revenue less expenses. Subtract line 18 from line 12			-1,763	
Assets or Liabilities	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	2,092	329	

Net	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

2022-06-22

Date

TONY HELBLING Secretary

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01413165

Firm's name ▶ WILCOX ARREDONDO & CO

Firm's EIN ▶ 93-1303013

Firm's address ▶ PO BOX 1008

Phone no. (503) 266-7545

CANBY, OR 97013

May the IRS discuss this return with the preparer shown above? (see instructions)
☒ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.
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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 extensionof 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 \$)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)


4e Total program service expenses ▶

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		No

	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	No

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Part IV	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

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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
1a 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.	1a 2		
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		No
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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

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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

		3	NO
4	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	4	No
5	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	5	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**

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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
 Federated campaigns 1a				
 Contributions, Gifts, Grants, and Membership dues 1b				
 OtherAmt Similar Fundraising events 1c				
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above 1f				
g Noncash contributions included in lines 1a - 1f:\$ 1g				
h Total. Add lines 1a-1f ▶ 305,270				

2a	Business Code				
f All other program service revenue.					
9 Total. Add lines 2a-2f. ▶ 0					

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

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

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Part IX Statement of Functional Expenses				
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"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 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).				

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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

Assets	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	Total assets. Add lines 1 through 15 (must equal line 33)	2,092	16	329	
	Liabilities	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		Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,092	27	329	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	2,092	32	329	
	33	Total liabilities and net assets/fund balances	2,092	33	329	

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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	Net assets or fund balances at end of year. 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
2a		No
2b		No
2c		
3a		No
3b		

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Additional Data

Return to Form

Software ID: 21013475

efile Public Visual Render	ObjectID: 202231739349300018 - Submission: 2022-06-22	TIN: 83-1468040
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Form **990**

 Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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) 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
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶
---	--

I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ N/A
---	-------------------------

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶

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

Part I Summary

Activities & Governance	1 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 extensionof the runway. This work is ongoing and conducted as duties of the board memb		
	2 Check this box <input type="checkbox"/>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	2
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	305,270
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		305,270
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			307,033
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			307,033
19 Revenue less expenses. Subtract line 18 from line 12			-1,763

Assets or Liabilities	20 Total assets (Part X, line 16)	Beginning of Current Year	2,092	End of Year	329
	21 Total liabilities (Part X, line 26)				

Net	22	Net assets or fund balances. Subtract line 21 from line 20	2,092	329
-----	----	--	-------	-----

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

2022-06-22

Date

TONY HELBLING Secretary

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01413165

Firm's name ▶ WILCOX ARREDONDO & CO

Firm's EIN ▶ 93-1303013

Firm's address ▶ PO BOX 1008

Phone no. (503) 266-7545

CANBY, OR 97013

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

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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 extensionof 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 ▶

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		No

	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No

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Part IV	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		

37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . If "Yes," complete Form 6069.	17		

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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
1a 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.	1a 2		
b Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a		No
b Each committee with authority to act on behalf of the governing body?	8b		No
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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

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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

		3	NO
4	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	4	No
5	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	5	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)

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
 Federated campaigns	1a			
 Contributions, Gifts, Grants, and Membership dues	1b			
 OtherAmt	1c			
 Fundraising events	1d			
 Related organizations	1e			
 Government grants (contributions)	1f			
 All other contributions, gifts, grants, and similar amounts not included above	1g			
 305,270				
 Noncash contributions included in lines 1a - 1f:\$	1g			
 h Total. Add lines 1a-1f	305,270			
2a	Business Code			
f All other program service revenue.				
9 Total. Add lines 2a-2f.	0			
3 Investment income (including dividends, interest, and other similar amounts)	0			
4 Income from investment of tax-exempt bond proceeds	0			

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

Form 990 (2021)

Form 990 (2021)

Page 10

Part IX Statement of Functional Expenses				
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"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 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

Assets	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	Total assets. Add lines 1 through 15 (must equal line 33)	2,092	16	329	
	Liabilities	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		Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	2,092	27	329	
	28	Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	2,092	32	329	
	33	Total liabilities and net assets/fund balances	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	Net assets or fund balances at end of year. 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
2a		No
2b		No
2c		
3a		No
3b		

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 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 <input type="checkbox"/>			
Revenue	1	Contributions, gifts, grants, and similar amounts received	2,815
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	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)	0
Expenses	6c	Less: direct expenses from gaming and fundraising events	0
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	0
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	2,815
	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
Net Assets	13	Professional fees and other payments to independent contractors	1,355
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	
	17	Total expenses. Add lines 10 through 16	1,355
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,460
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	329
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	1,789

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

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— Page 52 —

Form 990-EZ (2022)

Page **2****Part II Balance Sheets**(see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	329	22 1,789
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	329	25 1,789
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	329	27 1,789

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 extensionof 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. ☐

(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
BRUCE BENNETT President	1.00	0		
TONY HELBLING Secretary	1.00	0		

Form **990-EZ** (2022)

Form 990-EZ (2022)

Page **3****Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in theinstructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
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		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.		No

35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	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 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>			
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 <u>TONY HELBLING</u> Telephone no. <u>(503) 519-6059</u>			
	Located at <u>14497 KEIL ROAD NE AURORA, OR</u> ZIP + 4 <u>97002</u>			
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____	42b		No
	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.? If "Yes," enter the name of the foreign country: _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>43</u>			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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** (2022)

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

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

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

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	Signature of officer	2024-11-15
	TONY HELBLING Secretary	Date
	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** (2022)

Software ID: 22015553
Software Version: 2022v5.0

Form 990-EZ, Special Condition Description:

Special Condition Description

Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

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 (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 \$

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	
17	Total expenses. Add lines 10 through 16	17		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	1,789
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,789

Form 990-EZ (2023)

Page **2****Part II Balance Sheets**(see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,789	22 1,789
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	1,789	25 1,789
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,789	27 1,789

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. ☐

(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
BRUCE BENNETT President	1.00	0		
TONY HELBLING Secretary	1.00	0		

Form **990-EZ** (2023)

Form 990-EZ (2023)

Page **3****Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in theinstructions 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.

	Yes	No
33		No
34		No

35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶	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 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u>			
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 ▶ <u>0</u>			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u>			
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 ▶ <u>TONY HELBLING</u> Telephone no. ▶ <u>(503) 519-6059</u>			
	Located at ▶ <u>14497 KEIL ROAD NE AURORA , OR</u> ZIP + 4 ▶ <u>97002</u>			
			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____	42b		No
	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.? If "Yes," enter the name of the foreign country: ▶ _____	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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)

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

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

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	Signature of officer	2024-11-15
	TONY HELBLING Secretary	Date
	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

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

E-FILED

Mar 30, 2021

OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

AURORA AIRPORT IMPROVEMENT ASSOCIATION

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

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

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

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ELECTRONIC SIGNATURE

NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE SIGNED

03-29-2021



REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

BUSINESS NAME

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BUSINESS ACTIVITY

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14497 KEIL RD NE
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REINSTATEMENT AMENDED



Corporation Division
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 dissolution 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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NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE

03-24-2022



REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

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AMENDED ANNUAL REPORT



Corporation Division
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OREGON SECRETARY OF STATE

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DATE

11-14-2022

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

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NAME

ANTHONY ALAN HELBLING

TITLE

SECRETARY

DATE

11-13-2023

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Corporation Division
sos.oregon.gov/business

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OREGON SECRETARY OF STATE

REGISTRY NUMBER

139074793

REGISTRATION DATE

12/29/2017

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AURORA OR 97002 USA

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AURORA OR 97002 USA



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ELECTRONIC SIGNATURE

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TITLE

PRESIDENT

DATE

11-11-2024