

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning, 2004, and ending

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

Please use IRS label or print or type. See specific instructions. Brookings Flying Club, P.O. Box 302, Brookings, OR 97415

D Employer Identification Number: 73-6504648; E Telephone number: 707-464-4188; F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Schedule B

G Web site: www.brookingsflyingclub.org

J Organization type (check only one): 501(c) 7

K Check here if the organization's gross receipts are normally not more than \$25,000. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 169,275.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a-6c Gross rents; 7 Other investment income; 8a-8d Gross amount from sales of assets other than inventory; 9 Special events and activities; 10a-10c Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Total expenses; 18-21 Net assets or fund balances.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stm 3 (cash \$ 2,035. non-cash \$ _____)	2,035.	2,035.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc.				
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	246.	246.		
34	Telephone	308.	308.		
35	Postage and shipping	69.	69.		
36	Occupancy				
37	Equipment rental and maintenance	160.	160.		
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	1,685.	1,685.		
42	Depreciation, depletion, etc (attach schedule)	4,955.	4,955.		
43	Other expenses not covered above (itemize):				
a	See Statement 4	4,607.	1,444.	3,163.	
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15.	14,065.	10,902.	3,163.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>Promotion of aviation</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	
a <u>Airport Day scholarship program: Airplane rides given to the public to fund high school scholarships.</u>	
(Grants and allocations \$ _____)	
b <u>Aviation fuel sales: We provide the only source of aviation fuel in the area for resident and transient aircraft.</u>	
(Grants and allocations \$ _____)	
c <u>Aircraft rental: We provide aircraft for rent to non-owner pilots in the area. About 250 hours of use provided.</u>	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services _____ (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) _____	0.

Part IV Balance Sheets (See Instructions)

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>		(A) Beginning of year		(B) End of year	
A S S E T S	45 Cash — non-interest-bearing	9,710.	45	12,194.	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	14,761.			
	b Less: allowance for doubtful accounts				
			19,645.	47c	14,761.
	48a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch.)				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use	20,359.	52		11,440.
	53 Prepaid expenses and deferred charges		53		
	54 Investments — securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments — land, buildings, & equipment: basis				
b Less: accumulated depreciation (attach schedule)			55c		
56 Investments — other (attach schedule)			56		
57a Land, buildings, and equipment: basis	198,973.				
b Less: accumulated depreciation (attach schedule)	Statement 5 74,419.	136,486.	57c	124,554.	
58 Other assets (describe ▶ _____)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		186,200.	59	162,949.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses	22,586.	60		
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule)		47,866.	64b	35,319.
	65 Other liabilities (describe ▶ _____)			65	
66 Total liabilities (add lines 60 through 65)		70,452.	66	35,319.	
N E T A S S E T S O R F U N D B A L A N C E S	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	110,891.	67	121,903.	
	68 Temporarily restricted		68		
	69 Permanently restricted	4,857.	69	5,727.	
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		115,748.	73	127,630.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		186,200.	74	162,949.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements. ▶	a			a Total expenses and losses per audited financial statements. ▶	a		
		N/A				N/A	
b Amounts included on line a but not on line 12, Form 990:				b Amounts included on line a but not on line 17, Form 990:			
(1) Net unrealized gains on investments. . . . \$				(1) Donated services and use of facilities. \$			
(2) Donated services and use of facilities. \$				(2) Prior year adjustments reported on line 20, Form 990. . . . \$			
(3) Recoveries of prior year grants. \$				(3) Losses reported on line 20, Form 990. . . . \$			
(4) Other (specify):				(4) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) through (4). . . . ▶	b			Add amounts on lines (1) through (4). . . . ▶	b		
c Line a minus line b ▶	c			c Line a minus line b ▶	c		
d Amounts included on line 12, Form 990 but not on line a :				d Amounts included on line 17, Form 990 but not on line a :			
(1) Investment expenses not included on line 6b, Form 990. \$				(1) Investment expenses not included on line 6b, Form 990. \$			
(2) Other (specify):				(2) Other (specify):			
----- \$				----- \$			
Add amounts on lines (1) and (2). . . ▶	d			Add amounts on lines (1) and (2). . . ▶	d		
e Total revenue per line 12, Form 990 (line c plus line d). ▶	e			e Total expenses per line 17, Form 990 (line c plus line d). ▶	e		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Lee Garvin 541-469-2113 P.O. Box 1220 Brookings, OR 97415	Director 2	0.	0.	0.
Paul McLeod 707-464-4188 17520 Ross Lane Brookings, OR 97415	Treasurer 4	0.	0.	0.
Dale Stimson 541-469-3065 95835 Cape Ferello Brookings, OR 97415	Secretary 4	0.	0.	0.
Chris McKinstry 541-469-1081 P.O. Box 6037 Brookings, OR 97415	President 6	0.	0.	0.
Jay Breshears 541-469-4998 P.O. Box 1418 Brookings, OR 97415	Vice President 2	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?		X
81a	If 'Yes,' enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members.	85c	N/A
85d	Section 162(e) lobbying and political expenditures.	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e).	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	0.
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	0.
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		N/A
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		N/A
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		N/A
90a	List the states with which a copy of this return is filed Oregon		
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of Paul McLeod Telephone number 707-464-4188 Located at P.O. Box 302, Brookings, Or. ZIP + 4 97415		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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.	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments.....					
g Fees & contracts from government agencies...					
94 Membership dues and assessments...					7,866.
95 Interest on savings & temporary cash invmnts...					82.
96 Dividends & interest from securities...					
97 Net rental income or (loss) from real estate:					
a debt-financed property.....					
b not debt-financed property.....					
98 Net rental income or (loss) from pers prop....					-4,774.
99 Other investment income.....					
100 Gain or (loss) from sales of assets other than inventory.....					
101 Net income or (loss) from special events.....					2,869.
102 Gross profit or (loss) from sales of inventory....					19,904.
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))....					25,947.
105 Total (add line 104, columns (B), (D), and (E)).....					25,947.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	See Statement 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: _____ Date: _____

Paul McLeod, Treasurer
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: Paul McLeod Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): P00081719

Firm's name (or yours if self-employed), address, and ZIP + 4: Musser & Associates, CPAs
990 Front Street, Suite 2
Crescent City, CA 95531

EIN: 68-0402550

Phone no.: (707) 464-4188

Client 749

Brookings Flying Club

73-6504648

6/29/05

03:36PM

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Airport Day Ticket Sales	4,320.	0.	4,320.	1,451.	2,869.
Total	<u>\$ 4,320.</u>	<u>\$ 0.</u>	<u>\$ 4,320.</u>	<u>\$ 1,451.</u>	<u>\$ 2,869.</u>

Statement 2
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

Fuel Sales	\$ 135,971.
Gross Sales	<u>\$ 135,971.</u>
Less Returns & Allowances	345.
Net Sales	<u>\$ 135,626.</u>
Less Cost Of Goods Sold	115,722.
Gross Profit From Sales Of Inventory	<u>\$ 19,904.</u>

Statement 3
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity:	Scholarships	\$ 2,035.
Amount Given:		
Total Grants and Allocations		<u>\$ 2,035.</u>

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	-450.	-450.		
Dues and fees	127.	127.		
Electric	353.	353.		
Insurance	982.	982.		
Licenses and permits	160.	160.		
Meetings	415.		415.	
Professional fees	2,748.		2,748.	
Property taxes	272.	272.		
Total	<u>\$ 4,607.</u>	<u>\$ 1,444.</u>	<u>\$ 3,163.</u>	<u>\$ 0.</u>

Client 749

Brookings Flying Club

73-6504648

6/29/05

03:36PM

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 65,142.	\$ 49,322.	\$ 15,820.
Machinery and Equipment	115,831.	19,244.	96,587.
Buildings	18,000.	5,853.	12,147.
Total	<u>\$ 198,973.</u>	<u>\$ 74,419.</u>	<u>\$ 124,554.</u>

Statement 6
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

<u>Line #</u>	<u>Explanation of Activities</u>
98	Approximately 250 hours of aircraft rental time was made available to non-owner pilots and student pilots.
94	Membership fees support meetings and communications within the organization.
95	Interest bearing scholarship funds aid in increasing scholarships to students.
101	Airport Day ticket sales directly expose the general public to aviation in the area.
102	Fuel sales keep the local airport a viable location for aviation activities to continue operating.

12/31/04

2004 Federal Book Depreciation Schedule

Page 1

Client 749

Brookings Flying Club

73-6504648

6/29/05

03:36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Machinery and Equipment																
2	Fuel Tanks	5/31/99		88,180							88,180	10,457	S/L MM	39	.02564	2,261
4	Fuel Tank Improvemnts '01	12/31/01		948							948	49	S/L MM	39	.02564	24
5	Card Lock System	7/22/02		26,703							26,703	3,783	S/L	10		2,670
Total Machinery and Equipment				115,831		0	0	0	0	0	115,831	14,289				4,955
Total Depreciation				115,831		0	0	0	0	0	115,831	14,289				4,955

Rental Activity - Aircraft

Auto / Transport Equipment

3	Aircraft - N738DE	2/25/99		48,000							48,000	40,951	S/L	10		4,800
6	N738DE Panel	5/13/02		3,250							3,250	542	S/L	10		325
7	N738DE Paint	12/23/02		9,697							9,697	970	S/L	10		970
8	N738DE Wing Tips	12/19/02		2,058							2,058	206	S/L	10		206
9	N738DE GTX Transponder	6/26/03		1,236							1,236	62	S/L	10		124
10	N738DE Wing Tips	3/13/03		793							793	66	S/L	10		79
11	N738DE Paint	2/05/03		108							108	10	S/L	10		11
Total Auto / Transport Equipment				65,142		0	0	0	0	0	65,142	42,807				6,515

Buildings

Client 749

Brookings Flying Club

73-6504648

6/29/05

03:36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
1	Hangar	4/04/94		18,000							18,000	5,391	S/L MM	39	.02564	462
	Total Buildings			18,000		0	0	0	0	0	18,000	5,391				462
	Total Depreciation			<u>83,142</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>83,142</u>	<u>48,198</u>				<u>6,977</u>
	Grand Total Depreciation			<u>198,973</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>198,973</u>	<u>62,487</u>				<u>11,932</u>