

2005

Federal Filing Instructions

Brookings Flying Club

73-6504648

FORM TO FILE:

Form 990 - 2005 Return of Organization Exempt From Income Tax

SIGNATURE:

Sign and date Form 990.

PAYMENT:

No payment is required.

WHEN TO FILE:

On or before May 15, 2006.

WHERE TO FILE:

Internal Revenue Service
Ogden, UT 84201-0027

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning , 2005, 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: Cash Accrued Other (specify)

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 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 177,144.

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 Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	2,839.		2,839.	
32 Legal fees	32				
33 Supplies	33	40.	40.		
34 Telephone	34				
35 Postage and shipping	35	31.	31.		
36 Occupancy	36				
37 Equipment rental and maintenance	37	146.	146.		
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	1,088.	1,088.		
42 Depreciation, depletion, etc (attach schedule)	42	4,955.	4,955.		
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	2,897.	2,897.		
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	11,996.	9,157.	2,839.	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

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.

Table with 2 columns: Description of program service and Program Service Expenses. Rows include: a Airport Day scholarship program, b Aviation fuel sales, c Aircraft rental, d, e Other program services, and f Total of Program Service Expenses.

BAA

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
A S S E T S	45 Cash – non-interest-bearing	12,194.	45	4,986.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	16,553.			
	b Less: allowance for doubtful accounts		47 c	16,553.	
	48 a Pledges receivable		48 c		
	b Less: allowance for doubtful accounts				
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch.)		51 c		
	b Less: allowance for doubtful accounts				
	52 Inventories for sale or use	11,440.	52	26,484.	
	53 Prepaid expenses and deferred charges		53		
	54 Investments – securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments – land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55 c		
56 Investments – other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	218,861.				
b Less: accumulated depreciation (attach schedule)	Statement 5 84,771.	124,554.	57 c	134,090.	
58 Other assets (describe ▶ _____)		58			
59 Total assets (must equal line 74). Add lines 45 through 58		162,949.	59	182,113.	
L I A B I L I T I E S	60 Accounts payable and accrued expenses		60	5,650.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)		35,319.	64 b	22,299.
	65 Other liabilities (describe ▶ See Statement 6)			65	1.
66 Total liabilities. Add lines 60 through 65		35,319.	66	27,950.	
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	121,903.	67	145,276.	
	68 Temporarily restricted		68		
	69 Permanently restricted	5,727.	69	8,887.	
	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)		127,630.	73	154,163.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		162,949.	74	182,113.

BAA

Form 990 (2005)

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

a	Total revenue, gains, and other support per audited financial statements	a	38,546.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	38,546.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	38,546.

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

a	Total expenses and losses per audited financial statements	a	11,996.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	11,996.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	11,996.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the 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 plans	(E) Expense account and other allowances
Lee Garvin 541-469-2113 P.O. Box 1220 Brookings, OR 97415	Director 0	0.	0.	0.
Paul McLeod 707-464-4188 17520 Ross Lane Brookings, OR 97415	Treasurer 0	0.	0.	0.
Dale Stimson 541-469-3065 95835 Cape Ferello Brookings, OR 97415	Secretary 0	0.	0.	0.
Chris Scott 541-469-1081 P.O. Box 6037 Brookings, OR 97415	President 0	0.	0.	0.
Jay Breshears 541-469-4998 P.O. Box 1418 Brookings, OR 97415	Vice President 0	0.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	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	
	b 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.)..... 82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	N/A	
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....	N/A	
85 b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	N/A	
	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.		
85 c	Dues, assessments, and similar amounts from members.....	N/A	
85 d	Section 162(e) lobbying and political expenditures.....	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e).....	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....		N/A
85 h	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
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....		2,250.
86 b	b Gross receipts, included on line 12, for public use of club facilities.....		0.
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....		N/A
87 b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....		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
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
89 b	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
90 a	List the states with which a copy of this return is filed ▶ <u>OR</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.).....		0
91 a	The books are in care of ▶ <u>Paul McLeod</u> Telephone number ▶ <u>707-464-4188</u> Located at ▶ <u>P.O. Box 302, Brookings, Or.,</u> ZIP + 4 ▶ <u>97415</u>		
91 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 ▶ _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States?..... If 'Yes,' enter the name of the foreign country ▶ _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..... N/A... ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year..... ▶ 92 <u> </u> N/A		

Part VII Analysis of Income-Producing Activities (See the 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					9,242.
95 Interest on savings & temporary cash invmnts . . .					72.
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.					5,280.
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					3,159.
102 Gross profit or (loss) from sales of inventory					20,793.
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).					38,546.
105 Total (add line 104, columns (B), (D), and (E))					38,546.

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 the 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 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the 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 the 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: Paul McLeod, Treasurer Date: _____

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

Brookings Flying Club

73-6504648

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	3,919.	0.	3,919.	760.	3,159.
Total	<u>\$ 3,919.</u>	<u>\$ 0.</u>	<u>\$ 3,919.</u>	<u>\$ 760.</u>	<u>\$ 3,159.</u>

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

Fuel Sales	\$ 136,622.
Gross Sales	<u>\$ 136,622.</u>
Less Returns & Allowances	655.
Net Sales	<u>\$ 135,967.</u>
Less Cost Of Goods Sold	115,174.
Gross Profit From Sales Of Inventory	<u>\$ 20,793.</u>

Statement 3
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Proir period adjustment	\$ -17.
Total	<u>\$ -17.</u>

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Dues and fees	35.	35.		
Insurance	708.	708.		
Licenses and permits	239.	239.		
Meetings	319.	319.		
Miscellaneous	415.	415.		
Property taxes	278.	278.		
Telephone	343.	343.		
Utilities	560.	560.		
Total	<u>\$ 2,897.</u>	<u>\$ 2,897.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Brookings Flying Club

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

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 85,030.	\$ 54,257.	\$ 30,773.
Machinery and Equipment	115,831.	24,199.	91,632.
Buildings	18,000.	6,315.	11,685.
Total	<u>\$ 218,861.</u>	<u>\$ 84,771.</u>	<u>\$ 134,090.</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

Rounding.....	\$ 1.
Total	<u>\$ 1.</u>

Statement 7
Form 990, Part VIII
Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
98	Approximately 327 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.

Brookings Flying Club

73-6504648

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	12,718	S/L MM	39	.02564	2,261
4	Fuel Tank Improvemnts '01	12/31/01		948							948	73	S/L MM	39	.02564	24
5	Card Lock System	7/22/02		26,703							26,703	6,453	S/L	10		2,670
Total Machinery and Equipment				115,831		0	0	0	0	0	115,831	19,244				4,955
Total Depreciation				115,831		0	0	0	0	0	115,831	19,244				4,955
Rental Activity - Aircraft																
Auto / Transport Equipment																
3	Aircraft - N738DE	2/25/99		48,000							48,000	45,751	S/L	10		2,249
6	N738DE Panel	5/13/02		3,250							3,250	867	S/L	10		325
7	N738DE Paint	12/23/02		9,697							9,697	1,940	S/L	10		970
8	N738DE Wing Tips	12/19/02		2,058							2,058	412	S/L	10		206
9	N738DE GTX Transponder	6/26/03		1,236							1,236	186	S/L	10		124
10	N738DE Wing Tips	3/13/03		793							793	145	S/L	10		79
11	N738DE Paint	2/05/03		108							108	21	S/L	10		11
12	N738DE engine O/H	7/15/05		18,967							18,967		S/L	10		948
13	N738DE Propellor	10/06/05		921							921		S/L	10		23
Total Auto / Transport Equipment				85,030		0	0	0	0	0	85,030	49,322				4,935

Brookings Flying Club

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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.
Buildings																
1	Hangar	4/04/94		18,000							18,000	5,853	S/L MM	39	.02564	462
	Total Buildings			18,000		0	0	0	0	0	18,000	5,853				462
	Total Depreciation			<u>103,030</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>103,030</u>	<u>55,175</u>				<u>5,397</u>
	Grand Total Depreciation			<u>218,861</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>218,861</u>	<u>74,419</u>				<u>10,352</u>