

PERIODIC REPORT

TO ATTORNEY GENERAL OF CALIFORNIA
 Section 12586, California Government Code

Failure to file this report by the 15th day of the fifth month after the close of your accounting period may result in the loss of your tax exemption and the assessment of a minimum tax of \$800 plus interest.

ACCOUNTING PERIOD - For the Year Beginning 01/01, 1998 and Ending 12/31, 1998

If address changed check here and show changes below
 USE THIS PEEL-OFF LABEL ON CT-2 FORMS SUBMITTED.

State Charity registration number (if unknown, leave blank)

CT 055303

AIRPORT WORKING GROUP OF ORANGE COUNTY

Corporate or Organization No. D-1217906

Name of organization

485 E 17TH STREET #500

Address (number and street)

COSTA MESA, CA 92627

City or Town, State, and ZIP code

- A. Is the organization exempt from federal income tax?
 B. If "no", is this entity a split-interest trust?
 If "no", affix Exhibit A to explain your federal tax status.

Yes	No
X	
N/A	

PART I FILING REQUIREMENTS: CHECK ONE BOX AND ATTACH THE REQUIRED IRS FORMS

- This entity is not a private foundation. We have attached a completed copy of IRS Form 990 or 990EZ, and Schedule A (Form 990) and related attachments (even though we may not be required to file these uniform forms with the IRS). Omit Part III below.
- This entity is a private foundation. We have attached a completed copy of IRS Form 990-PF and related attachments. Complete all Parts below.

PART IA ACTIVITIES: ENTER AMOUNTS AND CHECK BOX

Gross receipts \$ 161,111 Total assets \$ 22,669

Are the program activities of this entity limited solely to grantmaking? Yes No

PART II STATEMENTS REGARDING THIS ORGANIZATION DURING THE PERIOD OF THIS REPORT

	Yes	No
1 Was 50% or more of your total revenue from government agencies? 1 If "yes", check below the government agencies and the total grant amounts received from each. 1(a) Federal <input type="checkbox"/> _____, 1(b) State <input type="checkbox"/> _____, 1(c) City <input type="checkbox"/> _____, 1(d) County <input type="checkbox"/> _____		X
2 Were you audited by any government agency which resulted in audit exceptions in excess of \$50,000 being taken? 2 If "yes", attach a copy of the audit report. Enter here the total exceptions..... 2a \$ _____		X
3 Did an auditor or accountant issue a report on your financial statements? 3 If "yes", enter: Accountant's or Auditor's Name _____ Telephone _____		X
4 Were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any officer, director or trustee had any financial interest? (exclude the payment of life insurance on an officer or director; financing the principal residence of officer; compensation for services disclosed on the List of Officers, Directors and Trustees on Form 990, Part V; Form 990EZ, Part IV; or Form 990F, Part VII.) If "yes", attach a full explanation. Enter here the amount involved 4a \$ _____		X
5 Did you transfer or donate anything to an organization that is not tax-exempt under Section 501 (c)(3) or 501 (c)(4) of the IRC? 5 If "yes", attach a justification of why noncharitable entities receive your charitable property. Enter here the fair market value of the donations 5a \$ _____		X
6 Did this organization regularly solicit salvage, sell salvage in a thrift store, or was it a party to a contract involving the solicitation or sale of salvage? If "yes", include amounts on Form 990, line 10 6		X
7(a) Was there any theft, embezzlement, diversion or misuse of your charitable property or funds? If "yes", attach a schedule giving a full and complete explanation 7(a)		X
7(b) Were any of your officers, directors or trustees named in any court action in which it was alleged that any trust or fiduciary duty was breached? If "yes", attach a statement giving a full and complete explanation 7(b)		X
7(c) Were there any allegations of theft, embezzlement, diversion, or misuse of funds or property by officers, directors, trustees or employees which were investigated by your organization? If "yes", attach a statement giving a full and complete explanation 7(c)		X
8 Were any organization funds used to pay any penalty, fine or judgment? 8 If "yes", attach a full explanation. Enter here the total amount involved. 8a \$ _____		X

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, this report is true and correct.

Organization's area code and telephone number 949-515-2525 ANDE

INDERS FOLKEDIC Treasurer July 6, 1998
 Printed Name Title Date

Sign

PART III ADDITIONAL INFORMATION FROM PRIVATE FOUNDATIONS ONLY

16 Did you file a Form 4720 with the Internal Revenue Service? 16

Yes	No

If "yes," attach a copy of Form 4720 and enter here the amount of total taxes paid with that return 16a N/A

PART IV FUNDRAISING CONSULTANT OR COMMERCIAL FUNDRAISER (FC-CFR) (SEE QUESTION 9)

	ACTIVITY #1	ACTIVITY #2	ACTIVITY #3 **	TOTAL
17 Brief Description of Campaign, Drive, Event, or Services				
18 Date or Period Covered				
19 Name of FC-CFR				
20 Address of FC-CFR				
21 Gross Receipts from Donors*			21	0
22 Total Retained by or Paid to FC-CFR			22	0
23 All Other Fund-Raising Expenses			23	0
24 Net Proceeds (Line 21 Less 22 and 23)			24	0

*On line 21, do not deduct any costs from gross donations.

**NOTE: If more than three activities, attach a schedule using the same format and include amounts in Part IV totals.

PART V SUMMARY OF INVESTMENTS TOTALING \$50,000 OR MORE (SEE QUESTION 10)

25 Securities, beginning of year at cost.	25	
26 Securities acquired, at cost or original basis.	26	0
27 Securities sold, at cost or original basis (may include sales expenses).	27	0
28 Securities, end of year at cost.	28	
29 Securities, end of year at market value.	29	0
30 Sum of all gains on sales during the year.	30	0
31 Sum of all losses on sales during the year.	31	0
32 Dividends and interest from securities (990, line 5 or 990-PF, Part I, line 4, column (a))	32	0
33 Total return realized (line 30 less line 31, plus line 32)	33	0
34 Less all fees, salaries, and other costs incurred to earn investment income.	34	0
35 Net return realized from investments in securities (line 33 less line 34).	35	0

Has this organization engaged in, purchased, sold or held during the year:

	Yes	No
36 Investments (any type) which produce no current income?		
37 Investments (any type) worth one half or less of original basis?		
38 Securities on margin?		
39 Warrants, puts, calls, options, commodity futures, or short sales?		
40 Stocks rated "Speculative Grade" by Moody's, or ranked "B-" or lower by Standard & Poor's?		
41 Securities not publicly traded?		
42 Municipal bonds or similar tax-exempt securities which yield less than taxable securities?		
43 Stock in which an officer, director or trustee owns 10% or more of the outstanding shares?		

If "yes" on any line from 36-43, attach a full explanation including original basis and current value.

Return of Organization Exempt From Income Tax

1998

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1998 calendar year, OR tax year period beginning 1998, and ending 19

- B Check it: [X] Change of address [] Initial return [] Final return [] Amended return (required also for State reporting)

Please use IRS label or print or type. See Specific Instructions.

C AIRPORT WORKING GROUP OF ORANGE COUNTY 485 E 17TH STREET #500 COSTA MESA, CA 92627

D Employer identification number 33-0008208 E Telephone number 949-515-2525 ANDE F Check [] if exemption application is pending

G Type of organization [X] Exempt under section 501(c) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No I If either box in H is checked "Yes," enter four-digit group exemption number (GEN) (b) If "Yes," enter the number of affiliates for which this return is filed: (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No J Accounting method: [X] Cash [] Accrual [] Other (specify)

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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 13.)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program service revenue, membership dues, interest, dividends, gross rents, investment income, and special events. Total revenue is 161,111 and total expenses is 182,338, resulting in a deficit of 21,227.

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. (See Specific Instructions on page 17.)

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.) (cash \$ _____ non cash \$ _____)	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				
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	760	760		
32	Legal fees	32	1,188	1,188		
33	Supplies	33				
34	Telephone	34	280	280		
35	Postage and shipping	35	2,143	2,143		
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38	4,021	4,021		
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses (itemize): a ADMINISTRATIVE	43a	3,726	3,726		
	b BANK CHARGES	43b	50	50		
	c CONSULTANTS	43c	163,527	163,527		
	d MEETINGS	43d	6,623		6,623	
	e STATE FEES	43e	20	20		
44	Total functional expenses (add lines 22 thru 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	182,338	163,527	12,188	6,623

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? 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 (See Specific Instructions on page 20.)

What is the organization's primary exempt purpose? **▶**

Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)	
a CONVEY INFORMATION BETWEEN HOMEOWNERS AND GOVERNMENT OFFICIALS REGARDING THE IMPACT OF AIRCRAFT NOISE AT AND FROM JOHN WAYNE AIRPORT/AIRCRAFT (Grants and allocations \$ 160,957)	163,527
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	163,527

Part IV Balance Sheets (See Specific Instructions on page 20.)

			(A)		(B)	
			Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
ASSETS	45	Cash - non-interest-bearing.....		45		
	46	Savings and temporary cash investments.....	39,958	46	18,731	
	47 a	Accounts receivable.....	47a			
	b	Less: allowance for doubtful accounts.....	47b	47c		
	48 a	Pledges receivable.....	48a			
	b	Less: allowance for doubtful accounts.....	48b	48c		
	49	Grants receivable.....		49		
	50	Receivables from officers, directors, trustees, and key employees (attach sch).....		50		
	51 a	Other notes and loans receivable (attach schedule).....	51a			
	b	Less: allowance for doubtful accounts.....	51b	51c		
	52	Inventories for sale or use.....		52		
	53	Prepaid expenses and deferred charges.....		53		
	54	Investments - securities (attach schedule).....	SEE STATEMENT... 3	4,032	54	4,032
	55 a	Investments - land, buildings, and equipment: basis.....	55a			
	b	Less: accumulated depreciation (attach schedule).....	55b	55c		
	56	Investments - other (attach schedule).....		56		
	57 a	Land, buildings, and equipment: basis.....	57a			
	b	Less: accumulated depreciation (attach schedule).....	57b	57c		
58	Other assets (describe ▶.....)		58			
59	Total assets (add lines 45 through 58) (must equal line 74).....		43,990	59	22,763	
LIABILITIES	60	Accounts payable and accrued expenses.....		60		
	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).....		64a		
	b	Mortgages and other notes payable (attach schedule).....		64b		
	65	Other liabilities (describe ▶.....)		65		
66	Total liabilities (add lines 60 through 65).....		0	66	0	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted.....		67		
	68	Temporarily restricted.....		68		
	69	Permanently restricted.....		69		
	Organizations that do not follow SFAS 117, check here <input checked="" 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.....	43,990	72	22,763	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21).....	43,990	73	22,763		
74	Total liabilities and net assets/fund balances (add lines 66 and 73).....	43,990	74	22,763		

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 22.)

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** N/A

b Amounts included on line a but not on line 12, Form 990:

(1) Net unrealized gains on investments \$

(2) Donated services and use of facilities .. \$

(3) Recoveries of prior year grants \$

(4) Other (specify):

..... \$

Add amounts on lines (1) through (4) **b**

c Line a minus line b **c**

d Amounts included on line 12, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 ... \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) **d**

e Total revenue per line 12, Form 990 (line c plus line d) **e**

a Total expenses and losses per audited financial statements **a** N/A

b Amounts included on line a but not on line 17, Form 990:

(1) Donated services and use of facilities. . . . \$

(2) Prior year adjustments reported on line 20, Form 990 \$

(3) Losses reported on line 20, Form 990 \$

(4) Other (specify):

..... \$

Add amounts on lines (1) through (4) **b**

c Line a minus line b **c**

d Amounts included on line 17, Form 990 but not on line a:

(1) Investment expenses not included on line 6b, Form 990 \$

(2) Other (specify):

..... \$

Add amounts on lines (1) and (2) **d**

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 Specific Instructions on page 22.)

(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 & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 4				

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 Specific Instructions on page 22.

Part VI Other Information (See Specific Instructions on page 23.)

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. 76 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. 77 X

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. 79 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? 80a X
b If "Yes," enter the name of the organization N/A

and check whether it is exempt OR nonexempt.

81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81. 81a 0

b Did the organization file Form 1120-POL for this year? 81b 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? 82a 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 for reporting in Part III.) 82b N/A

83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X

b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X

84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A

85 501(c)(4), (5), or (6) organizations. - a Were substantially all dues nondeductible by members? 85a N/A

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b 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.

c Dues, assessments, and similar amounts from members 85c N/A

d Section 162(e) lobbying and political expenditures 85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? 85g N/A

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A

86 501(c)(7) organizations. - Enter:

a Initiation fees and capital contributions included on line 12. 86a N/A

b Gross receipts, included on line 12, for public use of club facilities. 86b N/A

87 501(c)(12) organizations. - Enter:

a Gross income from members or shareholders. 87a N/A

b 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? If "Yes," complete Part IX. 88 X

89a 501(c)(3) organizations. - Enter: Amount of tax imposed on the organization during the year under: section 4911 0; section 4912 0; section 4955 0

b 501(c)(3) and 501(c)(4) organizations. - Did the organization engage in any section 4958 excess benefit transaction during the year? If "Yes," attach a statement explaining each transaction. 89b X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0

d Enter: Amount of tax in 89c, above, reimbursed by the organization. 0

90a List the states with which a copy of this return is filed.

b Number of employees employed in the pay period that includes March 12, 1998 (See instructions.) 90b 0

91 The books are in care of ANDERS FOLKEDAL Telephone no. Located at ORGANIZATION ADDRESS ZIP + 4

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

1998

Department of the Treasury
Internal Revenue Service

Supplementary Information
See separate instructions.

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

AIRPORT WORKING GROUP OF ORANGE COUNTY

Employer identification number

33-0008208

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions on page 1. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions on page 1. List each one (whether individuals or firms.) If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ELLIS/HART ASSOCIATES, INC.	CONSULTING	156,922
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions on page 2.)		

Part IV Reason for Non-Private Foundation Status (See instructions on pages 2 through 4.)

The organization is not a private foundation because it is: (Please check only ONE applicable box):

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions on page 4.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions on page 4.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 1997	(b) 1996	(c) 1995	(d) 1994	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	58,045	74,905	23,585	80,516	237,051
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	154	467	770	385	1,776
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a sch. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	58,199	75,372	24,355	80,901	238,827
24 Line 23 minus line 17	58,199	75,372	24,355	80,901	238,827
25 Enter 1% of line 23	582	754	244	809	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 4,777
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 238,827
d Add: Amounts from column (e) for lines: 18 <u>1,776</u> 19 _____ 22 _____ 26b _____					26d 1,776
e Public support (line 26c minus line 26d total)					26e 237,051
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.26%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: N/A (1997) _____ (1996) _____ (1995) _____ (1994) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1997) _____ (1996) _____ (1995) _____ (1994) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions on page 4.)

Part V Private School Questionnaire (See instructions on page 4.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

- 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

	Yes	No
29		
30		
31		

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

- 32 Does the organization maintain the following:
 - a Records indicating the racial composition of the student body, faculty, and administrative staff?
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
 - d Copies of all material used by the organization or on its behalf to solicit contributions?

32a		
32b		
32c		
32d		

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 33 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges?
 - b Admissions policies?
 - c Employment of faculty or administrative staff?
 - d Scholarships or other financial assistance?
 - e Educational policies?
 - f Use of facilities?
 - g Athletic programs?
 - h Other extracurricular activities?

33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

- 34a Does the organization receive any financial aid or assistance from a governmental agency?
 - b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either 34a or b, please explain using an attached statement.

34a		
34b		

- 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.

35		
----	--	--

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions on page 6.) N/A
(To be completed ONLY by an eligible organization that filed Form 5768)

Check here a if the organization belongs to an affiliated group.
Check here b if you checked "a" above and "limited control" provisions apply.

Table with columns for 'Limits on Lobbying Expenditures', '(a) Affiliated group totals', and '(b) To be completed for ALL electing organizations'. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 7.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 1998, 1997, 1996, 1995, and Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total lobbying/grassroots expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A
(For reporting only by organizations that did not complete Part VI-A) (See instructions on page 8.)

Table for reporting lobbying activity with columns for 'Yes', 'No', and 'Amount'. Rows list various methods of influence such as volunteers, paid staff, media advertisements, mailings, publications, grants, and direct contact.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

CLIENT 6000

AIRPORT WORKING GROUP OF ORANGE COUNTY

33-0008208

STATEMENT 2
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

DIVIDENDS	\$	154

TOTAL	\$	154
		=====

STATEMENT 3
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT	TOTAL
-----	-----	-----	-----
CORPORATE STOCKS	COST	\$ 4,032	
		-----	\$ 4,032
	TOTAL	\$	<u>4,032</u>

STATEMENT 4
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. CONTRIB.	EXPENSE PLN ACCOUNT/ OTHER
-----	-----	-----	-----	-----
ANDERS FOLKEDAL 260 NEWPORT CENTER DRIVE #500 NEWPORT BEACH, CA 92660	TREASURER NONE	0	0	0
JOSH WALKER 210 PEARL BALBOA ISLAND, CA 92662	SECRETARY NONE	0	0	0
BARRY EATON 727 BELLIS NEWPORT BEACH, CA 92660	DIRECTOR NONE	0	0	0
TOM EDWARDS 1333 HAMPSHIRE CIRCLE NEWPORT BEACH, CA 92660	DIRECTOR NONE	0	0	0

CLIENT 6000

AIRPORT WORKING GROUP OF ORANGE COUNTY

33-0008208

STATEMENT 4 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. CONTRIB.	EXPENSE PLN ACCOUNT/ OTHER
RICHARD TAYLOR 1612 HIGHLAND DRIVE NEWPORT BEACH, CA 92660	DIRECTOR NONE	0	0	0
DENNIS ASHENDORF	DIRECTOR NONE	0	0	0
PETE DRUMMOND 1612 HIGHLAND DRIVE NEWPORT BEACH, CA 92660	DIRECTOR NONE	0	0	0
TOM ANDERSON	DIRECTOR NONE	0	0	0
ED BENSON 1028 WEST WIND WAY NEWPORT BEACH, CA 92660	DIRECTOR NONE	0	0	0
TOTAL		\$ <u>0</u>	<u>0</u>	<u>0</u>

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

► File a separate application for each return.

Please type or print. File the original and one copy by the due date for filing your return. See instructions on back.

Name: AIRPORT WORKING GROUP OF ORANGE COUNTY Employer identification number: 33-0008202

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): 210 LEWELLEN ACCOUNTANCY

City, town or post office, state, and ZIP code. For a foreign address, see instructions. 23521 PASAD DE VALENCIA # 205
LAGUNA HILLS CA 92653

Note: Corporate income tax return filers must use Form 7004 to request an extension of time to file. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

1 I request an extension of time until 8/15, 99, to file (check only one):

<input type="checkbox"/> Form 706-GS(D)	<input type="checkbox"/> Form 990-T (401(a) or 408(a) trust)	<input type="checkbox"/> Form 1120-ND (sec. 4951 taxes)	<input type="checkbox"/> Form 8612
<input type="checkbox"/> Form 706-GS(T)	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 3520-A	<input type="checkbox"/> Form 8613
<input checked="" type="checkbox"/> Form 990 or 990-EZ	<input type="checkbox"/> Form 1041 (estate) (see instructions)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8725
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8804
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1042	<input type="checkbox"/> Form 6069	<input type="checkbox"/> Form 8831

If the organization does not have an office or place of business in the United States, check this box.

2a For calendar year 98, or other tax year beginning _____ and ending _____

b If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? Yes No

4 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

5a If this form is for Form 706-GS(D), Form 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD coupon if required. See instructions. \$ 0

Verification

I declare and statements, and to the best of my knowledge and belief, it is true, correct.

Under penalties and complete an

Signature: [Signature]
FILE ORIGIN.

[Signature] Date: 5-13-99
My application is approved and will return the copy.

Notice to Applicant - to be completed by the IRS

- We HAVE approved your application. Please attach this form to your return.
- We HAVE NOT approved your application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of your return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to your return.
- We HAVE NOT approved your application. After considering the reasons stated in item 4, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider your application because it was filed after the due date of the return for which an extension was requested.
- Other: _____

By: _____ Date: _____
Director Date

If you want a copy of this form to be returned to an address other than that shown above, please enter the address to which the copy should be sent.

Please Type or Print

Name: _____

Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address): _____

City, town or post office, state, and ZIP code. For a foreign address, see instructions. _____