

SCANNED NOV 20 2006

Form **990-EZ**  
 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 black lung benefit trust or private foundation)  
 ▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150  
**2005**  
 Open to Public Inspection

**A For the 2005 calendar year, or tax year beginning** \_\_\_\_\_, **2005, and ending** \_\_\_\_\_

|   |   |   |   |
|---|---|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | <b>C</b><br>AIRPORT WORKING GROUP OF ORANGE COUNTY<br>1048 IRVINE AVENUE #467<br>NEWPORT BEACH, CA 92660-4602 | <b>D</b> Employer identification number<br>33-0008208 |
|   |   |   | <b>E</b> Telephone number<br>949-515-2525 ANDE        |
|   |   |   | <b>F</b> Group Exemption Number                       |

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Web site: ▶ N/A

**J** Organization type (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  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** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 21,206.

| Part I   |  | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)                                   |         |
|----------|--|--|---------|
| REVENUE  | 1  | Contributions, gifts, grants, and similar amounts received   | 20,590. |
|          | 2  | Program service revenue including government fees and contracts  |         |
|          | 3  | Membership dues and assessments  |         |
|          | 4  | Investment income  | 616.    |
|          | 5a   | Gross amount from sale of assets other than inventory  |         |
|          | 5b   | Less: cost or other basis and sales expenses   |         |
|          | 5c   | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)                   |         |
|          | 6  | Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |         |
|          | 6a   | Gross revenue (not including reported on line 1) of contributions  |         |
| EXPENSES | 6b   | Less: direct expenses other than fundraising expenses  |         |
|          | 6c   | Net income or (loss) from special events and activities (line 6a less line 6b)                                     |         |
|          | 7a   | Gross sales of inventory less returns and allowances   |         |
|          | 7b   | Less: cost of goods sold   |         |
|          | 7c   | Gross profit or (loss) from sales of inventory (line 7a less line 7b)  |         |
|          | 8  | Other revenue (describe ▶ _____)   |         |
|          | 9  | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | 21,206. |
| ASSETS   | 10   | Grants and similar amounts paid (attach schedule)  |         |
|          | 11   | Benefits paid to or for members  |         |
|          | 12   | Salaries, other compensation, and employee benefits  |         |
|          | 13   | Professional fees and other payments to independent contractors  | 70,003. |
|          | 14   | Occupancy, rent, utilities, and maintenance  |         |
|          | 15   | Printing, publications, postage, and shipping  | 3,600.  |
|          | 16   | Other expenses (describe ▶ SEE STATEMENT 1)  | 9,594.  |
| 17       | <b>Total expenses</b> (add lines 10 through 16)  | 83,197.  |         |
| 18       | Excess or (deficit) for the year (line 9 less line 17)   | -61,991.   |         |
| 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) | 79,090.  |         |
| 20       | Other changes in net assets or fund balances (attach explanation)  |  |         |
| 21       | <b>Net assets or fund balances at end of year</b> (combine lines 18 through 20)  | 17,099.  |         |

| Part II |  | Balance Sheets — If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See Instructions) |                 |
|---------|--|--|-----------------|
|         |  | (A) Beginning of year  | (B) End of year |
| 22      | Cash, savings, and investments   | 79,090.  | 17,099.         |
| 23      | Land and buildings   |  |                 |
| 24      | Other assets (describe ▶ _____)  |  |                 |
| 25      | <b>Total assets</b>  | 79,090.  | 17,099.         |
| 26      | <b>Total liabilities</b> (describe ▶ _____)  | 0.   | 0.              |
| 27      | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 79,090.  | 17,099.         |

P. 26



| Part III Statement of Program Service Accomplishments (See Instructions)  |  | Expenses  |         |
|---|--|---|---------|
| What is the organization's primary exempt purpose?<br>Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title |  | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |         |
| 28  | CONVEY INFORMATION BETWEEN HOMEOWNERS AND GOVERNMENT OFFICIALS REGARDING THE IMPACT OF AIRCRAFT NOISE AT AND FROM JOHN WAYNE AIRPORT/AIRCRAFT<br>(Grants \$ 20,590.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28 a  | 83,197. |
| 29  | -----<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29 a  |         |
| 30  | -----<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 30 a  |         |
| 31  | Other program services (attach schedule)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31 a  |         |
| 32  | Total program service expenses (add lines 28a through 31a)   | 32  | 83,197. |

| Part IV 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 |
| SEE STATEMENT 2   |  | 0.  | 0.  | 0.                                       |
| -----   |  |   |   |  |
| -----   |  |   |   |  |
| -----   |  |   |   |  |
| -----   |  |   |   |  |

| Part V Other Information (Note the attachment requirement in the instructions)  | SEE STATEMENT 3 | Yes | No |
|---|-----------------|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   | 33              |     | X  |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes   | 34              |     | X  |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |                 |     |    |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  | 35 a            |     | X  |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year?  | 35 b            | N/A |    |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a stmt)   | 36              |     | X  |
| 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions   | 37 a            | 0.  |    |
| b Did the organization file Form 1120-POL for this year?  | 37 b            |     | X  |
| 38 a 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 unpaid at the start of the period covered by this return?                  | 38 a            |     | X  |
| b If 'Yes,' attach the sch specified in the ln 38 instructions and enter the amount involved.   | 38 b            | N/A |    |
| 39 501(c)(7) organizations Enter.   |                 |     |    |
| a Initiation fees and capital contributions included on line 9  | 39 a            | N/A |    |
| b Gross receipts, included on line 9, for public use of club facilities   | 39 b            | N/A |    |
| 40 a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  |                 | 0.  |    |
| b 501(c)(3) and (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 an explanation      | 40 b            |     | X  |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |                 |     | 0. |
| d Enter amount of tax on line 40c reimbursed by the organization  |                 |     | 0. |

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)

41 List the states with which a copy of this return is filed ▶ NONE

42 a The books are in care of ▶ ANDERS FOLKEDAL

Telephone no ▶ \_\_\_\_\_

Located at ▶ ORGANIZATION ADDRESS,

ZIP + 4 ▶ \_\_\_\_\_

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)?

|     | Yes | No |
|-----|-----|----|
| 42b |     | X  |
| 42c |     | X  |

If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

c At any time during the calendar year, did the organization maintain an office outside of the U.S. ?

If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here  N/A

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

**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: [Signature] Date: 10/24/06 Type or print name and title: ANDERS FOLKEDAL T.

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 10/24/06 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: LEWELLEN ACCOUNTANCY CORP.  
23521 PASEO DE VALENCIA STE205  
LAGUNA HILLS, CA 92653 EIN: N/A Phone no: (949) 859-4644



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under  
Section 501(c)(3)**

OMB No 1545-0047

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

**2005**

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 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 and deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE  |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
|   |  |                  |   |  |
| Total number of other employees paid over \$50,000            | ▶  | 0                |   |  |

**Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions 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 |
|---|---------------------|------------------|
| CHEVALIER, ALLAN & LICHMAN  | CONSULTING          | 54,803.          |
| DAVID SCHAFFER  | CONSULTING          | 14,000.          |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| Total number of others receiving over \$50,000 for professional services    | ▶                   | 0                |

**Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None' See instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000  | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services | ▶                   | 0                |

**Part III** Statements About Activities (See instructions.)

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>▶</b> \$ <u>N/A</u><br>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B).<br>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. |     | X  |
| <b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)  |     |    |
| <b>a</b> Sale, exchange, or leasing of property?  |     | X  |
| <b>b</b> Lending of money or other extension of credit?   |     | X  |
| <b>c</b> Furnishing of goods, services, or facilities?  |     | X  |
| <b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?  |     | X  |
| <b>e</b> Transfer of any part of its income or assets?  |     | X  |
| <b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)   |     | X  |
| <b>b</b> Do you have a section 403(b) annuity plan for your employees?  |     | X  |
| <b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?   |     | X  |
| <b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?   |     | X  |
| <b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?  |     | X  |

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

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 )
- 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). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

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

| (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 )



**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)<br>2004 | (b)<br>2003 | (c)<br>2002 | (d)<br>2001 | (e)<br>Total   |
|--|-------------|-------------|-------------|-------------|----------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)   | 33,518.     | 30,479.     | 113,348.    | 3,719,196.  | 3,896,541.     |
| 16 Membership fees received  |             |             |             |             | 0.             |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose   |             |             |             |             | 0.             |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (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  | 150.        | 809.        |             | 14,289.     | 15,248.        |
| 19 Net income from unrelated business activities not included in line 18   |             |             |             |             | 0.             |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.   |             |             |             |             | 0.             |
| 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.   |             |             |             |             | 0.             |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.   |             |             |             |             | 0.             |
| 23 Total of lines 15 through 22  | 33,668.     | 31,288.     | 113,348.    | 3,733,485.  | 3,911,789.     |
| 24 Line 23 minus line 17   | 33,668.     | 31,288.     | 113,348.    | 3,733,485.  | 3,911,789.     |
| 25 Enter 1% of line 23   | 337.        | 313.        | 1,133.      | 37,335.     |                |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24  |             |             |             |             | 26a 78,236.    |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts   |             |             |             |             | 26b            |
| c Total support for section 509(a)(1) test. Enter line 24, column (e)  |             |             |             |             | 26c 3,911,789. |
| d Add: Amounts from column (e) for lines 18 15,248. 19   |             |             |             |             | 26d 15,248.    |
| 22 26b   |             |             |             |             | 26e 3,896,541. |
| e Public support (line 26c minus line 26d total)   |             |             |             |             | 26f 99.61 %    |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))   |             |             |             |             |                |
| 27 Organizations described on line 12: N/A   |             |             |             |             |                |
| a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year   |             |             |             |             |                |
| (2004) (2003) (2002) (2001)  |             |             |             |             |                |
| b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year |             |             |             |             |                |
| (2004) (2003) (2002) (2001)  |             |             |             |             |                |
| c Add Amounts from column (e) for lines 15 16  |             |             |             |             | 27c            |
| 17 20 21   |             |             |             |             | 27d            |
| d Add: Line 27a total and line 27b total   |             |             |             |             | 27e            |
| e Public support (line 27c total minus line 27d total)   |             |             |             |             | 27f            |
| f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)  |             |             |             |             | 27g %          |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))   |             |             |             |             | 27h %          |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))   |             |             |             |             |                |
| 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15  |             |             |             |             |                |

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

N/A

|   | Yes | No |
|---|-----|----|
| <b>29</b> 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?   |     |    |
| <b>30</b> 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?  |     |    |
| <b>31</b> 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?<br>If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement ) |     |    |
| -----   |     |    |
| -----   |     |    |
| -----   |     |    |
| <b>32</b> Does the organization maintain the following:   |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?  |     |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  |     |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  |     |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?   |     |    |
| If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)   |     |    |
| -----   |     |    |
| -----   |     |    |
| <b>33</b> Does the organization discriminate by race in any way with respect to   |     |    |
| <b>a</b> Students' rights or privileges?  |     |    |
| <b>b</b> Admissions policies?   |     |    |
| <b>c</b> Employment of faculty or administrative staff?   |     |    |
| <b>d</b> Scholarships or other financial assistance?  |     |    |
| <b>e</b> Educational policies?  |     |    |
| <b>f</b> Use of facilities?   |     |    |
| <b>g</b> Athletic programs?   |     |    |
| <b>h</b> Other extracurricular activities?  |     |    |
| If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)  |     |    |
| -----   |     |    |
| -----   |     |    |
| <b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?  |     |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?<br>If you answered 'Yes' to either 34a or b, please explain using an attached statement   |     |    |
| <b>35</b> 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  |     |    |



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

N/A

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply.

| <b>Limits on Lobbying Expenditures</b>  |   | (a)<br>Affiliated group<br>totals | (b)<br>To be completed<br>for ALL electing<br>organizations |
|---|---|-----------------------------------|---|
| (The term 'expenditures' means amounts paid or incurred.)                                   |   |                                   |   |
| <b>36</b>   | Total lobbying expenditures to influence public opinion (grassroots lobbying) | <b>36</b>                         |   |
| <b>37</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) | <b>37</b>                         |   |
| <b>38</b>   | Total lobbying expenditures (add lines 36 and 37)                             | <b>38</b>                         |   |
| <b>39</b>   | Other exempt purpose expenditures   | <b>39</b>                         |   |
| <b>40</b>   | Total exempt purpose expenditures (add lines 38 and 39)                       | <b>40</b>                         |   |
| <b>41</b>   | Lobbying nontaxable amount. Enter the amount from the following table –       |                                   |   |
|   | <b>If the amount on line 40 is –</b>  |                                   |   |
|   | Not over \$500,000 . . . . .  |                                   |   |
|   | Over \$500,000 but not over \$1,000,000                                       |                                   |   |
|   | Over \$1,000,000 but not over \$1,500,000                                     |                                   |   |
|   | Over \$1,500,000 but not over \$17,000,000                                    |                                   |   |
|   | Over \$17,000,000   |                                   |   |
|   | <b>The lobbying nontaxable amount is –</b>                                    |                                   |   |
|   | 20% of the amount on line 40  |                                   |   |
|   | \$100,000 plus 15% of the excess over \$500,000                               |                                   |   |
|   | \$175,000 plus 10% of the excess over \$1,000,000                             | <b>41</b>                         |   |
|   | \$225,000 plus 5% of the excess over \$1,500,000                              |                                   |   |
|   | \$1,000,000 . . . . .   |                                   |   |
| <b>42</b>   | Grassroots nontaxable amount (enter 25% of line 41)                           | <b>42</b>                         |   |
| <b>43</b>   | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36      | <b>43</b>                         |   |
| <b>44</b>   | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38      | <b>44</b>                         |   |
| <b>Caution:</b> 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 )

|  | <b>Lobbying Expenditures During 4-Year Averaging Period</b> |             |             |             |              |
|--|---|-------------|-------------|-------------|--------------|
|  | (a)<br>2005   | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| <b>45</b> Lobbying nontaxable amount                     |   |             |             |             |              |
| <b>46</b> Lobbying ceiling amount (150% of line 45(e))   |   |             |             |             |              |
| <b>47</b> Total lobbying expenditures                    |   |             |             |             |              |
| <b>48</b> Grassroots non-taxable amount                  |   |             |             |             |              |
| <b>49</b> Grassroots ceiling amount (150% of line 48(e)) |   |             |             |             |              |
| <b>50</b> Grassroots lobbying expenditures               |   |             |             |             |              |

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements.
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

| Yes | No | Amount |
|-----|----|--------|
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |
|     |    |        |

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





10/19/06

02 51PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

|                      |    |               |
|----------------------|----|---------------|
| ADMINISTRATIVE COSTS | \$ | 3,412.        |
| BANK CHARGES         |    | 9.            |
| INSURANCE            |    | 1,891.        |
| MEETINGS             |    | 2,069.        |
| STATE FEES           |    | 10.           |
| TELEPHONE            |    | 189.          |
| TRAVEL               |    | 1,629.        |
| WEB COSTS            |    | 385.          |
| TOTAL                | \$ | <u>9,594.</u> |

**STATEMENT 2  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

| NAME AND ADDRESS      | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|-----------------------|--|-------------------|----------------------------------|------------------------------|
| ANDERS FOLKEDAL       | TREASURER<br>0                                 | \$ 0.             | \$ 0.                            | \$ 0.                        |
| '                     |  |                   |                                  |                              |
| SHIRLEY CONGER        | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| WILLIAM "BILL" KEARNS | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| BARRY EATON           | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| VIRGIL GALEY          | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| BARBARA LICHMAN       | EXECUTIVE DIREC<br>0                           | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| RACHEL HAMILTON       | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |
| BILL LUSK             | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                     |  |                   |                                  |                              |



10/19/06

02 51PM

STATEMENT 2 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND<br>AVERAGE HOURS<br>PER WEEK DEVOTED | COMPEN-<br>SATION | CONTRI-<br>BUTION TO<br>EBP & DC | EXPENSE<br>ACCOUNT/<br>OTHER |
|------------------|--|-------------------|----------------------------------|------------------------------|
| TOM COAD         | DIRECTOR<br>0                                  | \$ 0.             | \$ 0.                            | \$ 0.                        |
| '                |  |                   |                                  |                              |
| ESTHER FINE      | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| LARRY ROOT       | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| GEORGE MARGOLIN  | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| TOM NAUGHTON     | PRESIDENT<br>0                                 | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| DON NYRE         | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| FLORENCE STASCH  | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| RICHARD TAYLOR   | VICE PRESIDENT<br>0                            | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| ELEANOR TUCKER   | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| PETE DRUMMOND    | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| TOM ANDERSON     | SECRETARY<br>0                                 | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
| JOSH WALKER      | DIRECTOR<br>0                                  | 0.                | 0.                               | 0.                           |
| '                |  |                   |                                  |                              |
|                  | TOTAL  | \$ 0.             | \$ 0.                            | \$ 0.                        |

**STATEMENT 3  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

- (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO
- (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO



10/19/06

02:51PM

FORM 990, PART IV, SECTION A

ALL OFFICERS AND DIRECTORS CAN BE CONTACTED THROUGH THE OFFICES OF AIRPORT WORKING GROUP:

1048 IRVINE AVENUE, SUITE 467  
NEWPORT BEACH, CA 92660-4602

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box . . . .  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

|   |  |   |
|---|--|---|
| Type or print<br><br>File by the extended due date for filing the return See instructions | Name of Exempt Organization<br><b>AIRPORT WORKING GROUP OF ORANGE COUNTY</b>   | Employer identification number<br><b>33-0008208</b> |
|   | Number, street, and room or suite no. If a P O box, see instructions<br><b>1048 IRVINE AVENUE, #467</b>                  | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code For a foreign address, see instructions<br><b>NEWPORT BEACH, CA 92660</b> |   |

Check type of return to be filed (File a separate application for each return)

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 4720                                |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **ANDERS FOLKEDAL**  
Telephone No.  FAX No.
- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN)  If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 20 06

5 For calendar year 05, or other tax year beginning 20 and ending 20

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

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

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . . \$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature *Elaine A. McCarty* Title CPA Date 8/4/06

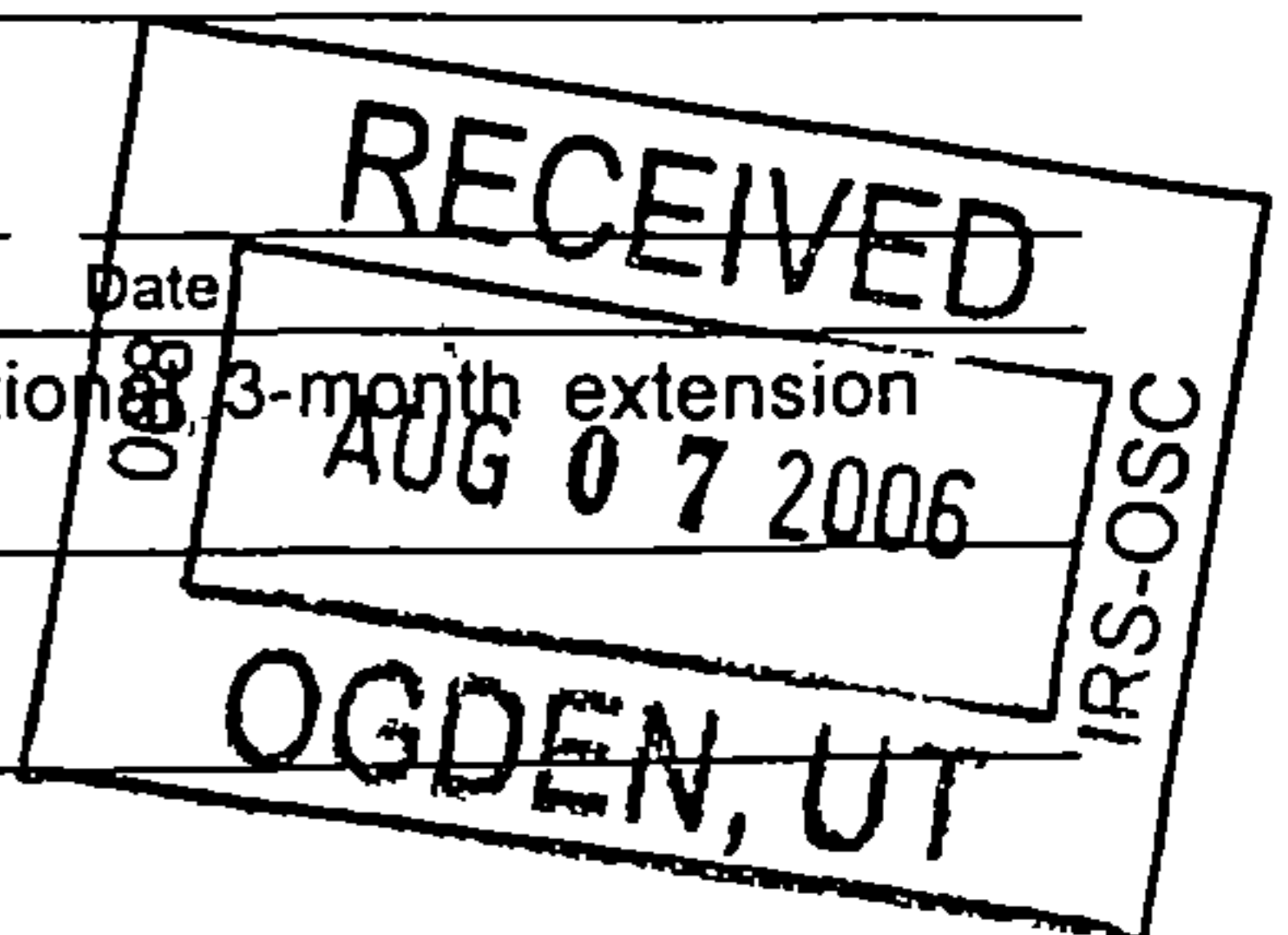
**Notice to Applicant—To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's 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 the organization's return.
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

|               |  |
|---------------|--|
| Type or print | Name<br><b>LEWELLEN ACCOUNTANCY</b>  |
|               | Number and street (include suite, room, or apt. no.) or a P.O. box number<br><b>23521 PASEO DE VALENCIA, SUITE 205</b> |
|               | City or town, province or state, and country (including postal or ZIP code)<br><b>LAGUNA HILLS, CA 92653</b>           |





# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

|  |  |   |
|--|--|---|
| Type or print<br>File by the<br>due date for<br>filing your<br>return. See<br>instructions | Name of Exempt Organization<br><b>AIRPORT WORKING GROUP OF ORANGE COUNTY</b>                               | Employer identification number<br><b>33-0008208</b> |
|  | Number, street, and room or suite number. If a P O box, see instructions<br><b>1048 IRVINE AVENUE #467</b> |   |
|  | City, town or post office. For a foreign address, see instructions<br><b>NEWPORT BEACH CA 92660</b>        | state ZIP code                                      |

Check type of return to be filed (file a separate application for each return):

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► ANDERS FOLKEDAL

Telephone No. ► \_\_\_\_\_ FAX No ► \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2005 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**