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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2009

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization EVERGREEN SOARING, INC.		D Employer identification number 91-1226995
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 6947 COAL CREEK PARKWAY SE 165		E Telephone number 425-742-8895
		City or town, state or country, and ZIP + 4 NEWCASTLE, WA 98059		F Group Exemption Number ▶
		G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶		

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

I Website: ▶ www.evergreensoaring.com

J Tax-exempt status (check only one) — 501(c) (7) ◀ (insert no) 4947(a)(1) or 527

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

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 116,475

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	74,264
	3	Membership dues and assessments	3	42,145
	4	Investment income	4	65
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	116,474	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	9,519
	14	Occupancy, rent, utilities, and maintenance	14	42,242
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE _____)	16	51,378
17	Total expenses. Add lines 10 through 16	17	103,139	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,335
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	351,746
	20	Other changes in net assets or fund balances (attach explanation)	20	-1
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	365,080

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	64,516	76,110
23 Land and buildings	29,655	27,308
24 Other assets (describe ▶ SEE ATTACHED SCHEDULE _____)	264,412	265,358
25 Total assets	358,583	368,776
26 Total liabilities (describe ▶ SEE ATTACHED SCHEDULE _____)	6,837	3,696
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	351,746	365,080

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED SEP 29 2010

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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	Yes	No
47		
48		
49a		
49b		
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- 49b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: Martin N Gibbins Date: 16 Sept 2010

Type or print name and title: Martin N Gibbins, Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 9-7-10 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: DON M RUNNING, ATTORNEY EIN: 91-1162467

2642 BISHOP PLACE WEST, SEATTLE, WA 98199 Phone no: 206-285-4541

Preparer's identifying number (See instructions): PO0626190

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

EVERGREEN SOARING, INC.
91-1226995

FORM 990EZ
2009

Page 1, Part I, Line 16 Other Expenses

Bank services charges	1
Social expense	363
Insurance	12,262
Licenses	1,591
Auto	259
Office Expense	2,306
Tow plane fuel	20,097
Taxes	1,694
Depreciation	12,133
Misc.	<u>672</u>
	51,378

Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balance

Rounding

EVERGREEN SOARING, INC.
91-1226995

FORM 990EZ
2009

Page 1, Part II, Line 24, Other Assets

	<u>12/31/08</u>	<u>12/31/09</u>
Accounts receivable	21,111	20,695
Flight related assets	238,397	240,943
Equipment	3,904	3,720
Prepaid expenses	<u>1,000</u>	<u>0</u>
Total Other Assets	264,412	265,358

Page 1, Part II, Line 26 Other Liabilities

	<u>12/31/08</u>	<u>12/31/09</u>
Accrued expenses	3,498	-
Taxes payable	<u>3,339</u>	<u>3,696</u>
Total Other Liabilities	6,837	3,696

EVERGREEN SOARING, INC.
91-1226995

FORM 990EZ
2009

Page 2, Part III, Statement of Primary Purpose

The purpose of the organization is educational/recreational. The organization has acquired an ownership interest in various equipment which allows its members to engage in flying gliders. The organization provides tow planes, gliders and pilots to allow its members to obtain flight instruction and actually fly gliders.

Membership is open to the general public. Dues are collected from the members to belong and additional usage charges are levied for actual use of the equipment. Flight instruction is provided for free.

EVERGREEN SOARING, INC.
91-1226995

FORM 990EZ
2009

Page 2, Part III, Line 28, Program Service Accomplishments

At the end of 2009, the organization had 131 members, including pilots and instructors. The organization supported the operation of 1,548 flights, of which 65 were demonstration flights provided to non members to introduce them to the sport.

The organization provides pilots to operate the plane which tows the glider into the air and also provides for glider pilot instruction so members can increase their skills and enjoy the activity.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	

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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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 ▶

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 corporation required to file Form 990-T) extension of time until, 20...., to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20..... 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.	3a	\$
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.	3b	\$
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.	3c	\$

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.

- 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization Evergreen Soaring, Inc	Employer identification number 91 1226995
	Number, street, and room or suite no. If a P O box, see instructions 6947 Coal Creek Parkway SE #165	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Newcastle, WA 98059	

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

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

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 **Mary Bussiere-Watts**
 Telephone No. **(425) 742-8895** FAX No. **(888) 706-8374**
- 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

- I request an additional 3-month extension of time until **November 15,** 20**10**.
- For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension *We need additional time to gather documentation & information in order to accurately complete the 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.	8a \$
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	8b \$
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	8c \$

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 **Marta M. Gilman** Title **Treasurer of Evergreen Soaring** Date **8/10/2010**