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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 private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **01-01-2015**, and ending **12-31-2015**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Evergreen Soaring

Number and street (or P O box, if mail is not delivered to street address) Room/suite
6947 Coal Creek Parkway SE

City or town, state or province, country, and ZIP or foreign postal code
Newcastle, WA 98059

D Employer identification number
91-1226995

E Telephone number
(206) 367-6980

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 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 Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 109,429

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ▶

Revenue	1 Contributions, gifts, grants, and similar amounts received		1	0
	2 Program service revenue including government fees and contracts		2	62,681
	3 Membership dues and assessments		3	46,719
	4 Investment income		4	29
	5a Gross amount from sale of assets other than inventory	5a		
	b Less cost or other basis and sales expenses	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6 Gaming and fundraising events			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less direct expenses from gaming and fundraising events	6c	0		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0	
7a Gross sales of inventory, less returns and allowances	7a			
b Less cost of goods sold	7b	0		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0	
8 Other revenue (describe in Schedule O)		8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	109,429	
Expenses	10 Grants and similar amounts paid (list in Schedule O)		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	2,337
	14 Occupancy, rent, utilities, and maintenance		14	46,213
	15 Printing, publications, postage, and shipping		15	
	16 Other expenses (describe in Schedule O)		16	41,240
17 Total expenses. Add lines 10 through 16	▶	17	89,790	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,639
	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	380,937
	20 Other changes in net assets or fund balances (explain in Schedule O)		20	601
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	401,177

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	176,834	22 205,759
23 Land and buildings	10,913	23 9,734
24 Other assets (describe in Schedule O)	203,093	24 192,075
25 Total assets	390,840	25 407,568
26 Total liabilities (describe in Schedule O)	9,903	26 6,391
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	380,937	27 401,177

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
See Statement A

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ANTHONY PUGLISI President	15 00	0		
JIM DOBBERFUHL President Elect	4 00	0		
JEAN-CLAUDE HAUCHECORNE Secretary	4 00	0		
MARTY GIBBINS Treasurer	14 00	0		
MOVSES BABAYAN Operations Manager	8 00	0		
MIKE DELANEY Chief Flight and Safety Officer	1 50	0		
CHARLES LONGLEY Equipment Director	4 00	0		
FRED HERMANSPANN Newsletter Editor	3 00	0		
RON BELLAMY Chief Tow Pilot	8 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	2016-11-03 Date
	ANTHONY PUGLISI PRESIDENT Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MIMI LANDSBERG CPA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Mimi Landsberg CPA	Firm's EIN ▶			
	Firm's address ▶ 1430 HILL ST MUKILTEO, WA 982752222	Phone no (425) 513-6304			

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

Additional Data

Software ID:

Software Version:

EIN: 91-1226995

Name: Evergreen Soaring

Form 990EZ, Part III - Statement of Program Service Accomplishments

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, and other relevant information for each program title.

Expenses
(Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT B
(Grants \$)

If this amount includes foreign grants, check here . . .

28a

**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
Evergreen Soaring**Employer identification number**

91-1226995

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Bank and Late Charges 21
Form 990EZ, Part I, Line 16	Business Taxes 929

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Insurance 11841
Form 990EZ, Part I, Line 16	Miscellaneous 207

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Office Expense 1740
Form 990EZ, Part I, Line 16	Tow plane Fuel 16503

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 8822
Form 990EZ, Part I, Line 16	Amortization 1177

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 20	Prior Period accounts payable adjustment 601
Form 990EZ, Part II, Line 24	Accounts Receivable 15121 12813

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Flight Related Assets 185172 176534
Form 990EZ, Part II, Line 24	Equipment 2800 2616

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	Taxes Overpaid 0 112
Form 990EZ, Part II, Line 26	Accounts Payable 9276 116

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	Taxes Payable 627 0
Form 990EZ, Part II, Line 26	Delayed Repairs 0 6275