## Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	Nο.	1545-0047

For calendar year 2022, or fiscal year beginning , 2022, and ending , 20

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2022

Department of the Treasury Internal Revenue Service Name of filer EIN or SSN FLIGHT EXPO, INC 41-1869452 Name and title of officer or person subject to tax SHARON SANDBERG President Type of Return and Return Information Part Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that fine for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here..... 2a Form 990-EZ check here... 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5)........... 4b 4a Form 990-PF check here... 5a Form 8868 check here.... 6a Form 990-T check here . . . 7a Form 4720 check here.... b FMV of assets at end of tax year (Form 5227, Item D) . . . . . . . . . . . . . . . . 8b 8a Form 5227 check here.... 9a Form 5330 check here.... b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . 10b 10a Form 8038-CP check here Partill Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity)
and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize MAKI TAX AND ACCOUNTING 62978 as my signature to enter my PIN Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 41462332812 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date ROBIN MAKI

## 2022 TAX RETURN

Preparer File Copy

Client:	FLIGHTEX

Prepared for: FLIGHT EXPO, INC.

P.O. BOX 155

ZIMMERMAN, MN 55398-0155

763-568-3360

Prepared by: ROBIN MAKI

MAKI TAX AND ACCOUNTING

26061 MAIN ST

ZIMMERMAN, MN 55398 763-856-0897

Date: November 1, 2023

Comments:

Route to:

FDIL2001L 07/05/22

## CLIENT FLIGHTEX

## MAKI TAX AND ACCOUNTING 26061 MAIN ST ZIMMERMAN, MN 55398 763-856-0897

November 1, 2023

FLIGHT EXPO, INC. P.O. BOX 155 ZIMMERMAN, MN 55398-0155

Dear Client:

Your 2022 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

ROBIN MAKI

26061 MAIN ST ZIMMERMAN, MN 55398 763-856-0897

FLIGHT EXPO, INC. P.O. BOX 155 **ZIMMERMAN, MN 55398-0155** 763-568-3360

## **FEDERAL FORMS**

Form 990-EZ Schedule A

2022 Return of Organization Exempt from Income Tax

Schedule O

Organization Exempt Under Section 501(c)(3)

Form 8868

Supplemental Information **Application for Extension** 

Form 8879-TE

IRS e-file Signature Authorization

**FEE SUMMARY** 

**Preparation Fee** 

2022 Federal Exempt Organization Tax Summary (EZ)  Client FLIGHTEX FLIGHT EXPO, INC.						
		2022	2021	Diff		
FORM 990-EZ REVENU Contributions, gi	<b>JE</b> ifts, and grants	74,427	93,297	-18,870		
Total revenue		74,427	93,297	-18,870		
Occupancy/rent/ut Printing, publica	s/pymt to contractors cilities/maintenance ations, and postage	725 4,798 340 58,021	0 0 686 31,769	725 4,798 -346 26,252		
Total expenses		63,884	32,455	31,429		
Net assets/fund h	D BALANCES  it) for the year  bal. at beg. of year  bal. at end of year	10,543 132,479 143,022	60,842 71,637 132,479	-50,299 60,842 10,543		

2022	General Information	Page 1
Client FLIGHTEX	FLIGHT EXPO, INC.	41-186945
1/01/23		10:54AI
Forms needed for this return	n	
Federal: 990-EZ, Sch A	, Sch O, 8868	
Carryovers to 2023		
None		
•		

2022

## Preparer e-file Instructions - Federal

Page 1

Client FLIGHTEX

FLIGHT EXPO, INC.

41-1869452

11/01/23

10:54AM

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

## Prior to transmission of the return

## Form 990-EZ

The organization should review their Federal Return along with any accompanying schedules and statements.

#### Paperless e-file

The organization should read, sign and date the Form 8879-TE, IRS e-file Signature Authorization.

#### Even Return

No payment is required.

#### After transmission of the return

#### Receive acknowledgement of your e-file transmission status.

Within several hours, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program again after 24 and then 48 hours to receive your Federal ACKs.

Keep a signed copy of Form 8879-TE, IRS e-file Signature Authorization in your files for 3 years.

#### Do not mail:

Form 8879-TE IRS e-file Signature Authorization

2022

## Preparer e-file Instructions - Federal

Page 2

**Client FLIGHTEX** 

FLIGHT EXPO, INC.

41-1869452

11/01/23

10:54AM

The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

## Prior to transmission of the return

Form 8868

No signature is required with Form 8868.

**Even Return** 

No payment is required.

## After transmission of the return

Receive acknowledgement of your e-file transmission status.

Within several hours, access the program and get your first acknowledgement (ACK) that the program has received your transmission file.

Access the program again after 24 and then  $48\ \text{hours}$  to receive your Federal ACKs.

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

www.iis.gov/	e-the-providers/e-the-for-chanties-and-non-profit	J.			
Automatic	: 6-Month Extension of Time. Only subn	nit origina	al (no copies needed).		
All corporation	ons required to file an income tax return other that	an Form 99	0-T (including 1120-C filers), partnership	s, REMK	Os, and trusts must
ıse Form 70	04 to request an extension of time to file income TName of exempt organization or other filer, see instructions.	tax returns	·		identification number (TIN)
F	Name of exempt organization or other mer, see instructions.			. company co	,
Type or print				41 10	COMES
	FLIGHT EXPO, INC.  Number, street, and room or suite number. If a P.O. box, see in	structions.		41-18	169452
ile by the ue date for					
ling your eturn. See	P.O. BOX 155 City, town or post office, state, and ZIP code. For a foreign additional code.	ress, see instru	octions.		
nstructions.	ZIMMERMAN, MN 55398-0155				
	<u> </u>		the Conference of the Conferen		0.1
Enter the Re	turn Code for the return that this application is fo	or (file a se	parate application for each return)		
Application		Return	Application		Return Code
s For		Code	ls For		
	Form 990-EZ	01	Form 1041-A	— —	08
Form 4720 (		03	Form 4720 (other than individual)		09
Form 990-PF	and the state of t	.04	Form 5227		10 11
	(section 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		12
	(trust other than above) (corporation)	07	70111 8670		
OIIII 330-1	(corporation)			And the state of t	
Telephon If the org If this is check th	s are in the care of ► SHARON SANDBERG P.O.  e No. ► 763-568-3360  ganization does not have an office or place of but for a Group Return, enter the organization's four is box ►	Fax No siness in th digit Group	ne United States, check this box Exemption Number (GEN)	this is fo	or the whole group,
for the	st an automatic 6-month extension of time until organization named above. The extension is for calendar year 20 22 or	11/15 the organi	, 20 <u>23</u> _, to file the exempt organization's return for:	zation re	turn
▶ □	tax year beginning, 20	, and endi	ng, 20		
2 If the t	ax year entered in line 1 is for less than 12 mont ange in accounting period			nal returr	1
3 a If this nonref	application is for Forms 990-PF, 990-T, 4720, or undable credits. See instructions	6069, ente	the tentative tax, less any	3 a \$	C
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or yments made, Include any prior year overpaymer	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 в \$	0
EFTPS	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See	instruction	S	3 c \$	<del>-</del>
	you are going to make an electronic funds withdra			153-TE a	and Form 8879-TE for

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

## Form **990-EZ**

## **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)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For th	ne 2022 calendar year, or tax year beginning , 2022, and ending		,	
В	Check if	f applicable: C	D	Employer id	entification number
	Address	change		41-18	69452
	Name c	hange FLIGHT EXPO, INC. P.O. BOX 155	E	Telephone r	
$\perp$	Initial re	zim		763-5	68-3360
<u> </u> _		rn/terminated	-		
┝	·	ed return tion pending		Group Ex Number	temption
습 G	<u> </u>		Check	X if the	organization is <b>not</b>
i	Webs	ite: www.flightexpo.org	required <sup>a</sup>	to attach	Schedule B
J		empt status (check only one) — X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	(Form 99	0).	
		of organization: X Corporation Trust Association Other:			
	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		ঽ	74,427.
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions 1	or Part I) [文]
	1	Check if the organization used Schedule O to respond to any question in this Part I	******	1	
		Contributions, gifts, grants, and similar amounts received			74,427.
	2	Program service revenue including government fees and contracts.		. 3	
	1 .	Membership dues and assessments			
	4	Investment income			
		Gross amount from sale of assets other than inventory. 5a  Less: cost or other hasis and sales expenses. 5b			
		Ecoo. Cost of Strict Each Strict		5 c	
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			
o)	1	Gaming and fundraising events:  Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		300	
Revenue	a	Gross income from fundraising events (not including \$ of contribution	s		
ē	•	from fundraising events (not including a stream of continuous) from fundraising events reported on line 1) (attach Schedule G if the sum			
æ		of such gross income and contributions exceeds \$15,000)			
		Less: direct expenses from gaming and fundraising events			
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			
	8	Other revenue (describe in Schedule 0)			
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			74,427.
	10	Grants and similar amounts paid (list in Schedule O)			
•	11	Benefits paid to or for members		. 11	
e S	12	Salaries, other compensation, and employee benefits			
SUE	13	Professional fees and other payments to independent contractors			725.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	4,798.
Ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) See Schedule	 - 0	15	340.
	16	Other expenses (describe in Schedule O)	ī ĭ	16	58,021.
	17	Total expenses, Add lines 10 through 16.		17	63,884.
us.	18	Excess or (deficit) for the year (subtract line 17 from line 9)		12/12/12/12	10,543.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with figure reported on prior year's return)		19	132,479.
et /	20	Other changes in net assets or fund balances (explain in Schedule 0)			
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20			143,022.

rai	Check if the organization used Scher	dule O to respond to any que	estion in this Part I	l <i>.</i>			<u>X</u>
				(A) B	Beginning of yea	r	(B) End of year
22	Cash, savings, and investments	,			82,278.	22	94,709.
23	Land and buildings					23	
24	Land and buildings Other assets (describe in Schedule O)	See Schedule	<u> </u>		50,201.	24	48,325.
25					132,479.	25	143,034.
26	Total liabilities (describe in Schedule O).	See Schedule	0		0.	26	12.
27	Net assets or fund balances (line 27 of c				132,479.	27	143,022.
	22115 Chalamant of Drogram Coming Age	complishments (see the inst	ructions for Part III'	<del>`</del>		11	Expenses
H.a.	Check if the organization used Sch	comprisiments (see the insu redule O to respond to any o	uctions for rate in,	, ! [[]	X	/Door	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule 0	100011011111111111111111111111111111111				and 501(c)(4)
Desc	ribe the organization's program service as	complishments for each of i	ts three largest pro	aram s		òrgar	nizations; optional
mea	ribe the organization's program service ac sured by expenses. In a clear and concise	manner, describe the service	ces provided, the n	น์mber	of persons	for ot	hers.)
bene	etited, and other relevant information for e	acri program ille.					
28	FLIGHT EXPO PROMOTES AVIA		COOPH MOKKSHI	7527	SWE FIT		
	SEMINARS & PRESERVATION O	F_AIRCRAFT					
	70	s amount includes foreign gr				28a	(2 [0]
	(Grants \$ ) If thi	s amount includes foreign gi	rants, check here		· · · · · · · · · · · · · · · · · · ·	202	63,505.
29			-,				
			,,,				
	(Grants \$ ) If thi	s amount includes foreign g	rants, check here	• • • • • •		29a	
30							
	(Grants \$ ) If thi	s amount includes foreign g	rants, check here			30a	
31	Other program services (describe in Scho						
		is amount includes foreign g				31 a	
	Total program service expenses (add lin					32	63,505.
Pái	TIVE List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	e even if r	not compensated s	ee the i	instructions for Part IV)
1 - 4, 4, 4, 4, 4, 4	Check if the organization used Sch	nedule O to respond to any o	question in this Par	t IV <u>.</u>			.,,,
		(b) Average hours per	(c) Reportable compens (Forms W-2/1099-Mi	ation s	(d) Health benefits contributions to emplo	vee	(e) Estimated amount of
	(a) Name and title	week devoted to position	1099-NEC)	l b	enefit plans, and defe compensation	erred	other compensation
			(if not paid, enter -0	·	Compensation		
	ARON_SANDBERG	_				0	^
	esident	5		0.	-	0.	0.
	N BJORNSTAD					^	_
	ce President	25		0.		0.	0.
	EN NITZ	_				^	
	easurer	5		0.		0.	0.
WA.	LLY JOHNSON	_				_	_
Sec	cretary	5		0.		0.	0.
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			<u> </u>	-			
				1			
		<del></del>	<del> </del>				<del> </del>
					<del> </del>		5 505 - 1006
BAA		TEEA0812L C	09/28/22				Form <b>990-EZ</b> (2022)

33 bit the repartication engage in any significant activity no previously reported to the IRS?   1 more provide a collained description of early octivity in Structured O.   2 more provided on the series of the control of the cont	Par	Other Information (Note the Schedule A and personal benefit contract statement rec		See S		, $\Box$
33 bit the organization and engage in any eignificant activity mis previously reported to the INSY (111-15) provide a dealard obscription of each wickly in mish 111-75, which is controlled by the INSY (111-15) provide an explanation in the state of the provided provided by the provided by the INSY (111-15) provided and provided by the INSY (111-15) provided an explanation in the controlled business gross income of \$1,000 or more causing the year from business activities (Such as those reported on lines 2, 6s, and 7s, among others)?  54 If Yes's 1 time 58, has the organization field a Grown growth of the INSY (111-15) provide an explanation in Schedule O Lives the organization a section 501(c)(8), 501(c)(6) organization subject to section 603(c) notice, reporting, and provig tax requirements furning the year? If Yes's complete Schedule C, Part III 11 11 11 11 11 11 11 11 11 11 11 11			question in this Part V			No.
34 We any significant change marks to the organizing or own ring documents if I Yes, "stable so ordinated rough of the explainated is man. Proteins, or significant or sign	33	Did the organization engage in any significant activity not previously reported to the IRS?		33	163	
a charge is the organization from the charge on Schedule O. Ser institutions.  3 bit the regimenation have uncleaded business gross recovered of 30 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  5 bit Yea's 10 ine 53a, has the cragnization filed or form 990-17 for the year? If "No," provide an explanation in Schedule O. C Was the organization a Section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(c) notice, resorting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.  5 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If "Yes," complete Schedule C, Part III.  5 bit the organization in orrow from, or make any houst to, any officer, director, fusited, or key employee; or even should be organization for the manufacture of the first year?  5 bit the complete Schedule L, Part II, and enter the total should be organization or the supplementation of the same years of the same of the tax year concercity year return?  5 section 501(c)(2) organizations. Enter:  5 a initiation fees and capital contributions included on line 9.  6 characteristic for the same organizations. Enter:  6 a initiation fees and capital contributions included on line 9.  7 a Section 501(c)(3) organizations. Enter:  8 a liquid for the same organization organization organization organization organization organization organization organization organization. Enter amount of tax imposed on the organization during the year under:  8 section 501(c)(3) 501(c)(4), and 501(c)(2) organizations. Did the organization during the year under:  9 section 501(c)(3) 501(c)(4), and 501(c)(2) organizations. Did the organization in any section 4956 access the retrieval organization organization organization in any organization in any organization organization managers or disqualified persons during the year under:  9 section 501(c)(3) 501(c)(4), and 501(c)(2) organiz	24	It "Yes," provide a detailed description of each activity in Schedule O	amended documents if they reflect		No.	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities  \$\frac{\text{Sub}}{\text{Pres}}\$ to time 35a, has the organization filed a Form 990. The the year? If "No," provide an explanation Schedule 0   \$55	34	a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.				
(such as those reported on lines 2, 6a, and 7a, among others)?  bit "Yes" to line 35a, has the crapination field of a form 990-1 for the year? If "No," provide an explanation in Schedule O, 235b.  c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If "Yes," complete adjusted. C, Part III.  35 Did the organization undergo a liquidistion, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete adjusted parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a   0, 37b   X.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a   0, 37b   X.  38a Did the organization before mil 1120-POL for this year?  38a Did the organization for organizations and in a prior year and still outstanding at the end of the lax year covered by this return?  38a Did the organization services and speak contributions included on line 9.  39 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:	35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from b	ousiness activities		3.21	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(5) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Section (2), 781 (1) organization undergo a liquidation, dissolution, termination, or significant disposition of not assets during the year? If "Yes," complete applicable parts of Schedule N		(such as those reported on lines 2, 6a, and 7a, among others)?				<u>X</u>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year. If "res," compete period per parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a   0   37b   X   37a   57a   37b	Ŀ	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an	explanation in Schedule O		2.45 mm 4.5	24L972
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year. If "res," compete period per parts of Schedule N.  37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a   0   37b   X   37a   57a   37b	(	the organization engage in any significant activity not previously reported to the IRS?  If the organization engage in any significant activity not previously reported to the IRS?  If the organization engage in any significant activity in Schedule O.  If any significant change make to the organization of each activity in Schedule O.  If any significant change make to the organization of each activity in Schedule O.  If any significant change make to the organization of the manner if Irvs; also provide on the amended documents if they reflect when the provide and the provide on the second organization in the organization have unrelated business gross income of \$1,000 or more during the year from business activities on as those reported on interest. 26, and 7a, among others?)  If the organization have unrelated business gross income of \$1,000 or more during the year from business activities on as those reported on interest 26, and 7a, among others?)  Yes's to line 35a, has the organization lifled a Form 990-T for the year? If "No," provide an explanation in Schedule O, 33 or the organization as section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(			12.00	
disposition of not assets during the year? if "Yes," complete applicable parts of Schedule N	36	Did the organization undergo a liquidation, dissolution, termination, or significant		12.14	erymer col	
b Did the organization file Form 1120-POL for this year?  378 Did the organization form from from ranke any loans to, any efficient, director, fursized, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 Did the organization complete Schedule, I. Part III, and enter the total amount involved.  38 Section 501(c)(c)(7) organizations. Enter:  38 If Yes Complete Schedule, I. Part III, and enter the total amount involved.  38 Section 501(c)(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  38 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  38 Section 501(c)(3) S01(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess senefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EC2? If Yes, Complete Schedule I., Part I.  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization any of its prior Forms 990 or 990-EC2? If Yes, Complete Schedule I., Part I.  41 List the states with which a copy of this return is fleet.  42 The organization.  43 In organization and the organization in a party to a prohibited tax sheller transaction? If Yes, complete Schedule I., Part I.  44 In the states with which a copy of this return is fleet.  45 In organization and the organization in the organization and party to a prohibited tax sheller transaction? If Yes, complete Schedule I., Part I.  46 In organization which a copy of this return is fleet.  47 Interpretable or the organization and the organization and interest in or a signature or other authority over a financial account in a foreign country (such has a bank account, securities account, or other financial account)?  48 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041		disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		- L		
38a Did the organization borrow from, or make any loans io, any officer, director, fusite, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.				
any such lears made in a prior year and still outstanding at the end of the tax year covered by this return?  any such lears made in a prior year and still outstanding at the end of the tax year covered by this return?  38.8 X  bif "Yes," complete Schedue L, Part II, and enter the total anount involved.  38.9 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under:  \$2.5 Section 501(c)(3) organizations. Enter amount of 18x imposed on the organization during the year under:  \$2.5 Section 501(c)(3). 501(c)(4), and 501(c)(2) organizations. Did the organization engage in any section 4956 excess reported on any of its print Forms 990 or 590-E27 if "Yes," complete Schedule L, Part I.  \$2.5 Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization in a prior year that has not been reported on any of its print Forms 990 or 590-E27 if "Yes," complete Schedule L, Part I.  \$3.5 Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization any of its print in year under sections 4912. 4955, and 4998 in any organization.  \$4.5 Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization.  \$4.6 Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  \$4.6 Section 501(c)(3). 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and the sections 4912. 4955, and 4998 in any organization and the sections 4912. 4955, and 4998 in any organization and the sections 4912. 4955, and 4998 in any organization and the sections 4912. 4955, and 4998 in any organization and tax years are sections 4912. 4955, and 4998 in any organization and tax years are sections 4912. 4955, and 4998 in any organization and tax years are sections 4912. 4955, and 4998 in any organization and organization have an interest in or a signature or other authority over a fin	b	Did the organization file Form 1120-POL for this year?			X520 0857 23	
b If "Yes," complete Schedule L, Part II, and enter the total amount involved.  39 Section 501(c)(7) organizations. Enter:  39 Initiation fees and capital contributions included on line 9.  39 In Gross raceipts, included on line 9, for public use of club facilities.  39 In Jan.  40 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:  50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction of unit for length year, or did it engage in an excess benefit transaction and prior year that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  40 Section 501(c)(3), 501(c)(4), 40 501(c)(29) organizations. The amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  5 Section 501(c)(3), 501(c)(4), 40 501(c)(29) organizations. The amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  5 Section 501(c)(3), 501(c)(4), 40 501(c)(29) organizations. The amount of tax imposed on organization and party to a prohibited tax sheller transaction? If "Yes," complete Form 8856-T.  40 Extra transactions? If "Yes," complete Form 8856-T.  41 List the states with which a cory of this return is filed:  None  42a The transactions? If "Yes," complete Form 8856-T.  5 SHARON SANDBERG.  Telephone no. 2P+4  5 S5398-01.55  Telephone no. 2P-4  4 List the states with which a copy of this return is filed:  None  4 Telephone no. 2P-4  4 Telephone no. 2P-4  5 S5398-01.55  Telephone no. 2P-4  5 S5398-01.55  Telephone no. 2P-4  5 S53	38 <i>a</i>	Did the organization borrow from, or make any toans to, any officer, director, trustee, or key employ	ee; <b>or</b> were hv this return?			
a mount involved.  a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39	ŀ	of "Yes," complete Schedule L. Part II, and enter the total			1 STRANGERSON	
a Initiation fees and capital contributions included on line 9.  b Gross receipts, included on line 9, for public use of club facilities.  39 0.  409 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:  0 1, section 4912: 0 2, section 4955: 0 3b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L. Part I.  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4965.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the lax year, was the organization a party to a prohibited tax sheller transaction? If Yes, organization and the organization have an interest in or a signature or other authority or during the calculation and the organization have an interest in or a signature or other authority or during the calculation and the organization have an interest in or a signature or other authority or during the view of the organization have an interest in or a signature or other authority or during the view of the organization and fing requirements for FinCEN Farm 114, Report of Foregit Bark and Financial Accounts (FBAR).  2 See the instructions for exceptions and filing requirements for FinCEN Farm 114, Report of Foregit Bark and Financial Accounts (FBAR).		amount involved		.		
b Gross receipts, included on line 9, for public use of club facilities. 99b 0.  40a Section 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 Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I  c Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of tax impressed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4953. 0.  d Section 501 (c)(3), 501 (c)(4), and 501 (c)(2) organizations. Enter amount of tax on line 40c reimbursed by the organization. Starp time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T.  41 List the states with which a copy of this return is filed:  12 The organization?  13 Telephone no. Telephone						#2.0
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:  0, section 4912: 0, section 4915: 0, section 4915: 0, section 4916: 0,				13.5		
section 4911: 0 ; section 4912: 0 ; section 4912: 0 ; section 4915: 0 .  b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization repage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I., Part I. Schedule (1), and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . 0 .  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax in prior forms 900 or 990-E2? If "Yes," complete form 886-7.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 400 reimbursed by the organization.  e All organizations. At any, time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-1.  41 List the states with which a copy of this return is filed:  None  42a The organizations  SHARON SANDBERG  Tolephore no.  763-568-3360  Located at P.O. BOX 155 ZIMMERMAN MN  ZIP+4  55398-01.55  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)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  42b						
b) Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4988 excess benefit thrasscation during the year, or did if engage in an excess senefit thrasscation in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part L  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete form 8865.  1 List the states with which a copy of this return is filed:  1 List the states with which a copy of this return is filed:  1 None  1 Telephone no. 2763-568-3360  2 Jip + 4  2 The organization's books are in care of:  2 SHARON SANDBERG  2 The organization's books are in care of:  3 SHARON SANDBERG  3 Telephone no. 2763-568-3360  3 Section 4047 (a) (1) provide any example of the organization have an interest in or a signature or other authority over a financial account in a foreign country:  2 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA9).  C At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here.  3 N/A  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44b X  45b Did the organization perate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  44c X  45b Did the organization are explanation in Schedule O.  44d Sec	40 a			4		
benefit transaction during the year, or did to epage in an excess senent transaction in a plot year full has not used to reported on any of its prior Forms 90 or 990-EZ if "Yes," complete Schedule L, Part L  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T.  40		section 4911: 0 .; section 4912: 0 .; section 495				
reported on any of its prior Forms 990 or 990 cf. 27 If "Yes," complete Schedule L, Part I	Ŀ	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in ar benefit transaction during the year, or did it engage in an excess benefit transaction in a pric	or year that has not been	TAPE CONTAGE	v seifecered S	o min = Ordero A
d Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T.  40e		reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part L	, . ,	40b	a authority de	X
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8386-T.  42a The organization's books are in care of: SHARON SANDBERG Telephone no. Located at: P.O. BOX 155 ZIMMERMAN MN ZIP + 4 55398-0155  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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 – Check here.  and enter the amount of tax-exempt interest received or accrued during the tax year.  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  44b X  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O.  44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	(	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations and 4958	ation	1		Ta
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8836-T.  42a The organization's books are in case of: SHARON SANDBERG Telephone no. Located at: P.O. BOX 155 ZIMMERMAN MN ZIP +4 ZIP +		managers or disquaimed persons during the year under sections 4912, 4905, and 4900	sed			4.4
shelter transaction? If "Yes," complete Form 8885-T.  List the states with which a copy of this return is filed: None  42a The organization's books are in care of: SHARON_SANDBERG Telephone no. 1763-568-3360   Located at: P.O. BOX 155 ZIMMERMAN MN ZIP 4 55398-0155   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)?   42b   X    If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).   C At any time during the calendar year, did the organization maintain an office outside the United States?   42c   X    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    44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?    d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?    d If "No," provide an explanation in Schedule O.  44b		1 Section 30 (C)(3), 30 (C)(4), and 30 (C)(23) ordanizations. Effect amount of tax on the fourteen		200		A 12 12 12 12 12 12 12 12 12 12 12 12 12
shelter transaction? If "Yes," complete Form 8885-T.  List the states with which a copy of this return is filed: None  42a The organization's books are in care of: SHARON_SANDBERG Telephone no. 1763-568-3360   Located at: P.O. BOX 155 ZIMMERMAN MN ZIP 4 55398-0155   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)?   42b   X    If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).   C At any time during the calendar year, did the organization maintain an office outside the United States?   42c   X    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    44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?    d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?    d If "No," provide an explanation in Schedule O.  44b	٠	by the organization				
42a The organization's books are in care of:  Losted et P.O. BOX 155 ZIMMERMAN MN  Lost 42b X  Lost Mr. Lost Manual Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Lost He instructions for exceptions		by the organization	ed tax	-		v
books are in care of: SHARON SANDBERG Located at: P.O. BOX 155 ZIMMERMAN MN ZIP + 4 55398-0155  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)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	e	by the organization	ed tax	-		X
books are in care of: SHARON SANDBERG Located at: P.O. BOX 155 ZIMMERMAN MN ZIP + 4 55398-0155  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)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	e	by the organization	ed tax	-		X
books are in care of: SHARON SANDBERG Located at: P.O. BOX 155 ZIMMERMAN MN ZIP + 4 55398-0155  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)?  See the instructions for exceptions and filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O.  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	e	by the organization	ed tax	-		X
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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  C At any time during the calendar year, did the organization maintain an office outside the United States?  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 and enter the amount of tax-exempt interest received or accrued during the tax year.  44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If "Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O.  44d  45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45b X	41	by the organization	ed tax	-		X
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Did the organization engage in any significant activity not provided 0.  Were any significant charges reads to the organization of color address of the organization are set to the organization are set to the organization of color and the organization are set to the organization of color and the organization are set to the organization of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2.6. a. and 7.a. among others)?  bif "Yes" to line 55a, has the organization filed a Form 990-T for the year? If "No." provide an explanation in Schedule O.  cet was the organization as section 501(c)(4), 501(c)(5), or 501(c)(5),		Yes	No X X N/A N/A No			
If "No," provide an explanation in Schedule O	41 42 42 43 44 44 44 44 44 44 44 44 44 44 44 44	by the organization. All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed:  None  The organization's books are in care of:  SHARON SANDBERG  Located at:  P.O. BOX 155 ZTMMERMAN MN  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fif "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts at the calendar year, did the organization maintain an office outside the Unit "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Chand enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be of Form 990-EZ.	Telephone no	40e 568-33-015 42b 42c 44a 44b 44c	Yes	No X X N/A N/A No
	41 42z t	by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed:  None  The organization's books are in care of:  SHARON SANDBERG  Located at:  P.O. BOX 155 ZIMMERMAN MN  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other file "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act any time during the calendar year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Cl and enter the amount of tax-exempt interest received or accrued during the tax year.  Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  Lift "Yes," to line 44c, has the organization filed a Form 720 to report these payments?	Telephone no	40e 568-3 3-015 42b 42c 44a 44a	Yes	No X X X N/A No X X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 45b X	41 422	by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed:  None  The organization's books are in care of:  SHARON SANDBERG  Located at:  P.O. BOX 155 ZIMMERMAN MN  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fif "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account in a firm year, did the organization maintain an office outside the Unit If "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Count and enter the amount of tax-exempt interest received or accrued during the tax year.  Body the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.  Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ.  Did the organization receive any payments for indoor tanning services during the year?  If "Yes," provide an explanation in Schedule O.	Telephone no	40e 568-3 3-015 42b 42c 44a 44a 44b 44c	Yes	No X  X  N/A  N/A  No  X  X
	41 42z t t t t t t t t t t t t t t t t t t t	by the organization.  All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T.  List the states with which a copy of this return is filed: None  The organization's books are in care of: SHARON SANDBERG  Located at: P.O. BOX 155 ZIMMERMAN MN  At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fif "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account in a foreign country:  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts the organization maintain and office outside the Unit if "Yes," enter the name of the foreign country:  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Country in the properties of the instruction of the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ.  Did the organization poerate one or more hospital facilities during the year? If "Yes," Form 990 must instead of Form 990-EZ.  If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "Yes,	Telephone no. 763-12IP + 4 55393 r authority over a inancial account)?  counts (FBAR). ted States?  heck here	40e  568-3  68-3  42b  42c  44a  44b  44d  45a	Yes	No X  X  N/A  N/A  No  X  X  X

						Yes	<del></del>
<b>46</b> Did t	he organization	engage, directly or indirect	tly, in political campa	ign activities on behalf o	f or in opposition to	46	X
		office? If "Yes," complete				40	
Part VI	All section 50 All section for lines 50	<b>1(c)(3) Organizations</b> 501(c)(3) organization ) and 51.	ns must answer q	uestions 47-49b and	d 52, and complete	the tables	
		e organization used S	chedule O to res	pond to any question	n in this Part VI	.,	
						Yes	No
47 Did th	ne organization e state Schedule (	ngage in lobbying activities of Part II	or have a section 501(h	i) election in effect during t	ne tax year: IF res,		X
		school as described in se					Х
49a Did t	he organization	make any transfers to an	exempt non-charitable	e related organization?		49a	X
<b>b</b> If "Ye	es," was the rela	ated organization a section	527 organization?		,	49b	L
50 Comp	olete this table fo	or the organization's five high received more than \$100,00	est compensated employed from	oyees (other than officers,	directors, trustees, and k	rey	
empi	oyees) who each	rieceived more than \$100,00	or compensation from				
	(a) Name and title	of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amour other compensation	
None							
				-			
			20.000				
		er employees paid over \$1 or the organization's five high		andent contractors who ea	ach received more than \$	100 000 of	
comp	piete this table to bensation from t	the organization's five high	s none, enter "None."	Deficient Contractors who ea	cit received more than 4	100,000 01	
	(a) Name and busine	ess address of each independent co	ntractor	<b>(b)</b> Type	of service	(c) Compensatio	en.
None							
				_			
					<u> </u>		
				-			
		er independent contractors					
		complete Schedule A? <b>N</b> o		(3) organizations must a	ttach a	X Yes [	No
	· ·	re that I have examined this return, ration of preparer (other than office)		edules and statements, and to the	e best of my knowledge and be		
true, correct,	and complete. Declar	ration of preparer (other than office	) is based on all information	of which preparer has any knowl	ledge.		
C:	Signature of office	er			Date		
Sign Here	SHARON SA	NDRFRC			President		
	Type or print name		0				
	Print/Type prepare	er's name	Prepareris signature	Date	Check X if	PTIN	
Paid	ROBIN MAP		ROPIN MAKI	11/01/2		201236785	
Preparer	Firm's name	MAKI TAX AND AC	CO <b>P</b> NTING				
Use Only	Firm's address	26061 MAIN ST			Firm's EIN	41-1958613	
		ZIMMERMAN, MN 5.	5398		Phone no. 763	3-856-0897	
Name that ID				12		TO V.	B4 -
BAA	RS discuss this i	return with the preparer sh	own above? See inst	ructions		X Yes Form <b>990-EZ</b>	No

## SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public

ame o	of the organization						Employer identificat	ion number				
et.T	GHT EXPO. INC.						41-1869452					
2art	Reason for Pul	olic Cha	rity Status. (All o	rganizations must o	comple	te this	part.) See instruct	tions.				
he c	rganization is not a priv	/ate found	ation because it is: (F	For lines 1 through 12,	check or	nly one l	oox.)					
1				nurches described in sect		)(1)(A)(i	).					
2				ach Schedule E (Form !								
3	A hospital or a coo	perative h	ospital service organi	ization described in sec	tion 170	(b)(1)(A	)(III). II	-t the beentfalle				
4			tion operated in conju	anction with a hospital o	tescribed	i in sect	non 170(b)(1)(A)(III). Er	nter the nospital's				
E	name, city, and sta											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6		_	_									
7	in section 170(b)(1)	<b>)(A)(vi).</b> ((	Complete Part II.)	art of its support from a g		ental unit	t or from the general pub	lic described				
8				<b>A)(vi).</b> (Complete Part I								
9	An agricultural resea	arch organi:	zation described in <b>sec</b>	tion 170(b)(1)(A)(ix) opera	ated in co	onjunctio	n with a land-grant collect	ge				
	•	n-land-grar	nt college of agriculture	(see instructions). Enter	the nam	e, city, a	ind state of the college o	Г				
	university:											
10	from activities relations investment income June 30, 1975. See	ted to its e and unrel section s	exempt functions, sub lated business taxabl <b>509(a)(2).</b> (Complete f		ns; and 511 tax)	(2) no n from bu	nore than 33-1/3% of its usinesses acquired by t	s sundort from dross -				
11		-		ely to test for public safe								
12	or more publicly of	innorted o	raanizatione describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> o upporting organization	ir sectio	n 509(a)	(2). See section 509(a)	it the purposes of one (3). Check the box on				
а	Type I. A supporting organization(s) the p	organization	on operated, supervise gularly appoint or elect	d, or controlled by its sup t a majority of the director	sported a	rdanizati	on(s), tynically by giving.	the supported on. <b>You must</b>				
L	complete Part IV, \$			controlled in connection	with ite	cunnart	ed organization/s), by l	naving control or				
b	management of the must complete Par	supporting	organization vested in	the same persons that c	ontrol or	manage	the supported organizati	on(s). <b>You</b>				
С	Type III functionally organization(s) (se	integrated. e instructi	. A supporting organizat ons). <b>You must com</b> p	tion operated in connectio plete Part IV, Sections .	A, D, and	d E.						
d	Type III non-function functionally integral instructions Your	nally integi ited. The o	rated. A supporting orgogramization generally plete Part IV. Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion requ	with its s uirement	upported organization(s) t and an attentiveness	that is not requirement (see				
e	Check this box if the	ne organiz	ation received a writt	en determination from t	the IRS	that it is	a Type I, Type II, Type	e III functionally				
f	Enter the number of s	supported (	organizations					.,				
g	Provide the following	<u>informatio</u>	n about the supporter	d organization(s).	,							
-	(i) Name of supported organiza	ation	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docur	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)					<del> </del>							
B)												
C)												
D)								-				
E)												
						6.50						
Tota	I				10.41							

Part Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support				<del></del>	T	
Caler begir	ndar year (or fiscal year nning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,362.	73,043.	29,360.	93,297.	74,427.	355,489.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3	85,362.	73,043.	29,360.	93,297.	74,427.	<u>355,489.</u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						355,489.
Sec	tion B. Total Support					<u> </u>	
	ndar year (or fiscal year nning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	85,362.	73,043.	29,360.	93,297.	74,427.	355,489.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						355,489.
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
14	Public support percentage for 20	022 (line 6, colum	n (f), divided by li	ne 11, column (f)	)	14	100.00%
15	Public support percentage from						100.00%
	33-1/3% support test—2022. If t and stop here. The organization	i qualifies as a pu	blicly supported o	rganization			X
b	33-1/3% support test—2021. If the and stop here. The organization	he organization di n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	, and line 15 is 3	3-1/3% or more, cl	heck this box
17a	10%-facts-and-circumstances to more, and if the organization the organization meets the facts	meets the tacts-a	and-circumstances	i test, check this i	oox and stop ner	e. Explain in Part V	vinow
	10%-facts-and-circumstances to or more, and if the organization organization meets the facts-and the	meets the facts-a d-circumstances t	and-circumstances est. The organizat	i test, check this t tion qualifies as a	oox and <b>stop ner</b> publicly supporte	e, Explain in Part V ed organization	vi now the
18	Private foundation. If the organ	ization did not che	eck a pox on fine	10a, 10b, 17a	, 0. 170, CHECK III		A (Form 990) 2022

Part	Support Schedule for (Complete only if you chec fails to qualify under the te	ked the box on lir	ne 10 of Partion	if the organization	(a)(2) n failed to qualify	under Part II.	f the organization	n
Sect	ion A. Public Support							
	lar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
_	Gross receipts from activities that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:		
	facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
_	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					\$		
C	Add lines 7a and 7b						4.500	
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support		4) 0010	(-) 0000	(4) 2021	(e) 2022	(f) Total	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(1) Total	
_	Amounts from line 6			<del> </del>		+		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						<u></u>	
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First 5 years. If the Form 990 is organization, check this box and	stop here		I, third, fourth, or	fifth tax year as a	a section 501(c	)(3) · · · · · · · · · · · · · · · · · · ·	<u>. </u>
Sec	tion C. Computation of Pu	blic Support F	Percentage					0,
15	Public support percentage for 2						15	
16 Sec	Public support percentage from tion D. Computation of Inv						16	<u> </u>
17		for <b>2022</b> (line 10c	, column (f), divis	ded by line 13, co	lumn (f))		17	%
18	Investment income percentage	from 2021 Schedi	ule A. Part III. lin	e 17		, , .	18	%
1 <b>9</b> a	33-1/3% support tests—2022. If is not more than 33-1/3%, chec	the organization of this box and sto	did not check the p here. The orga	box on line 14, a inization qualifies	and line 15 is mor as a publicly sup	e than 33-1/3% ported organiz	s, and line 17	. [
b	22.1/2% cupport tests=2021 If	the organization of	did not check a b	ox on line 14 or li	ine 19a, and line	16 is more that	n 33-1/3%, and	_
	line 18 is not more than 33-1/39  Private foundation. If the organ	6, check tris box	and stop nere.	ne organization q	uaimes as a puor	iciy supported	organization	

Part V Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. if you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	7		N.
	p. 25	Yes	No
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Sche	edule A (Form 990) 2022 FLIGHT EXPO, INC.	41-186945	Z rage
Par	n∃Va Supporting Organizations (continued)		Vac No
11	Has the organization accepted a gift or contribution from any of the following per	rsons?	Yes No
ii a	a A person who directly or indirectly controls, either alone or together with persons descri	ibed on lines 11b and 11c below,	
	the governing body of a supported organization?		11a
	<b>b</b> A family member of a person described on line 11a above?		11b
	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	c, provide detail in Part VI.	HC
Sec	ction B. Type I Supporting Organizations		Yes No
1	Did the governing body, members of the governing body, officers acting in their or more supported organizations have the power to regularly appoint or elect at lofficers, directors, or trustees at all times during the tax year? If "No," describe in organization(s) effectively operated, supervised, or controlled the organization's than one supported organization, describe how the powers to appoint and/or removere allocated among the supported organizations and what conditions or restrict during the tax year.	official capacity, or membership of one least a majority of the organization's in <b>Part VI</b> how the supported activities. If the organization had more nove officers, directors, or trustees ctions, if any, applied to such powers	1
2	Did the organization operate for the benefit of any supported organization other that operated, supervised, or controlled the supporting organization? If "Yes," exbenefit carried out the purposes of the supported organization(s) that operated, supporting organization.	kplain in <b>Part VI</b> now providing such	2
Sec	ction C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the organization's supported organization(s)? If "No," describe in Part supporting organization was vested in the same persons that controlled or mana	<b>t VI</b> how control or management of the	Yes No
Sec	ction D. All Type III Supporting Organizations		
1	Did the organization provide to each of its supported organizations, by the last d organization's tax year, (i) a written notice describing the type and amount of su year, (ii) a copy of the Form 990 that was most recently filed as of the date of organization's governing documents in effect on the date of notification, to the e	otification, and (iii) copies of the	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed organization(s) or (ii) serving on the governing body of a supported organization the organization maintained a close and continuous working relationship with the	V If "No." explain in <b>Part VI</b> ποw	2
3	By reason of the relationship described on line 2, above, did the organization's support voice in the organization's investment policies and in directing the use of the organization times during the tax year? If "Yes," describe in Part VI the role the organization this regard.	nanization's income or assets at	3
Sec	ction E. Type III Functionally Integrated Supporting Organizations	3	
1	Check the box next to the method that the organization used to satisfy the Integral Par	rt Test during the year (see instructions).	
	a The organization satisfied the Activities Test. Complete line 2 below.		
	<b>b</b> The organization is the parent of each of its supported organizations. <i>Comp.</i>	elete <b>line 3</b> below.	
	c The organization supported a governmental entity. Describe in Part VI how y		e instructions).
			F
2	Activities Test. Answer lines 2a and 2b below.		Yes No
	a Did substantially all of the organization's activities during the tax year directly fu supported organization(s) to which the organization was responsive? If "Yes," then in a organizations and explain how these activities directly furthered their exempt puresponsive to those supported organizations, and how the organization determine substantially all of its activities.	Part VI Identity those supported urposes, how the organization was	Za
	<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the more of the organization's supported organization(s) would have been engaged reasons for the organization's position that its supported organization(s) would but for the organization's involvement.	in? If "Yes," explain in <b>Part VI</b> the	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	a Did the organization have the power to regularly appoint or elect a majority of the each of the supported organizations? If "Yes" or "No," provide details in Part VI.	ne officers, directors, or trustees of	3a

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on N	ov. 20, 1970 (explain in F st complete Sections A th	Part VI). <b>See</b> prough E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		,
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		The state of the s
ē	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		200 C C C C C C C C C C C C C C C C C C
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6_		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	9.1.417.4619.4617.4617.4647.386.	
Sec	tion C — Distributable Amount	·		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	A TOP OF STREET	
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	Trender over	
4	Enter greater of line 2 or line 3.	4		
5		5	iger fra fika sike (estation)	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrate		
BAA			Sche	dule A (Form 990) 202

Par	t V Type III Non-Functionally Integrated 509(a)(3) St	ipporting Organizati	ons (continued	<i>'</i>	
Sec	tion D — Distributions			1	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of si	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.		- + - 11 -	7	
8	Distributions to attentive supported organizations to which the organization	ion is responsive (provide d	etaiis	8	
9	in Part VI). See instructions.  Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.	Application of the second seco			一种以前的。 一个时间的
3	Excess distributions carryover, if any, to 2022	Alexander of the state of the s			-6 : 2 <b>6</b>
	From 2017	100 To			
ŀ	P From 2018				
	From 2019			el T	
	From 2020				
	From 2021			e de Lasger	
	f Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	1 Applied to 2022 distributable amount	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		L.	
	i Carryover from 2017 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2022 from Section D, line 7:				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				F-1276.3
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:	out 1 (Annual Control of the Control		<b>.</b> 1	
	Excess from 2018				
	Excess from 2019			9	
	Excess from 2020		90000000000000000000000000000000000000	July.	
	d Excess from 2021				
	Excess from 2022			S÷	

BAA

41-1869452

FLIGHT EXPO, INC

Part VI.

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE 0** (Form 990)

## 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 Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization 41-1869452 FLIGHT EXPO, INC

#### Form 990-EZ, Part I, Line 16 Other Expenses

Advertising and Promotion	\$	21.
BANKING FEÉS		99.
BAP INSURANCE.		3,396.
BITLD A PLAN EXPENSES.		3,040.
BUSINESS REGISTRATION FEES		342.
200211222 1220271121212121212121212121212121212121		3,566.
CESSNA 172 PROJECT		1,526.
COMMISSION FEES/PURCHASES		
CUBY		3,521.
FLIGHT EXPO FLYING CLUB.		33,949.
FUEL		10.
FUND RAISING EVENT		2,369.
LIGHTS FOR BUILDING		2,877.
M_COCO 2 01. 20 220 ATT-1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		1,413.
OUTSIDE CONTRACTOR SERVICES		74.
PIPER COLT N108CS		
RECONCILE.		-2,814.
SERVICE FEES		80.
SUPPLIES		582.
		59.
Travel		3.472.
UTILITIES EXPENSE		439.
WEB SITE AND MARKETING	_	
Total	<u>Ş</u>	58,021.

#### Form 990-EZ, Part II, Line 24 Other Assets

	<u>Beginning</u>	Ending
AIRCRAFT & PARTS  prepaid - loc  prepaid asset - a/p  Total	1,351.	\$ 48,325. 0. 0. \$ 48,325.

## Form 990-EZ, Part II, Line 26 **Total Liabilities**

	<u>Beginning</u>	 Ending
SALES TAX PAYABLE	\$ 0.	\$ 12.
	\$ 0.	\$ 12.

## Form 990-EZ, Part III - Organization's Primary Exempt Purpose

THE ORGANIZATION HELD A WEEKLY CLASS EDUCATING YOUTH ABOUT AIRCRAFT FABRICATION WHILE TEACHING AIRCRAFT AND FLIGHT FUNDAMENTALS. STUDENTS PARTICPATE IN BUILDING AND REFURBISHING AIRCRAFT.

Name of the organization Employ FLIGHT EXPO, INC. 41-

Employer identification number 41–1869452

## Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a)	Did the organization, during the year, receive any funds, directly or	
indí	rectly, to pay premiums on a personal benefit contract?	No
(b)	Did the organization, during the year, pay premiums, directly or	
indi	rectly, on a personal benefit contract?	No

#### Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

#### Website Address:

www.ag.state.mn.us/charity

## STATE OF MINNESOTA

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS

(Pursuant to Minn. Stat. ch. 309)



## WHO SHOULD FILE

- A charitable organization registered to solicit contributions in Minnesota must file an annual report with the Attorney General's Office.
- A charitable organization is a person who engages in or purports to engage in solicitation for a charitable purpose. See Minn. Stat. 309.50, subd. 5. "Solicit" and "solicitation" have the meanings set forth in Minn. Stat. § 309.50, subd. 10 and include oral or written requests.
- Please refer to the definitions set forth in Minn. Stat. § 309.50 when completing registration and report forms.

## WHEN TO FILE

- An organization's annual report must be postmarked by the 15<sup>th</sup> day of the seventh month after its fiscal year-end. If the due date falls on a Saturday, Sunday, or federal holiday, the report must be postmarked by the next business day.
- An organization may request a four-month extension. Extension requests must be submitted on or before the due date. If an organization fails to file its annual report or request an extension by the due date, a \$50 late fee is assessed. Visit www.ag.state.mn.us/Charity/ExtensionRequest.aspx to request an extension.

Fiscal Year-End	Due Date	Extended Due Date
January 31	August 15	December 15
February 28	September 15	January 15
March 31	October 15	February 15
April 30	November 15	March 15
May 31	December 15	April 15
June 30	January 15	May 15
July 31	February 15	June 15
August 31	March 15	July 15
September 30	April 15	August 15
October 31	May 15	September 15
November 30	June 15	October 15
December 31	July 15	November 15 🗸



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

## WHAT TO FILE

(f st	ibmitting these forms via mail, please <u>do not</u> use staples.
	Charitable Organization Annual Report Form.  IRS Form 990, 990-EZ, 990-PF, or 990-N plus all schedules and attachments, EXCLUDING any schedules of contributors to the organization (Schedule B).  IRS Form 990-T (if the organization files one).  A full list of the organization's board of directors, including names, addresses, and total compensation paid
	An audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA if the organization has total revenue of more than \$750,000. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution a no charge and is not resold.
<b>✓</b>	\$25 registration fee. \$50 late fee, if the organization failed to request an extension or submit its complete report by the due date.

## **HOW TO FILE**

This form may be submitted via email and the fee may be paid electronically.

- The form and all attachments should be emailed to *charity.registration@ag.state.mn.us*. The email and attachments can be <u>no larger than 25 MB</u>. The subject line of the email must contain the organization's name. If the materials you are submitting are more than 25 MB, submit the attachments in separate emails properly labeled in the subject line (e.g., email 1 of 3).
- Documents must be in PDF format and named in an identifying manner (e.g., Charity Annual Report).
- You will receive an automatically generated confirmation email. Receipt of the email confirms only that
  this Office received your submission and is not an attestation regarding the validity or completeness of the
  submitted materials.
- You may pay the \$25 registration fee and/or \$50 late fee via credit card at www.ag.state.mn.us/Charity/CharFees.aspx, or you may submit a check via U.S. mail. If paying by check, make the check payable to "State of Minnesota."



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM INSTRUCTIONS (Continued)

## PLEASE NOTE

- Some organizations may be exempt from registration and reporting. See Minn. Stat. § 309.515 for more information.
- An organization may submit the Unified Registration Statement, but it must also file the Minnesota Supplement.
- Include all required attachments. Required attachments do NOT include any schedules of contributors to the organization (Schedule B). Registration statements and reports that fail to include all required attachments will be considered deficient and will not be effective until all required materials are received by the Minnesota Attorney General's Office. You will be informed of your registration status by letter from the Minnesota Attorney General's Office.
- Failure to maintain registration while soliciting may result in the imposition of civil penalties up to \$25,000 for each violation of Minn. Stat. ch. 309.
- NOTICE: All information and documentation provided as part of registration and reporting shall be public records.

## Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

## Website Address:

www.ag.state.mn.us/charity

## STATE OF MINNESOTA

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)



SECTION A: Organization Information	· ·
Legal Name of Organization This	texpo, Inc.
Federal EIN: 41-1869452	Fiscal Year-End: 12/31/2022
Federal EIN: (1-1001-13-	mm/dd/yyyy
	Did the organization's fiscal year-end change? 🗌 Yes 💢 No
Mali Address	Physical Address:
Mailing Address:	Shar- Santhara
DIMICON JUNGISEI 9	Contact Person
Contact Person	PO Por 155
PO Box 155	Street Address
Street Address	98 Zimmerman, MM 55398
Zimmerman, MN 553	City State and Zin Code
City, State, and Zip Code	763-36-3360
163-568-3360	Phone Number
Phone Number  5 Sandburg@aol. Com	Sandburg@ad.Com
	Email Address
Email Address	
Organization's website:	
a r' + 11 - £4biration's alternate and for	mer names (attach list if more space is needed).
2. List all of the organization's afternate and for	Alternate Former
	Alternate Former
3. List all names under which the organization s	olicits contributions (attach list if more space is needed).
Flight Expe	o, inc.
3	*
	Ains Stat ah 317A? N Yes No
4. Is the organization incorporated pursuant to M	1 1 1 2 2 3
5. Total amount of contributions the organization	n received from Minnesota donors: \$
6. Has the organization's tax-exempt status with	the IRS changed?
Yes No If yes, attach explanation.	
\$ %	(3)
7. Has the organization significantly changed its	s purpose(s) or program(s)?
Yes No If yes, attach explanation.	



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

3.	Has the organization been denied the right to solicit Yes No If yes, attach explanation.	contributions by any court o	or government agency?
9.	Does the organization use the services of a profe solicit contributions in Minnesota? Yes XN If yes, provide the following information for each (		
	Name of Professional Fundraiser	Compensation	4.
	Street Address	City, State, and Zip	Code
	Is the organization a food shelf? Yes No If yes, is the organization required to file an audit?  Note: An organization that has total revenue of mo accordance with generally accepted accounting predonated food to a nonprofit food shelf may be exsubsequent distribution at no charge and is not resorted and directors, officers, or employees of the compensation* of more than \$100,000? Yes	ore than \$750,000 is required inciples by an independent cluded from the total revented.  Organization or its related organization or its related organization.	I to file an audit prepared in CPA or LPA. The value of the food is donated for
	If yes, provide the following information for the fi	ve highest paid individuals:	
	Name and title	Compensation*	Other compensation
÷			

<sup>\*</sup>Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

## **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME	
1. Contributions Received	\$ [7,701]
2. Government Grants	\$2
3. Program Service Revenue	\$3
4. Other Revenue	\$4
5. TOTAL INCOME	s 14, 43, 5
EXPENSES	
6. Program Expenses	\$ 6
7. Management & General Expenses	\$ 21,990/
8. Fund-raising Expenses	\$8
9. TOTAL EXPENSES	s 63,654 9
10. EXCESS or DEFICIT	s 10,543 10
(Line 5 minus Line 9)	•
ASSETS	94,709 11
11. Cash	Ψ
12. Land, Buildings & Equipment	\$
13. Other Assets	\$ 48,325 13
14. TOTAL ASSETS	s <u>143,034</u> 14
LIABILITIES	s 15
<ol><li>15. Accounts Payable</li></ol>	Ψ
16. Grants Payable	\$16
17. Other Liabilities	\$17
18. TOTAL LIABILITIES	\$18
FUND BALANCE/NET WORTH	s 143,022
(Line 14 minus Line 18)	·

Form 990 (2022) FLIGHT EXPO, INC.

Part X Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	er organizations must co	omplete column (A).	<u>जि</u>			
Check if Schedule O contains a response or note to any line in this Part IX								
Do n 6b, 7	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			A Section 1				
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.			
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages							
	Pension plan accruals and contributions				-			
8	(include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (nonemployees):							
	Management							
	Legai	25.		25.				
	Accounting	700.		700.				
	Lobbying							
	Professional fundraising services. See Part IV, line 17							
	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)							
12	Advertising and promotion	21.	21.					
13	Office expenses.							
14	Information technology							
15	Royalties							
16	Occupancy	4,798.	4,798.					
17	Travel	59.	59.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance		2					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	The second secon			Continue Con			
2	FLIGHT EXPO FLYING CLUB	33,949.	33,949.	months and Marie and State of the second sec	A A CONTRACTOR OF THE PROPERTY			
	CESSNA 172 PROJECT	3,566.	3,566.					
		3,500.	3,500.		<u> </u>			
	CUBY EVENCE	3,321.	3,472.					
	UTILITIES EXPENSE	13,773.	14,119.	-2,715.	2,369.			
25	All other expenses	63,884.	63,505.	-1,990.	2,369.			
		05,004.	50,5001					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following							
	SOP 98-2 (ASC 958-720)				Farm 000 (0000)			
BAA		TEEA0110L 09	/01/22		Form 990 (2022)			



# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

## Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge th	at we are duly constituted officers of this organization,
being the(Title) and	(Title) respectively, and that
we execute this document on behalf of the	e organization pursuant to the resolution of the
Provide of Tructures (Board of Director	ors, Trustees, or Managing Group) adopted on the 31st
day of Dice-Valle, 2022, approving th	e contents of the document, and do hereby certify that the
	ectors, Trustees or Managing Group) has assumed, and
will continue to assume, responsibility for determining	g matters of policy, and have supervised, and will continue
to supervise, the operations and finances of the organ	uization. We further state that the information supplied is
true, correct and complete to the best of our knowledg	
,	
Name (Print)	Name (Print)
Signature	Signature
Title	Title
Date	Date

## FLIGHT EXPO, INC.

# BOARD OF DIRECTORS FOR THE YEAR ENDING DECEMBER 31, 2022 (NONE HAVE BEEN PAID ANY COMPENSATION) WALLY JOHNSON — SECRETARY SHARON SANDBERG — PRESIDENT JOHN BJORNSTAD — VICE PRESIDENT OWEN NITZ - TREASURER

## **MAKI TAX & ACCOUNTING**

26061 MAIN STREET PO BOX 124 ZIMMERMAN, MN 55398

BUSINESS: 763-856-0897

FAX: 763-856-5116

## Additional Instructions for the Form 990-EZ

You will need to put an ad in the newspaper saying that FLIGHT EXPO, INC. Non-Profit Organization is ready for any public inspection at the following location:

PO Box 155

Zimmerman, MN 55398

You are required to do this for two (2) weeks. Please take a copy of the ad and file it away with your copies of the tax return.

Thank you,

Robin Maki

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms fisted below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Ex	tension of Time. Only su	bmit origina	al (no copies needed).		
All cornorations required to	file an income tax return other n extension of time to file inco	than Form 99	0-T (including 1120-C filers), partnership	s, REMICs, and trus	ts must
Name of exempt or	rganization or other filer, see instructions.			Taxpayer identification fil	miner (TITY)
Type or				0.000	
Print FLIGHT EX	101,1(an   P.A.P.), 180		41-1869452	1-1869452	
ricoyiic	Number street, and room or suite number. If a P.O. box, see instructions.			,	
use date for ling your elim your City, town or post office, state, and ZIP code. For a foreign address, see instructions.				1 A 1 Aug. 2	
instructions		address, see instru	CTIONS.	•	
ZIMMERMAN	N, MN 55398-0155				
Enter the Return Code for t	he return that this application is	s for (file a se <sub>l</sub>	parate application for each return)		01
Application Is For		Return Code	Application is For	- ,0111	Return Code
Form 990 or Form 990-EZ	K	01	Form 1041-A		08
Form 4720 (individual)	9	03	Form 4720 (other than individual)	and .	09
Form 990-PF		04	Form 5227	5.7	10
Form 990-T (section 401(a)	or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other tha	n above)	06	Form 8870		12
Form 990-T (corporation)	•	07			
- If this is for a Group Re	not have an office or place of	our digit Group p, check this b	be United States, check this box  Exemption Number (GEN) . I look I and attach a list with the na	f this is for the whole ames and TINs of all	e group,
1 I request an automatic for the organization n	6-month extension of time until named above. The extension is	11/15 for the organia	, 20 <u>23</u> , to file the exempt organ zation's return for:	zation return (66) - (77)	
► X calendar year					
►  tax year begin	nning , 20	and endi	ng , 20		
2 If the tax year entered	d in line 1 is for less than 12 m			nal return	
Change in accour	nting period			45, 77	
3a If this application is for	or Forms 990-PF, 990-T, 4720, s. See instructions	or 6069, ente	r the tentative tax, less any	3a\$	0.
b If this application is for Forms 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					
FFTPS (Electronic Fe	ederai Tax Payment System). 3	see instruction	with this form, if required, by using	3c \$ '45 C4 .	0.
Caution: If you are going t payment instructions.	o make an electronic funds wit	hdrawal (direc	t debit) with this Form 8868, see Form 8	B. 177	
	Description Act Noti	co coo instru	ctions	Form <b>8868</b> (	Rev. 1-2022)

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