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DLN: 93492319025119

OMB No 1545-1150

Form 990EZ

# **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)

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 the latest information.

Open to **Public Inspection** 

<del>_</del>	For th	ne 2018 calend	ar year, or tax year beginning 01-01-2018 , a	and end	ling 12-31-2018		· ·
		f applicable	C Name of organization			D Emplo	yer identification number
		s change	FLIGHT EXPO INC			41-18	69452
	Name of Initial r		Number and street (or P O box, if mail is not delivered to street a	ddress)	Room/suite	<b>E</b> Teleph	one number
		turn/terminated	PO BOX 155				(763) 568-3360
		ed return	City or town, state or province, country, and ZIP or foreign postal ZIMMERMAN, MN 55398	code		E Croup	Exemption
	Applica	tion pending	ZIMMERMAN, MN 33398			Numbe	
_							
G /	Accour	tıng Method      ⊠	☑ Cash   □ Accrual Other (specify) ▶				ne organization is <b>not</b> n Schedule B
							Z, or 990-PF)
		e: www flightexpo			_		
			only one) - ☑ 501(c)(3) ☑ ☐ 501(c)( ) ◀ (insert no ) ☐ 4947(a)	(1) or L	1 527		
			Corporation ☐ Trust ☐ Association ☐ Other				
are	\$500	,000 or more, file	o to line 9 to determine gross receipts If gross receipts are e Form 990 instead of Form 990-EZ			<u> </u>	. ▶ \$ 85,362
P	art I	Revenue, Check if the	<b>Expenses, and Changes in Net Assets or Fund I</b> organization used Schedule O to respond to any question in	<b>Balanc</b> h this Pa	<b>:es</b> (see the instruct irt I	ons for Pa	art I) ☑
	1		gifts, grants, and similar amounts received				70,467
	2	Program service	e revenue including government fees and contracts			2	
	3	Membership du	es and assessments			3	
	4	Investment inc	ome			4	
	5a	Gross amount f	from sale of assets other than inventory	5a			
	ь		ther basis and sales expenses	5b		0	
	c	Gain or (loss) f	rom sale of assets other than inventory (Subtract line 5b fro	m line !			
	6		ndraising events		,		
2	a	-	rom gaming (attach Schedule G if greater than \$15,000)	6a			
ij	_						
Revenue	Ь		rom fundraising events (not including \$entropy for theentropy for the	or cont	ributions from		
_		_	oss income and contributions exceeds \$15,000)	6b		0	
	c	_	penses from gaming and fundraising events	6c		0	
	d		loss) from gaming and fundraising events (add lines 6a and	6b and	subtract line 6c)	6d	
	7a		nventory, less returns and allowances	7a	14,8	95	
	ь	Less cost of go	* *	7b	·	25	
	c	_	(loss) from sales of inventory (Subtract line 7b from line 7a			7c	14,770
	8	-	(describe in Schedule O)			8	= 1,7.73
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9	85,237
	10		illar amounts paid (list in Schedule O)	· · · ·		10	03,237
	11		o or for members	• •		11	
	12	•	compensation, and employee benefits			12	
Expenses	13					13	120
5			es and other payments to independent contractors			<b>——</b>	
Ξ	14		nt, utilities, and maintenance			14	5,500
	15	= -	ations, postage, and shipping			15	1,563
	16	•	s (describe in Schedule O)			16	42,890
	17		es. Add lines 10 through 16			<b>▶</b> 17	50,073
Ð	18		cit) for the year (Subtract line 17 from line 9)			18	35,164
) J S C	19	Net assets or fu	und balances at beginning of year (from line 27, column (A)	) (must	agree with		
Ą		end-of-year fig	ure reported on prior year's return)			19	15,728
Net Assets	20	_	in net assets or fund balances (explain in Schedule O) .			20	
_	21	Net assets or fu	und balances at end of year Combine lines 18 through 20		<u></u>	21	50,892
E	Dane	www.pule Doducti	on Act Notice see the senarate instructions		Cat No. 106431		Earm 000-E7 (2019)

Part II	Check if the organization used Sc		question in this	Part II			🗵
				(A) E	eginning of year		(B) End of year
•	ivings, and investments				167	22	4,799
	d buildings					23	
	ssets (describe in Schedule O)				15,561		46,181
	ssets				15,728	25	50,980 88
	ets or fund balances (line 27 of		i i		15,728		50,892
Part II	Statement of Program Ser	<u> </u>	· · · · · · · · · · · · · · · · · · ·	ons for Pa	<u> </u>	7 Z/   	Expenses
What is the THE ORGAN	Check if the organization used So organization's primary exempt pur IZATION HELD A WEEKLY CLASS E	chedule O to respond to any pose? EDUCATING YOUTH ABOUT A	question in this	Part III CATION	□ WHILE TEACHING	(3) orga	quired for section 501(c and 501(c)(4) anizations, optional for ers)
Describe the	ND FLIGHT FUNDAMENTALS STUDE organization's program service ac y expenses In a clear and concise nd other relevant information for e	ccomplishments for each of i manner, describe the servic	ts three largest	program	services, as		
28	nal Data Table	acii program titic					
(Grants \$ )	If this	amount includes foreign gra	ints, check here		. ▶ □	28a	
29						29a	
(Grants \$ )	If this	amount includes foreign gra	ints, check here		. ▶ □	30a	
30						30a	
(Grants \$ )	If this ogram services (describe in Schedi	amount includes foreign gra	·				
(Grants \$ )	•	amount includes foreign gra				31a	
	ogram service expenses (add li					$\rightarrow$	49,95
Part IV	<b>List of Officers, Directors, Tru</b> Check if the organization used Sc	stees, and Key Employees thedule O to respond to any	s (list each one eve question in this	Part IV.	ompensated — see th	e instruci	cions for Part IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if no enter -0	tion '1099- <b>t paid,</b>	(d) Health ber contributions to e benefit plans, deferred comper	mployee	(e) Estimated amount of other compensation
SHARON SA	NDBERG	5 00		0			
President	UCTA D	25.00					
JOHN BJORI	NSTAD	25 00		0			
Vice Preside	nt						
JOSH		5 00		0			
BOARD MEE	MBER						
JONATHAN	HUSS	5 00		0			
BOARD MEN	1EBER						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			•
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	🗅	1
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did 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, 6a, and 7a, among others)?	35a		No
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		No
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions     37a			
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter	-		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b	-		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	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	40b		No
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 sections4912, 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			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
42a	• • • • • • • • • • • • • • • • • • • •			
	e organization's books are in care of ▶ SHARON SANDBERG Telephone no ▶	• (763)	568-336	50
	Located at ► PO BOX 155 ZIMMERMAN , MN ZIP + 4 ►	55398	0122	
		į	Yes	No
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	163	No
	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 U S ?	42c		No
	If "Yes," enter the name of the foreign country		•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here		▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

orm 990-E2	Z (2018)						Page
						Yes	No
	e organization engage, directly or indir lates for public office? If "Yes," comple				46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organization		ions 47- 49b and 5	2, and complete the ta	ables for li	nes 50	and
	51. Check if the organization used Schedu	ule O to respond to any q	question in this Part VI			1	
						Yes	No
	e organization engage in lobbying activ s," complete Schedule C, Part II	vities or have a section 50	01(h) election in effec	t during the tax year?	. 47		No
8 Is the	organization a school as described in s	section 170(b)(1)(A)(II)?	If "Yes," complete Sch	edule E .	. 48		No
<b>9a</b> Did th	e organization make any transfers to a	n exempt non-charitable	related organization?		. 49a		No
<b>b</b> If "Yes	s," was the related organization a secti	on 527 organization? .			. 49b		No
	lete this table for the organization's five				ees and key	employ	ees)
	ach received more than \$100,000 of co	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to emplo benefit plans, and deferred compensations.	yee of othe	timated er compe	
ONE							
f Tota	I number of other employees hald over	- \$100,000		•			
<b>1</b> Compl	l number of other employees paid over lete this table for the organization's fivensation if there	e highest compensated in		▶	re than \$10	0,000 oi	  f
<b>1</b> Compl	lete this table for the organization's five	e highest compensated in e is none, enter "None "		s who each received mor	re than \$10	•	
Complication	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
Comples	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
Comples	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
Comples	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
1 Compl	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
1 Compl	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
1 Compl	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
1 Compl	lete this table for the organization's fivensation from the organization. If there	e highest compensated in e is none, enter "None "				•	
ONE	lete this table for the organization's fivensation from the organization. If there	e highest compensated ir e is none, enter "None " f each independent contr	actor			•	
d Tota	lete this table for the organization's five ensation from the organization If there (a) Name and business address of	e highest compensated ir e is none, enter "None " f each independent contr tors each receiving over	\$100,000	(b) Type of service	(c) Compe	•	
d Tota  2 Did compander penaltations and a penaltation of the compander pe	In number of other independent contract the organization complete Schedule As a pleted Schedule A	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a)  amined this return, inclui	\$100,000	(b) Type of service	(c) Compa	ensation	
d Tota  2 Did compounder penaltiowledge a	In number of other independent contract the organization complete Schedule As a pleted Schedule A	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a)  amined this return, inclui	\$100,000	(b) Type of service	(c) Compa	ensation	
d Tota  2 Did com order penalt lowledge a list any known	In number of other independent contract the organization complete Schedule As a pleted Schedule A	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a)  amined this return, inclui	\$100,000	(b) Type of service	(c) Compa	ensation	
d Tota  2 Did commender penaltanowledge as any knowledge	I number of other independent contract the organization complete Schedule Active of Schedule Active of Perjury, I declare that I have existed belief, it is true, correct, and completed series of perjury. I declare that I have existed belief, it is true, correct, and completed series of Signature of officer  SHARON SANDBERG President	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a)  amined this return, inclui	\$100,000	(b) Type of service	(c) Compa	ensation	
d Tota  i2 Did commonder penalta owiedge a as any knowledge a as any knowledge a sea a	Inumber of other independent contract the organization complete Schedule Anpleted Schedule Annual Designation of perjury, I declare that I have exind belief, it is true, correct, and completed signature of officer  SHARON SANDBERG President Type or print name and title	tors each receiving over  NOTE. All section 501(a)  amined this return, includete Declaration of prepa	\$100,000	(b) Type of service   Ist attach a  hedules and statements, ) is based on all informat  2019-11-15  Date	(c) Compa	ensation	
d Tota  2 Did compounder penalt nowledge a as any knowledge a as a any knowledge a as a any knowledge a as a any knowledge a any knowledge a any knowledge a any kno	I number of other independent contract the organization complete Schedule Active of Schedule Active of Perjury, I declare that I have existed belief, it is true, correct, and completed series of perjury. I declare that I have existed belief, it is true, correct, and completed series of Signature of officer  SHARON SANDBERG President	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a)  amined this return, inclui	\$100,000	(b) Type of service  Ist attach a  hedules and statements, ) is based on all informat  2019-11-15  Date	(c) Compa	ensation	
d Tota  62 Did com  noder penalt nowledge a as any knowledge a generated by the composition of the compositi	I number of other independent contract the organization complete Schedule An inpleted Schedule And belief, it is true, correct, and completed Signature of officer    SHARON SANDBERG President   Type or print name and title   Print/Type preparer's name   ROBIN MAKI   Firm's name   MAKI TAX AND ACC	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a  amined this return, includete Declaration of prepa	\$100,000	(b) Type of service    Interpretation of the content of the conten	(c) Compa	ensation	
d Tota  Complete  ONE	I number of other independent contract the organization complete Schedule An inpleted Schedule And belief, it is true, correct, and completed Signature of officer    SHARON SANDBERG President   Type or print name and title   Print/Type preparer's name   ROBIN MAKI   Firm's name   MAKI TAX AND ACC	e highest compensated in a six none, enter "None "  f each independent contr  tors each receiving over  NOTE. All section 501(a  amined this return, includete Declaration of prepa	\$100,000	(b) Type of service    Interpretation of the content of the conten	(c) Compared Ye	ensation	

# **Additional Data**

**Software ID:** 18007218

Software Version: 2018v3.1

**EIN:** 41-1869452

Name: FLIGHT EXPO INC

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Describe the organization's program service accomplishm services, as measured by expenses. In a clear and concisonumber of persons benefited, and other relevant informat	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	(Require (c)(3) organiz	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)
<b>28</b> FLIGHT EXPO PROMOTES AVIATION OF AIRCRAFT	<b>28</b> FLIGHT EXPO PROMOTES AVIATION EDUCATION THROUGH WORKSHOPS, SAFETY SEMINARS & PRESERVATION OF AIRCRAFT	28a	
(Grants \$ 49,953)	If this amount includes foreign grants, check here ▶ 📙		

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### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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 <u>www.irs.gov/Form990</u> for the latest information.

**DLN: 93492319025119**OMB No 1545-0047

**2018** 

Open to Public Inspection

	<b>e or tr</b> T EXPO	ie organization					Employer Identific	ation number
LIGH	LAFO	INC					41-1869452	
	rt I	Reason for Public					See instructions.	
he o	rganız	ation is not a private four	ndation because	e it is (For lines 1 thro	ugh 12, check oi	nly one box )		
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school described in <b>se</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ) )		
3		A hospital or a cooperati	ive hospital serv	vice organization descr	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research orga name, city, and state	nization operate	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). Ei	nter the hospital's
5		An organization operated (b)(1)(A)(iv). (Complete		t of a college or univer	sity owned or op	perated by a gov	ernmental unit descril	ped in <b>section 170</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	<b>✓</b>	An organization that nor section 170(b)(1)(A)(			s support from a	governmental u	nit or from the genera	al public described in
8		A community trust descr			(Complete Part I	I )		
9		An agricultural research non-land grant college o						ege or university or a
LO		An organization that nor from activities related to investment income and 30, 1975 See section 5	its exempt fun unrelated busin	ections—subject to cert less taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
l <b>1</b>		An organization organize		•	r public safety S	ee section 509	(a)(4).	
L2		An organization organize more publicly supported in lines 12a through 12d	organizations of	described in <b>section 5</b>	<b>09(a)(1)</b> or sec	tion 509(a)(2	). See <mark>section 509(a</mark>	
а		Type I. A supporting organization(s) the power complete Part IV, Sec	er to regularly a	appoint or elect a majo	ontrolled by its so ority of the direct	upported organiz ors or trustees o	zation(s), typically by of the supporting orga	giving the supported nization <b>You must</b>
b		Type II. A supporting o management of the suppust complete Part IV	porting organiza	ation vested in the san				
С		Type III functionally i supported organization(s						ted with, its
d		Type III non-function functionally integrated instructions) You must	ally integrated The organization	<b>d.</b> A supporting organi n generally must satisf	zation operated fy a distribution i	in connection wi requirement and	th its supported organ	
e		Check this box if the org	janization receiv	ved a written determin	ation from the II		pe I, Type II, Type III	I functionally
f	Enter	the number of supported	•		J			
g	Provid	de the following informati	on about the su	ipported organization(	s)			
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		

instructions

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### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 Part II (b)(1)(A)(ix)(Complete only if you checked the box on line 5, 7, 8, or 9 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.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 41,903 25,020 76,803 80,137 85,362 309,225 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 41,903 25,020 76,803 80,137 85,362 309,225 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) Public support. Subtract line 5 from 309,225 line 4 Section B. Total Support Calendar vear (a)2014 **(b)**2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 41,903 25,020 80,137 76,803 85,362 309,225 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 4.490 loss from the sale of capital assets 4,490 (Explain in Part VI) Total support. Add lines 7 through 11 313,715 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 98 570 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 98 350 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶Ⅵ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this ightharpoonsbox and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20

Sche	dule A (Form 990 or 990-EZ) 2018						Page <b>3</b>
Pa	Support Schedule for						
	(Complete only if you cl						er Part II. If
	the organization fails to	qualify under t	the tests listed i	pelow, please co	omplete Part II.	)	
<u>Se</u>	ction A. Public Support  Calendar year		Ι			I	I
	(or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
4	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6 )						
Se	ection B. Total Support					I .	
	Calendar year	(-) 2014	(h) 2015	(a) 2016	(4) 2017	(-) 2019	(6) Tabal
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 )						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	's fırst, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) o	rganızatıon,
	check this box and <b>stop here</b>	-		•	•		▶ □
Se	ction C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
	ction D. Computation of Investr	*					
17	Investment income percentage for <b>201</b>			line 13, column (f	())	17	
18	Investment income percentage from 20	•		, (-		18	
	331/3% support tests—2018. If the			on line 14, and lin	ne 15 is more thar		e 17 ıs not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

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## Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination	3b		
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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
L	Did the appropriate begins of the section of the section of the section with the section of the	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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	4c		
5а	(c) below (if applicable) Also, provide detail in <b>Part VI,</b> 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)	5a		
Ь	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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 <b>Part VI</b> .			
_		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ)			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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 <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
c	Did a disqualified person (as defined in 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 <b>Part VI.</b>	9c		
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			
		10a		
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)	10h		

**10**b

Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	•		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
-	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Se	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations			
1 t	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	·	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2h		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	Did the organizations Provide details in <b>Part VI</b> .	3a		
b	Did the organizations of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		

Page 6

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Function

Organizations
Supporting (
Integrated 509(a)(3)
/pe III Non-Functionally I
F

	Section A - Adjusted Net Income (A) Prior Year (B) Curre (option A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
ᡎ	Net short-term capital gain	F		
	Recoveries of prior-year distributions	7		
	Other gross income (see instructions)	3		
1	Add lines 1 through 3	4		
	Depreciation and depletion	2		
1	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)	9		
	Other expenses (see Instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	œ		
-	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	F		
æ	Average monthly value of securities	1a		
	<b>b</b> Average monthly cash balances	1P		
	<b>c</b> Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	14		
	<ul><li>Discount claimed for blockage or other factors (explain in detail in Part VI)</li></ul>			
	Acquisition indebtedness applicable to non-exempt use assets	7		
	Subtract line 2 from line 1d	٣		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	2		
	Multiply line 5 by 035	9		
	Recoveries of prior-year distributions	2		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	ī		
	Enter 85% of line 1	7		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	2		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	9		
i	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	itegrat	ed Type III supporting org	ganization (see
	Instructions)			

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pui	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		
5 Qualified set-aside amounts (prior IRS approval require	d)		
6 Other distributions (describe in <b>Part VI</b> ) See instruction	ns		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to whe details in <b>Part VI</b> ) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
•	<i></i>	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
<b>b</b> From 2014			
c From 2015			
<b>d</b> From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
<b>e</b> Excess from 2018			I

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**Software ID:** 18007218

Software Version: 2018v3.1

**EIN:** 41-1869452

Name: FLIGHT EXPO INC

Page 8

Schedule A (Form 990 or 990-EZ) 2018

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 B, line 1e, 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)

Facts And Circumstances Test

efile GRAPHIC	efile GRAPHIC print - DO NOT PROCESS As Filed Data -	DLN: 93492319025119
SCHEDULE O	O Supplemental Information to Form 990 or 990-EZ	ō
(Form 990 or 990- EZ)		<b>2107</b> ••
Department of the Treasury	► Attach to Form 990 or 990-EZ.  ► Go to <u>www.irs.gov/Form990</u> for the latest information.	Open to Public Inspection
<mark>ोषक्रमम्ब्। &amp;€therohganization</mark> FLIGHT EXPO INC		Employer identification number
	41-	41-1869452
990 Schedule (	990 Schedule O, Supplemental Information	•
Return Reference	Explanation	
Other Expenses 1001	Advertising and Promotion \$232	

990 Schedule O, Supplemental Information

Explanation	.343
	Travel \$343
Return Reference	Other Expenses 1005

990 Schedule O, Supplemental Information

Explanation	LABOR EXPENSE \$14028
Return Reference	Other Expenses 1

990 Schedule O, Supplemental Information

EVENT EXPE	Explanation	EVENT EXPENSES \$6423
	Return Reference	Other Expenses 2

990 Schedule O, Supplemental Information

Explanation	
	FLIGHT EXPO FLYING CLUB \$4154
Return Reference	Other Expenses 3

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	EBAY EXPENSES \$3294

990 Schedule O, Supplemental Information

RENO EXPENS	Explanation	RENO EXPENSE \$2926
	Return Reference	Other Expenses 5

990 Schedule O, Supplemental Information

urn Explanation rence	TSUNAMI MARKETING \$2872
Return	Other
Reference	Expenses 6

990 Schedule O, Supplemental Information

Other UTILITIES EXPENSE \$2827 Expenses 7	Return Reference	Explanation
	Other Expenses 7	UTILITIES EXPENSE \$2827

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	OUTSIDE CONTRACTING SERVICES \$1072

990 Schedule O, Supplemental Information

Other SUPPLIES \$756 Expenses 11	Return Reference	Explanation
	Other Expenses 11	SUPPLIES \$756

990 Schedule O, Supplemental Information

OSHKOSH EXPENSE \$550
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990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	BOOKS,SUBCRIPTIONS \$306

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	PAYPAL EXPENSE \$303

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	BUSINESS REGISTRATION FEES \$133

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	PAYPAL GIVING \$130

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	MISC \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	BANKING FEES \$44

990 Schedule O, Supplemental Information

Return Reference	Explanation
-	AIRCRAFT & PARTS - Beginning \$15561 AIRCRAFT & PARTS - Ending \$46181

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	INVENTORY - Beginning \$0 INVENTORY - Ending \$88