... 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)

2017

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information

For Paperwork Reduction Act Notice, see the separate instructions.

: :

Open to Public Inspection

A	For the	2017 calend	ar year, or tax year beginning 1 July , 2017,	and ending	30 Ju	ine , 20	18		
B Check if		pplicable	C Name of organization			D Employer Identification number			
	Address	change .				41-603497 🖇			
Name d		-	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	£ Telephone	E Telephone number			
=	Initial retu	1	720 4th Ave So, H H 216		1 :	320-252-6829			
=	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Group Ex	cemption				
=		on pending	St Cloud, MN 56301-4442	() (Number	>	1		
G	Accoun	iting Method:	✓ Cash	н	Check ► L	if the organization	is not		
	Nebsite	•				ttach Schedule B			
J T	ax-exe	mpt status (che	ck only one) — ☐ 501(c)(3) ☐ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) c	or □527	(Form 990, 9	90-EZ, or 990-PF).			
_			☑ Corporation ☐ Trust ☐ Association ☐ Other			<u> </u>			
			7b to line 0 to determine gross receipts. If gross receipts are \$200,000 or	moro, or if tota	al accotc				
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			\$			
	art I		e, Expenses, and Changes in Net Assets or Fund Balance			ns for Part I)			
_	C		the organization used Schedule O to respond to any question				7		
	1		ons, gifts, grants, and similar amounts received						
	2					+	5,505		
	3	_	p dues and assessments		3	 	1,040		
	4	Investment	•	• • • •	4	<u> </u>			
			unt from sale of assets other than inventory 5a	1	· · 	 	5,175		
	5a		· · · · · · · · · · · · · · · · · · ·						
	b	Less: cost or other basis and sales expenses							
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							
	6	•	——————————————————————————————————————	F	RECEN.	<u>~</u>			
<u>a</u>	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		- 11 _	NEOR !!				
Revenue	Ь			f contribution			10		
ě			asing events reported on line 1) (attach Schedule G if the	ns (5)	MAY 17 20	19			
E !	R		h gross income and contributions exceeds \$15,000) 6b	1					
3	\$.		t expenses from gaming and fundraising events 6c	-		CODENLI	iT		
4	r c		e or (loss) from gaming and fundraising events (add lines 6a and	d 6b and su	htract	OGDEN, I			
GAMELL		line 6c) .	s or (loss) from garilling and fundraising events (add lines of and	u ob and su	6d				
	7-	•			60				
			s of inventory, less returns and allowances	 					
41114	b		- G	1	──				
3	i c	•	t or (loss) from sales of inventory (Subtract line 7b from line 7a) .		· · 7c	 			
6	, 8 , 9		nue (describe in Schedule O)				2,560		
	4		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				4,280		
Expenses 107	10 211		similar amounts paid (list in Schedule O)		10	 			
		•	id to or for members		11	 			
	12		her compensation, and employee benefits		12	+	<u>1,296</u>		
			rofessional fees and other payments to independent contractors		13	 			
	14		, rent, utilities, and maintenance				<u>6,559</u>		
	15		Printing, publications, postage, and shipping			<u> </u>	28		
	16		ner expenses (describe in Schedule O)			4	1,950		
	17	Total expe	nses. Add lines 10 through 16	· · · <u>· · · · · · · · · · · · · · · · </u>	. ▶ 17	4	9,833		
ţ	18		deficit) for the year (Subtract line 17 from line 9)			ļ	4,447		
SS	19		or fund balances at beginning of year (from line 27, column (A))						
Net Assets		-	figure reported on prior year's return)			48	3,807		
<u>ĕ</u>	20		ges in net assets or fund balances (explain in Schedule O)				1,203		
~	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .		. ▶ 21	48	9,457		

Form 990-EZ (2017)

Cat. No. 106421

Pa	Balance Sheets (see the instructions					_
	Check if the organization used Schedule	O to respond to a	ny question in this			🗸
			1	(A) Beginning of year	-	(B) End of year
, 22	Cash, savings, and investments			318,939		330,194
23			· · · · · ·	93,000		93,000
24.	Other assets (describe in Schedule O)			76,130		70,920
25	Total assets			487,769		
26	Total liabilities (describe in Schedule O)	(0)		3,962		4,657
27	Net assets or fund balances (line 27 of column			483,807	27	489,457
Par		•		•		Expenses
	Check if the organization used Schedule				(Rer	quired for section
	is the organization's primary exempt purpose?		***************************************	···	501	(c)(3) and 501(c)(4)
Deco	ribo the organization's program service accompli-	shments for each o	f its three largest p	program services,	1	anizations; optional for ers.)
perso	easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	ach program title.			Oine	ло. <i>)</i>
28	We have approx. 50 members; flight instruction for I 528 hours this year. We own and maintain 2 aircraft					. . ,
	an opportunity for basic flight training at economical		, , , , , , , , , , , , , , , , , , , ,	, +r	'	1.5
_	(Grants \$ 1) If this amount	ıncludes foreign gra	ants, check heré .	.''\▶ 🔲	28a	48,509
29	Monthly meetings and other scheduled activities. W	e provide guest spea	kers, review current	operations 'Y'	1,50	
	and plan activities such as aviation related tours, cle	aning aircraft and ha	ngar. We provide re	freshments	;	•
			1			
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🔲	29 a	150
30				,		
	ş					
	(Grants \$) If this amount	ıncludes foreign gra	ants, check here .	▶ 🔲	30a	1
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	1
32	Total program service expenses (add lines 28a t	through 31a)		▶ • !	32	48,659
						1
Pari	List of Officers, Directors, Trustees, and Key	Employees (list each	n one even if not com	pensated-see the in		1
		Employees (list each	n one even if not com ny question in this	pensated—see the in Part IV		1
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees (list each O to respond to as (b) Average	n one even if not com	pensated-see the in	nstruc	ctions for Part IV)
	List of Officers, Directors, Trustees, and Key	Employees (list each O to respond to a	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	ctions for Part IV)
Part	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	O to respond to as (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)	ctions for Part IV)
Part Vilde	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Parks, President	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Pari Wilde	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Parks, President 4th Ave So HH 216, St Cloud, MN 56301-4442	O to respond to as (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
Pari Wilde 720 -	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title r Parks, President 4th Ave So HH 216, St Cloud, MN 56301-4442 Erasmus, Vice President	(b) Average hours per week devoted to position	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the ir Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	ctions for Part IV)
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	Page	3

Form 9	90-EZ (2017)		ر ب	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗆
			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	,	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	7	ļ	 •
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	,		ł
	change on Schedule O (see instructions)	34		✓
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)?	25-	,	
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	35a 35b	1	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			<u> </u>
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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		,	
37a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		-
b	Did the organization file Form 1120-POL for this year?	37Ь		1
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	L	✓_
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
ээ a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
Ь	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		
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	ļ .		
	40c reimbursed by the organization			
е	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		✓
41	List the states with which a copy of this return is filed ▶ Minnesota			
42a		20-25		
b	Located at ► 720 - 4th Ave So, HH 216 St Cloud, MN ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	56301	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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).		ļ	
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:	12c		✓
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			
440	Did the examination maintain any dense advised funds during the cond. If West T. E 000		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		<u>^</u>
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		.1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	\dashv	√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			<u> </u>
45	explanation in Schedule O	44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	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		✓

Form 9	90-EZ	(2017)						F	age 4
				, -,	-	į .	. • 1	Yes	No
46	Dıd	the organization engage, directly or is	ndirectly, in political c	ampaign activities on	behalf of	or in opposit	tion		
`	to c	andidates for public office? If "Yes,"	complete Schedule C	, Part I			. 46		√
Part	:VI	Section 501(c)(3) organizations	s only						
•		All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and c	omplete th	e tables f	or lin	es
		50 and 51.							
		Check if the organization used Sc	hedule O to respond	I to any question in t	hıs Part VI				
		-						Yes	No
47		the organization engage in lobbying		section 501(h) election	n in effect	during the	tax		
	yea	r? If "Yes," complete Schedule C, Par	tll				. 47		
48	ls th	ne organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes," complete	Schedule E		. 48		
49a							. 49a		
b		If "Yes," was the related organization a section 527 organization?							
50	Cor	nplete this table for the organization's	five highest compen	sated employees (oth	er than offi	cors, directe	ors, truste	os, an	d kay
•	emp	ployees) who each received more than	n \$100,000 of comper	nsation from the orgai	nization. If	there is non-	e, enter "N	lone."	
			(b) Average	(c) Reportable		h benefits,			
	(4	a) Name and title of each employee	hours per week	compensation .	contributions to employed benefit plans, and deferred compensation				
			devoted to position	(Forms W-2/1099-MISC)					

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		•				1			
		al number of other employees paid ov							-
51	\$10	nplete this table for the organization' 0,000 of compensation from the orga	's five highest compe	insated independent	contractor	s who each	received	more	than
	Ψ.υ.	o,oso or compensation nom the orga	initedion. Il trioro is no	rio, critor reoric.		····			
	(a	Name and business address of each independ	lent contractor	(b) Type of serv	ice	(c)	Compensation	on	
			···		····· ··· ···				
			••	t it	*		7	<i>,</i> .	
			***************************************	• ,					٠.,
		3			-		; ;		
				,					
•		-							
						•			
d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 I	>	<u>' </u>			
52	Did	the organization complete Schedu	ile A? Note: All se	ction 501(c)(3) organ	nizations n	nust attach	а	,	
	com	pleted Schedule A					► Yes		lo
Under p	enaltie	s of perjury, I declare that I have examined this r	eturn, including accompany	ing schedules and stateme	nts, and to the	best of my kno	owledge and	belief,	ıt ıs
true, cor	rrect, a	nd complete. Declaration of preparer (other than	officer) is based on all infor	mation of which preparer h	as any knowle	dge			
		1 alone C. a	deson				,		
Sign	-	Signature of officer		Dat	:e	_		-	
Here		Alan C Anderson, Treas		/3	May	2010	1		
		Type or print name and title				1 1	1	-	
Paid		Print/Type preparer's name	Preparer's signature	, Dat	е	Check	rf PTIN		
Prepare	arer					self-employ			
Use (Firm's name ▶		- · · <u> </u>	Firr	n's EIN ▶	*		
		Firm's address ▶			· - 1	one no			
May th	ne IRS	discuss this return with the preparer	shown above? See in	structions	· · · · · · · · · · · · · · · · · · ·	٠ •	► ☐ Yes		lo
									

. No. 3. 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017-18

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 41-6034978 St Cloud State University Aero Club, Inc Part 1 Line 8, Other Revenue: We rent out part of our hangar for aircraft storage, Gross Rents \$ 12560 Part I Line 16, Other Expenses: We own and operate 2 small aircraft for the use of our members Operating expenses include fuel, repairs, insurance, equipment upgrades, credit card fees, GPS subscriptions, scholarships 38350 Minnesota taxes: Sales 265, Non Profit 1239, Registration 200 1704 Federal taxes: Form 990T Unrelated Business Income 1896 Line 16 Total 41950 Part I Other changes to net assets: \$ 1203 This increase is due to the combined effects of : Changes in the valuation of the aircraft we own; they are revalued each year based on aircraft use, maintenance required, equipment changes and estimated market values. 2. An increase in the value of our investment holdings and an increase in our liabilities. Part 2 Line 24 Other Assets: We own 2 small aircraft, 1 Cessna Model 152, 1 Cessna Model 172R total 70720 We own some shop tools and fixtures 200 Total Line 24 \$ 70920 Part 2 Line 26 Total Liabilities: Accounts Payable 3435 Unearmed Flight Revenue 1222 Total Line 26 \$ 4657