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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e.

41 List the states with which a copy of this return is filed ND
42a The organization's books are in care of Hans Nielsen Telephone no (701) 281-0149
Located at PO Box 223 West Fargo, ND ZIP + 4 58078

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

Table with 2 columns: Yes, No. Row 46: No

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .
49b If "Yes," was the related organization a section 527 organization? . . . . .

Table with 2 columns: Yes, No. Rows 47, 48, 49a, 49b.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . .

Yes No

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

Sign Here: Signature of officer (Hans Nielsen, Treasurer), Date (2017-08-16)

Table for Preparer Information: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

Yes No

## Additional Data

**Software ID:** 16000263

**Software Version:** V1.0

**EIN:** 91-1790571

**Name:** Skydive Fargo Inc

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p><b>28</b> Providing training, properly maintained aircraft, gear and facilities to promote safe skydiving for first timers and experienced alike (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0

**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.

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Skydive Fargo Inc

Employer identification number

91-1790571

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Part I, line 16	Other Expenses , Amount   182 Annual Total, \$5163 95  182 JPI Total, \$588 01  182 Maintenance Total, \$4916 76  206 ELT Total, \$287 80  206 Maintenance Total, \$184 99  AC -misc Total, \$32 00  AC-Fuel Total, \$36742 28  AC-Maint Total, \$5215 57  AC-Prop Maintenance Total, \$200 00  ACRegistration Total, \$68 00  Engine Purchase 182 Total, \$39162 00  Helo Fuel Total, \$379 89  Helo Use Total, \$3500 00  Oil AC supply Total, \$347 52  Event Year End Total, \$1100 00  Event-Annual Meeting Total, \$79 00  Event-DLHotel Total, \$100 00  EventFood Total, \$198 41  Event-Halloween Total, \$211 96  Event-Keith Gift Total, \$100 00  Event-SeptParty Total, \$739 13  Aircraft Insurance Total, \$4760 00  BurbleSoft Total, \$1704 00  County PropertyTax Total, \$739 69  DemolInsurance Total, \$505 00  Financial 206 Loan Total, \$10861 73  HangerInsurance Total, \$825 00  NewJumperFee Total, \$1935 00  NonProfitFiling Total, \$10 00  PO Box Total, \$82 00  SalesTaxPayment Total, \$96 00  Square CC Processing Total, \$3886 06  TaxFiling Total, \$61 86  Tshirts Total, \$1393 76  USB Drives Total, \$679 70  USPA Total, \$1370 00  Gear - Tandem Purchase Total, \$9200 00  Gear-Rigging Total, \$3103 82  Gear - Paragear Total, \$342 55  Gear - Tandem Purchase Total, \$514 80  Tandem Rental Total, \$750 00  UPT Spare Gear Total, \$953 20  FacebookAds Total, \$138 28

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Part II, line 24	Asset Name , BOY Amount , EOY Amount   Aircraft 182, \$90000, \$90000  Aircraft 206, \$40000, \$40000  Skydive Gear & Equipment, \$59000, \$68000

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Part II, line 26	Liabilities Name , BOY Amount , EOY Amount   Accounts Payable, \$13889, \$15970  Mortgages or other loans payable, \$18371, \$8978