

Click on the question-mark icons to display help windows  
The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

OMB No 1545-0047

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)

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information. **1219**

**A** For the 2019 calendar year, or tax year beginning 01/01, 2019, and ending 12/31, 20 19

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <input type="checkbox"/> <b>SKYCRAFTERS, INC</b> <b>SKYC</b>		<b>D</b> Employer identification number <input type="checkbox"/> <b>73-6506654</b>
	Number and street (or P O box if mail is not delivered to street address) <input type="checkbox"/> <b>P. O. BOX 3366</b>		<b>E</b> Telephone number <b>423-767-1572</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>JOHNSON CITY, TN 37602</b> <b>07</b>		<b>F</b> Group Exemption Number <input type="checkbox"/>

**G** Accounting Method.  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ **SKYCRAFTERS.ORG** **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 7 ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **113,530**

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

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	58,542
3	Membership dues and assessments	3	53,433
4	Investment income	4	1,555
5a	Gross amount from sale of assets other than inventory	5a	0
5b	Less: cost or other basis and sales expenses	5b	0
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events:		
6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
6b	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
6c	c Less: direct expenses from gaming and fundraising events	6c	0
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	0
7b	b Less: cost of goods sold	7b	0
7c	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	113,530
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits <input type="checkbox"/>	12	0
13	Professional fees and other payments to independent contractors <input type="checkbox"/>	13	1,620
14	Occupancy, rent, utilities, and maintenance	14	71,321
15	Printing, publications, postage, and shipping	15	3,802
16	Other expenses (describe in Schedule O) <input type="checkbox"/>	16	35,207
17	<b>Total expenses.</b> Add lines 10 through 16	17	111,950
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,580
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	250,715
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	252,295

**1004**  
**FEB 22 2021**  
**RECEIVED ENTIRE**

**RECEIVED**  
**NOV 23 2020**  
**OGDEN, UT**  
D038 IRS-OSC

Form **990-EZ** (2019)

**66**

2019 990-EZ Def  
8/19  
4.5.21  
012320223  
594083

SCANNED NOV 01 2021  
Expenses  
Net Assets

For Paperwork Reduction Act Notice, see the separate instructions.



0

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

		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		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
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)?	<input checked="" type="checkbox"/>	
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
35c	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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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?		<input checked="" type="checkbox"/>
38b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	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		<input checked="" type="checkbox"/>
40c	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 <input type="text" value="0"/>		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="00"/>		
40e	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		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text" value="Ben Chaney"/> Telephone no. <input type="text" value="423-418-4500"/> Located at <input type="text" value="1408 Valley Street, Kingsport, TN"/> ZIP + 4 <input type="text" value="37660-4921"/>		
42b	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)? If "Yes," enter the name of the foreign country <input type="text"/>		<input checked="" type="checkbox"/>
42c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<input checked="" type="checkbox"/>
43	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 <input type="text"/>		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
44d	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)?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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 Yes/No columns and a checked box for '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

Table with Yes/No columns.

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns.

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns.

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns.

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, (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. Preparation of this return by preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (Daniel G. Miller), Date (July 28, 2020), Type or print name and title (Treasurer).

Paid Preparer Use Only: 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

SCHEDULE O  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.



▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

Name of the organization  
SKYCRAFTERS INC

Employer identification number  
73-6506654

Statement 1 Part 1, Line 16

Other Expenses Structured Explanation

Insurance for airplanes	16,694
Fuel for airplanes	18,252
Meeting Expenses	74
Tax and penalty fees	187
<b>Total</b>	<b>35,207</b>

Statement 2 Part II, Line 24

Prepaid Insurance and other expense	12,703
Accounts Receivable	17,283
3 Airplanes	240,872
<b>Total</b>	<b>270,858</b>

Statement 3, Part II, Line 26

Accounts Payable	4,502
Reserves for Airplane Maintenance and Expenses	196,856
<b>Total</b>	<b>201,358</b>