

Short Form **990-EZ** Return of Organization Exempt From Income Tax **2022**

OMB No. 1545-0047

Form

**Open to
Public
Inspection**

Department of the Treasury
Internal Revenue Service
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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.

A For the 2022 calendar year, or tax year beginning , 2022, and ending , 20

B D Employer Check if applicable Name of organization _____ Name change _____ Room/suite Number and street (or P.O. box if mail is not delivered to street

C _____ address)

identification number

E _____
Telephone number

Address change

NORTHERN MINNESOTA ROBOTICS CONFERE 82-2805004

Initial return _____ postal code _____

Final return/terminated Amended return _____

Application pending _____

BOX 416

F _____
BEMIDJI, MN 56619

Group Exemption Number _____

City or town, state or province, country, and ZIP or foreign _____

G H Accounting Method: Cash Accrual Other (specify) Check if the organization is **not**

I Website: J _____

required to attach Schedule B

Tax-exempt status (check only one) 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 990).

K

Form of organization: Corporation Trust Association Other

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 **L**

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form **103,938**

990-EZ \$ _____

in Net Assets or Fund Balances

(see the instructions for Part I)

Part I

Revenue, Expenses, and Changes

Check if the organization used Schedule O to respond to any question in this Part I _____

1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and charges
3	Membership dues and assessments
4	Investment income
5a	5a Gross amount from sale of assets other than inventory
5b	5b Less: cost or other basis and sales expenses

c	Gain or (loss) from sale of assets other than inventory (subtract line 5a from line 4)
6	Gaming and fundraising events:
a	Gross income from gaming (attach Schedule G if greater than \$15,000)
b	Gross income from fundraising events (not including \$ of contributions reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)

c 6c	Less: direct expenses from gaming and fundraising event			
d	Net income or (loss) from gaming and fundraising event line 6c)			
7a 7a	Gross sales of inventory, less returns and allowances			
b 7b	Less: cost of goods sold			
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			
8	Other revenue (describe in Schedule O)			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
10	Grants and similar amounts paid (list in Schedule O)			
11	Benefits paid to or for members			
12	Salaries, other compensation, and employee benefits	<u>74,459</u>	<u>22,459</u>	<u>7,000</u>
13	Professional fees and other payments to independent contractors	<u>20</u>		
14	Occupancy, rent, utilities, and maintenance			
15	Printing, publications, postage, and shipping			
16	Other expenses (describe in Schedule O)			
17	Total expenses. Add lines 10 through 16			
18	Excess or (deficit) for the year (subtract line 17 from line 9)			
19	Net assets or fund balances at beginning of year (from line 18 or end-of-year figure reported on prior year's return)	<u>103,938</u>		
20	Other changes in net assets or fund balances (explain in Schedule O)	<u>350</u>		
21	Net assets or fund balances at end of year. Combine line 19 and line 20	<u>1,414</u>	<u>53,607</u>	<u>55,371</u>
		<u>57,350</u>	<u>105,917</u>	

For Paperwork Reduction Act Notice, see the separate instructions. EEA
Form 990-EZ (2022)

II

to respond to any question in this Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O

22
Cash, savings, and investments

(A) Beginning of year					7
31,2					
26,1	57,3	57,3	30,406		

23
Land and buildings

24
Other assets (describe in Schedule O)

0
25 Total assets 26

105,917 0

Total liabilities (describe in Schedule O) 27

105,917

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Part III

Statement of Program Service

Accomplishments (see the instructions for Part III)

(Required for section What is the organization's primary exempt purpose?

Expenses

Check if the organization used Schedule O to respond to any question in this Part III

PROVIDE ROBOTICS ED TO MN HS STUDENTS

501(c)(3) and 501(c)(4)

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.

PROVIDED ROBOTICS LEAGUE AND EDUCATIONAL OPPORTUNITIES TO

NORTHERN MN HS STUDENTS

organizations; optional for others.)

30 a
31 a
32

28 a
29 a

(Grants \$) If this amount includes foreign grants, check here 29

(Grants \$) If this amount includes foreign grants, check here

(Grants \$) If this amount includes foreign grants, check here 30

48,142

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31

32
Total program service expenses (add lines 28a through 31a)

48,142

Part IV

IV

Check if the organization used Schedule O to respond to any question in this Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

.....

(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation
3.00	0	0
5.00	0	0
5.00	0	0
2.00	0	0

(a) Estimated amount of Name and title other compensation (e)

NATASHA OLSONAWSKI
TREASURER 0 JESSE FROST
PRESIDENT 0 CURTIS ROBERTSON
VICE PRESIDENT 0 RYAN LINDSAY
SECRETARY 0

Form 990-EZ (2022)

Other Information

(Note the Schedule A and personal requirements in the benefit contract statement)

No
33
instructions for Part V.) Check if the
organization used Schedule O to respond to
any question in this Part V. Did the
organization engage in any significant activity not
previously reported to the IRS? If "Yes," provide a
.....

	Ye s
33	
34	

35 a	
35 b	
35 c	
36	
37 b	
38 a	

40 b	
40 e	

detailed description of each activity in Schedule O
..... X

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
..... X

35 a
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)? **b** X

.....
If "Yes," to line 35a, has the organization filed a Form 990-T 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 6033(e) notice,
reporting, and proxy tax requirements during the year? If "Yes," X
complete Schedule C, Part III
.....

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 X

37 a 37a Enter amount of political expenditures, direct or indirect, as described in the instructions
..... X

b
Did the organization file **Form 1120-POL** for this year?

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 **b 38b** If "Yes," complete Schedule L, Part II,
outstanding at the end of the tax year covered and enter the total amount involved X
by this return?

Enter:

39 a	
39	

b	
---	--

39
a
Section 501(c)(7) organizations. . .

Initiation fees and capital contributions included on line 9 **b**

Gross receipts, included on line 9, for public use of club facilities

40 a

Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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

X

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

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 8886-T

..... X

41

MN

List the states with which a copy of this return is filed:

NATASHA OLSONAWSKI 218-779-4476

42 a

The organization's books are in care of: Telephone no. BOX 416, BEMIDJI, MN 56619
Located at: ZIP + 4

	Ye s
42 b	
42 c	

b No 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 the foreign country: Foreign Bank and Financial Accounts (FBAR).
as a bank account, securities account, or other See the instructions for exceptions and filing
financial account)? If "Yes," enter the name of requirements for FinCEN Form 114, Report of X

X

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

43

and enter the amount of tax-exempt interest received or accrued during the tax year Did the

No

44 a

organization maintain any donor advised funds

during the year? If "Yes," Form 990 must be

	Ye s
44 a	

44 b	
44 c	
44 d	

45 a	
45 b	

completed instead of Form 990-EZ . . . X

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

Did the organization receive any payments for indoor tanning services during the year?

. . . X X

c

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

45 a

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ. See instructions EEA

Page 4

No

46

Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition

	s
46	

X

Form 990-EZ (2022)

Form 990-EZ (2022)

NORTHERN MINNESOTA ROBOTICS

CONFERE 82-2805004

to candidates for public office? If "Yes," complete Schedule C, Part

	Ye
--	----

Part VI Section 501(c)(3) Organizations Only

X

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

No

47

Check if the organization used

lobbying activities or have a section 501(h)

election in effect during the tax

49 a	
49 b	

Schedule O to respond to any question

in this Part VI Did the organization engage in

	Ye s
47	
48	

year? If "Yes," complete Schedule C, Part II . . . X

48

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

Schedule E

X

49a

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

. . . X

b

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

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."

Name and title of each employee	(b) Average hours per week devoted to position	
		(e) (a)
		Estimated amount of
		other compensation NONE

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

.....

f

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."

(b) Type of service

(a) (c) Name and business address of each independent contractor Compensation

NONE

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

....

d

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 Date JESSE FROST.

PRESIDENT

Type or print name and title

Firm's address 613 Roosevelt Road SE

Bemidji MN 56601-3456

Paid Preparer Use Only

JESSE FROST

Print/Type preparer's name

Susan Dearholt CPA

PTIN

Firm's name Dearholt Tax & P01239524

218-444-1040

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

Yes No

EEA

Form 990-EZ (2022)

OMB No. 1545-0047

Public Charity Status and Public Support **2022**

(Form 990)
SCHEDULE A

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

and the latest information.

Go to www.irs.gov/Form990 for instructions

Open to Public Inspection

Name of the organization Employer identification number NORTHERN MINNESOTA ROBOTICS CONFERE 82-2805004

Part I

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1
- 2
- 3
- 4 **e**
A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 5 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 6 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 7 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 8
- 9 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.)
- 10 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 11 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 12 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- a An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- b
- c An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross
- d

investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
		Yes	No	

(i) Name of supported organization (vi) Amount of other support (see instructions)

- (A)
- (B)
- (C)
- (D)
- (E)

Total
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule A (Form 990) 2022 or 990-EZ. EEA

Part II

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.)

Support Schedule for Organizations Described in

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 202

--	--	--	--

(f) Total

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual for the grants.") **2** Tax revenues levied on the organization's benefit and either paid to or expended on its behalf

3 The value of services or facilities furnished by a governmental unit to the organization without charge **4**

Total. Add lines 1

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)

6 **Public support.** Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 202

(f) Total

7 Amounts from line 4

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income

from similar sources

9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)

10 Other income. Do not include gain or

11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)

13 First 5 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, check this box and stop here

Section C. Computation of Public Support Percentage 14

14 15

15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) %

Public support percentage from 2021 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

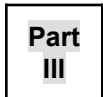
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2022. 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

b 10%-facts-and-circumstances test - 2021. 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 supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022

EEA



Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support Calendar year (or fiscal year beginning in)

Table with 4 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021

(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

147,164

2

.....
38,896

organization's tax-exempt purpose

3

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

5

The value of services or facilities furnished by a governmental unit to the organization without charge

.....

Total. Add lines 1 through 5

186,060

7a on lines 1, 2, and 3

Amounts included

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 and 7b

Add lines 7a

8

Public support. (Subtract line 7c from line 6.)

.....
.....
186,060

Section B. Total Support
Calendar year (or fiscal year beginning in)

(a) 2018	(b) 2019	(c) 2020

0			0

(f) Total

9 Amounts from line 6

.....

186,060

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

20

c

Add lines 10a and 10b

11 12 include gain or loss
from the sale of
capital assets

Net income from (Explain in Part VI.)
unrelated business
activities not included

13
Total support. (Add
lines 9, 10c, 11,
regularly carried on
Other income. Do not

and 12.)

186,080

14 **First 5 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, check this box and **stop here**

**Section C. Computation of
Public Support Percentage 15**

15
16

Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) %

16

Public support percentage from 2021 Schedule A, Part III, line 15 %

**Section D. Computation of
Investment Income Percentage**

17
18

Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f)) %

18

Investment income percentage from **2021** Schedule A, Part III, line 17 % **19a**

33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization **b**

33 1/3% support tests - 2021. 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 not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

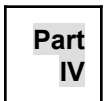
20

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

EEA
Schedule A (Form 990) 2022

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NORTHERN MINNESOTA ROBOTICS



(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.)

**Supporting Organizations
Section A. All Supporting Organizations**

	Ye s
1	

2	
3a	
3b	
3c	
4a	
4b	
4c	
5a	
5b	
5c	
6	
7	
8	
9a	
9b	
9c	
10 a	
10 b	

No

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 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 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.)

Part IV

11 b	
11 c	

Supporting Organizations (continued)

	Ye s	No
11 a		

- 11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 A family member of a person described on line 11a above?
b A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,
c provide detail in **Part VI**.

Section B. Type I Supporting Organizations

	Ye s
1	
2	

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** 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 officers, 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 operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

	Ye s
--	---------

No

1	
---	--

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 **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

	Ye s
1	
2	
3	

No

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? **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 **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s). **3**

By reason of the relationship described in line 2, above, 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 **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**).

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

	Ye s
2a	

2b	
3a	
3b	

2 No Activities Test. Answer lines 2a and 2b below.

a
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 **Part VI identify those supported organizations and explain** 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.

b
Did the activities described on line 2a, above, 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 **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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 officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b
Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Part V

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

1 Section A - Adjusted Net Income

1
2
3
4
5
6
7

8
1 a
1 b
1 c
1 d

2
3
4
5
6
7
8
1

2
3
4

5
6

(B) Current Year (optional)

- 1 Net short-term capital gain
- 2 Recoveries of prior-year distributions
- 3 Other gross income (see instructions)
- 4 Add lines 1 through 3.
- 5 Depreciation and depletion
- 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)
- 7 Other expenses (see instructions)
- 8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)

(B) Current Year (optional)

Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):
 - a Average monthly value of securities
 - b Average monthly cash balances
 - c Fair market value of other non-exempt-use assets
 - d **Total (add lines 1a, 1b, and 1c)**
 - e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):

- 2 Acquisition indebtedness applicable to non-exempt-use assets
- 3 Subtract line 2 from line 1d.

- 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)

- 6 Multiply line 5 by 0.035.

- 7 Recoveries of prior-year distributions

- 8 **Minimum Asset Amount** (add line 7 to line 6)

Current Year

Section C - Distributable Amount

- 1 Adjusted net income for prior year (from Section A, line 8, column A)
- 2 Enter 0.85 of line 1.
- 3 Minimum asset amount for prior year (from Section B, line 8, column A)
- 4

Part VI. See instructions.

7

Excess distributions carryover to 2023. Add lines 3j and 4c.

8

Breakdown of line 7:

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>	<u>-----</u>	<u>-----</u>
<u>Excess from 2018</u>				<u>Excess</u>		
<u>from 2019</u>				<u>Excess from</u>		
<u>2020</u>				<u>Excess from 2021</u>		
<u>Excess from 2022</u>						
<u>-----</u>	<u>-----</u>	<u>-----</u>				

EEA
Schedule A (Form 990) 2022
Page 8

Schedule A (Form 990) 2022



EEA
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.)

(Form 990) 2022

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

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

Employer identification number

NORTHERN MINNESOTA ROBOTICS CONFERE 82-2805004 01. Description of other expenses (Part

I, line 16)

DESCRIPTION AMOUNT

DEPRECIATION FROM 4562 15,467

SUBSCRIPTIONS 483

EVENT EXPENSES 20,058

FIELD EXPENSE 3,955

SUPPLIES 3,940

SMALL TOOLS 1,042

EVENT LODGING 5,175

FUEL 1,332

INSURANCE 1,530

TRUCK AND TRAILER EXP 625

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Depreciation and Amortization

2022 4562 (Including Information on Listed Property)

OMB No. 1545-0172

Form

Department of the Treasury Internal Revenue Service

Name(s) shown on return
Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or e

Attachment Sequence No.
Identifying number
179

NORTHERN MINNESOTA ROBOTICS CONF 82-2805004

Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Part I

1
Maximum amount (see instructions)
.....

.....	...
.....	..
.....	
.....	

.....
.....
(b) Cost (business us
.....
.....

.....	7			
.....
.....
.....
.....
.....

Empty rectangular box

Empty rectangular box

2 Total cost of section 179 property placed in service (see instructions)

3 Threshold cost of section 179 property before reduction in limitation (see instructions)
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-

5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions
Listed property. Enter the amount from line 29

6 (a) Description of property

7

8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and

79 Tentative deduction. Enter the smaller of line 5 or line 8

10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562

11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line

1113 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

and Other Depreciation (Don't include listed property. See instructions.)

Part II

Special Depreciation Allowance

14 Special depreciation allowance for qualified property (other than listed property) placed in service

16

14 during the tax year. See instructions
15

15 election
Property subject to section 168(f)(1)

16 ACRS) 4,022
Other depreciation (including

(Don't include listed property. See instructions.)
Section A

Part III

MACRS Depreciation

17 MACRS deductions for assets placed in service in tax years beginning before 2022

17

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(b) placed in service	(c) Basis for (business/investment use only-see instructions)	(d) Recover y period	(e) Convention	(f) Method

	26,666	7	HY	200 DB
		25 yrs.		S/L
		27.5 yrs.	MM	S/L
		27.5 yrs.	MM	S/L
		39 yrs.	MM	S/L
			MM	S/L

(a) Classification of property (g) Depreciation deduction

- 19a 3-year property
- b 5-year property
- c 7-year property
- d 10-year property
- e 15-year property
- f 20-year property
- g

25-year property

h Residential rental property

i Nonresidential real property

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

3,811

c
d
Class life 12-year 30-year 40-year

		40 yrs
--	--	--------

20a b

Part IV

Summary (See instructions.)

21 Listed property. Enter amount from line 28

.
.	

.	
	.

23	7,634

22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

year, enter the 15,467

For assets shown above and placed in service during the current portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate

NORTHERN MINNESOTA ROBOTICS CONFERE 82-2805004

Form 4562 (2022) Page

(Include automobiles, certain other vehicles, certain aircraft, and property used for

Part V

Listed Property

entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? **No**
Yes No 24b If "Yes," is the evidence written? **Yes**

(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention		(h) Depreciation deduction
		ation allowance for n service duringth 50% in a qualified		25	

(i) (a) Type of property (list Elected section 179 vehicles first) cost

25

26

Property used more than 50% in a qualified business use:

NEW TRUCK

04-06-2022	100.0%	38,
	%	

	%		
--	---	--	--

27

Property used 50% or less in a qualified business use:

	%				S/L-		
	%				S/L-		
	%				S/L		
		column (h), lines enter here and on		.	..	28	7,634
		column (i), line and on line 7,	29

28

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those

vehicles.

(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		
Yes	N o	Yes	N o	Yes	N o	Yes	N o	Yes	N o	Yes

30 Total business/investment miles driven during the year (**don't** include commuting miles) (f)
Vehicle 6

.....

31 32

Total commuting miles driven during the year
Total other personal (noncommuting) miles driven

33
Total miles driven during the year. Add lines 30 through 32
.....

34 No Was the vehicle available for personal

use during off-duty hours? used primarily by a more than 5% owner or related person?

35
Was the vehicle

.....

36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

Yes

37 No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
.....

38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners use? . . .

39 Do you treat all use of vehicles by employees as personal use?

40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions

41
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

	(b) Date amortization begins	(c) Amortizable amount	Cod
--	---------------------------------	---------------------------	-----

Part VI

Amortization

(a) (f) Description of costs Amortization for this year

42 Amortization of costs that begins during your 2022 tax year (see instructions):

 43
	column (f). See the here to report 44

43 Amortization of costs that began before your 2022 tax year

44 Total.