# Form 990

Return of Organization Exempt From Income Tax

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

20**23** 

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Department of the Treasury Internal Revenue Service

Ar	or th	e 202	and ending	_	D. Employer ide		/2024			
Вс	heck if ap	oplicable:	C Name of organization	- 1	D Employer ide	ntification	n number			
	Addre	20.	ANGEL FLIGHT CENTRAL, INC.							
	chang		Doing Business As	$\rightarrow$		16996	07			
_	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number						
	Initial	return	10 RICHARDS ROAD	$\rightarrow$	(816) 421-2300					
	Term		City or town, state or province, country, and ZIP or foreign postal code	1						
_	Amen	n	KANSAS CITY, MO 64116		G Gross receipt	07 3177	741,80			
	_ Appli	cation ing	F Name and address of principal officer: BRENDAN SNEEGAS		H(a) Is this a grou subordinates?		Yes	X No		
			10 RICHARDS ROAD, KANSAS CITY, MO 64116		H(b) Are all subordi			No		
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attac	h a list. (see	instructions)			
J	Websi	ite: 🕨	WWW.ANGELFLIGHTCENTRAL.ORG		H(c) Group exemp	tion number	r 🕨			
K	Form	of organ	ization: X Corporation Trust Association Other ▶ L Year of	formati	on: 1995 <b>M</b>	State of le	gal domicile:	MO		
P	art I	Sur	mmary							
	1	Briefly	describe the organization's mission or most significant activities: _ TO SERVE PEOP	LE I	N NEED BY	ARRA	NGING			
9		CHAI	RITABLE FLIGHTS FOR HEALTH CARE OR OTHER HUMANITARIAN	PURE	POSES					
Jan						- W W W 1, 2,				
Veri	2	Check	this box if the organization discontinued its operations or disposed of more than	n 25%	of its net assets	i.				
Activities & Governance	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		14		
త	4		er of independent voting members of the governing body (Part VI, line 1b)			4		14		
tie	5		number of individuals employed in calendar year 2023 (Part V, line 2a)			5		5		
Ę	6		number of volunteers (estimate if necessary)			6		528		
Ä	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a				
			nrelated business taxable income from Form 990-T, line 34			7b				
					Prior Year		Current Ye	ar		
4	8	Contri	butions and grants (Part VIII, line 1h)		663,16	7.	585,	,227.		
nue	9		COPY FOR			NONE		NONE		
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		36,24	_	82	,212.		
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-92,39			,457.		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		607,01		100000000000000000000000000000000000000	896.		
-	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		100000	ONE		NONE		
	14		its paid to or for members (Part IX, column (A), line 4)		5.00	ONE	NONE			
	4.5		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)					,769.		
Expenses	162		ssional fundraising fees (Part IX, column (A), line 11e)			ONE	3301	NONE		
ben	h		fundraising expenses (Part IX, column (D), line 25) ► 84,080.		1110	7112		NONE		
Ä	17				137,06	3	206	784.		
	1000100		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		406,08		and the second s	,553.		
	18		70 WALL OF A WAL		200,92			,343.		
L S	19	Reven	ue less expenses. Subtract line 18 from line 12 , , , , , , , , , , , ,	Reginn	ning of Current Y		End of Yea			
Net Assets or Fund Balances	20	T-4-1		Degiiii						
Bala	20		assets (Part X, line 16)		2,007,97		2,305,			
nd A	21		iabilities (Part X, line 26)		2,32		The same of the sa	,244.		
10/10/10	William P. State St.		sets or fund balances. Subtract line 21 from line 20		2,005,65	2.	2,252,	, 936.		
	irt II			onte a	nd to the best of	my know	ladae and he	lief it is		
true	e, corre	ect, and	f perjury, I declare that I have examined this return, including accompanying schedules and statem complete. Declaration of proparer (other than officer) is based on all information of which preparer has	any kn	owledge.	illy kilow	ledge and be	illei, it is		
					11 -	00/2	1			
Sig	ın		Signature of officer		Date	212	1 -			
He				CHOR						
			BRENDAN SNEEGAS CEO/EXEC. DIRE  Type or print name and title	CTOR	<u> </u>					
			Mark the transfer of the trans			if PTIN				
Paid	t		1 21	100-	Check X	"				
	parer	JASC	ON F ANDERSON V/pm + Aprelion 11/18/	/2024		1100	0409286			
**********	Only	Firm's	name ▶ PICKETT, CHANEY & MCMULLEN LLP		Firm's EIN		246310			
			address > 9401 W. 87TH STREET, SUITE 200 OVERLAND PARK, KS 66212-3755		Phone no.		438-507	7		
-	x 531,200 A.A		cuss this return with the preparer shown above? (see instructions)		*****	>	Yes	No		
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form 990	(2023)		

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Ρć	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$246,387. including grants of \$) (Revenue \$)
	MISSIONS (FLIGHTS) - THE ORGANIZATION ARRANGES FLIGHTS BY MATCHING
	QUALIFIED INDIVIDUALS IN NEED WITH VOLUNTEER GENERAL AVIATION
	PILOTS OR OTHER TRANSPORTATION RESOURCES. 2,565 FLIGHTS WERE
	ARRANGED FOR PEOPLE IN NEED. 158,465 MILES WERE FLOWN AND 2,535
	FLIGHT HOURS WERE DONATED. 528 VOLUNTEERS (302 ACTIVE VOLUNTEER
	PILOTS & 226 GROUND VOLUNTEERS) PARTICIPATED IN THE PROGRAM.
	DONATED TRANSPORTATION SERVICES AMOUNTED TO \$2,022,441.
4b	(Code:) (Expenses \$90,135. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION - THE ORGANIZATION AIMS TO INCREASE AWARENESS OF
	AND PROVIDE PUBLIC EDUCATION ON THE AVAILABILITY OF FREE GENERAL
	AND COMMERCIAL AVIATION RESOURCES FOR THOSE IN NEED OF FARAWAY
	TRANSPORTATION, TYPICALLY FOR NON-EMERGENCY HEALTHCARE
	APPOINTMENTS. IN ADDITION, THE ORGANIZATION ALSO AIMS TO INCREASE
	AWARENESS AND EDUCATION FOR QUALIFIED PILOTS REGARDING THEIR
	ABILITY TO VOLUNTEER THEIR PASSION, TIME, AND AIRCRAFT TO HELP
	THOSE IN NEED WHILE PROVIDING A MEANINGFUL VOLUNTEER EXPERIENCE.
4c	(Code:) (Expenses \$25,830. including grants of \$) (Revenue \$)
	NATIONAL COLLABORATION - THE ORGANIZATION IS A MEMBER OF AIR
	CHARITY NETWORK AND THE AIR CARE ALLIANCE. BOTH ORGANIZATIONS ARE
	NATIONWIDE NETWORKS FORMED FOR CHARITABLE PUBLIC BENEFIT FLYING,
	SHARED RESOURCES AND TO ASSIST PASSENGERS THROUGH LINKING
	PASSENGER FLIGHTS THROUGHOUT THE UNITED STATES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 362,352.

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Form 990 (2023)

Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	.		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	па	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115	21	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	10		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		3.5
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	v	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	Х	
ıIJ	If "Yes," complete Schedule G, Part III	19		v
20 s	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2023)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
00	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	2/12		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>2</b> 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		- 21
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	20	v	
Part		38	X	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Conducto C Contains a response of note to dry line in the fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	<b>-</b> -		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u></u> .		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	v	
a	The governing body?	8a 8b	X X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	37	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization	130	Λ	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
h	with a taxable entity during the year?	, ou		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedIL,KS,MN,MO,ND,WI,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X   Own website   X   Upon request   Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s.		
	BRENDAN SNEEGAS 500 RICHARDS ROAD KANSAS CITY, MO 64116			

816-421-2300

Form **990** (2023)

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) BRENDAN SNEEGAS	40.00									
CEO/EXECUTIVE DIRECTOR	NONE			Х				93,378.	NONE	12,086.
(2) JOANNE M. BARBERA	6.00							337370.	1101112	127000.
CHAIRPERSON	NONE	X		х				NONE	NONE	NONE
(3) LADEENA JAMES	5.00							3.02.		
PAST CHAIRPERSON	NONE	Х		Х				NONE	NONE	NONE
(4) DIANNE WHITE	6.00									
VICE CHAIRPERSON	NONE	Х		Х				NONE	NONE	NONE
(5) SCOTT FITZGERALD	6.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) MARK GREEN, DPM	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(7) JIM HASSENSTAB	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(8) BILL KEEN	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(9) MATTHEW J. MITCHELL	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(10) JEFF RAGSDALE	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(11) JIM STOWERS, III	5.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(12) ERIC KASEFF	6.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(13) MICHAEL J. MCGRAW	5.00									_
MEMBER	NONE	Х						NONE	NONE	NONE
(14) DAVID J. MOESER	5.00									
MEMBER	NONE	X						NONE	NONE	NONE

Form **990** (2023)

R ang

	art VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	yees (d	ontinue	d)	- <del></del>
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	than of is both or/truste	an ee)	(D) (E)  Reportable compensation from related organizations			(F) Estimated m amount of other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	-MISC)	orga and	m the inization related nizations	
	) JOE RATTERMAN	5.00							17017		170175			
	:MBER 	NONE	X						NONE		NONE		1	IONE
		+												
		<del></del>												
		<del> </del>												
	Sub-total							<b>&gt;</b>	93,378.		NONE		12,0	
	: Total from continuation sheets to Part VII, S I Total (add lines 1b and 1c)	-						<b>&gt;</b>	93,378.		NONE NONE		12,0	IONE
	Total number of individuals (including but not reportable compensation from the organizatio	limited to t		liste	d a	bove	•	re	· · · · · · · · · · · · · · · · · · ·	\$100,000			12,0	<u>, , , , , , , , , , , , , , , , , , , </u>
_	Toportable compensation from the organization					NO	NE						Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. If	"Yes	,"	complete Schedu			4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	from	any	un	related organization			5		X
Se	ection B. Independent Contractors													
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	C	(C) Compens	ation	
								1						

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ NONE

43-1699607

# Part VIII Statement of Revenue

· a		Check if Schedule O contains a respo	nse or note to an	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
وَق	С	Fundraising events 1c	373,512.				
fts, Ir A	d	Related organizations 1d					
ਹੰ≅	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e Ë		and similar amounts not included above . 1f	211,715.				
들본	g	Noncash contributions included in					
קבש		lines 1a-1f 1g	\$ 23,770.				
ಶ	h	Total. Add lines 1a-1f		585,227.			
			Business Code				
Program Service Revenue	2a						
e S	b						
n S	С						
ev ev	d						
δ. F	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		66,246.			66,246.
	4	Income from investment of tax-exempt bond	'	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NON	1				
	d _d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory <b>7a</b> 15,966					
4			•				
evenue	b	Less: cost or other basis					
š		and sales expenses					
$\alpha$	d	Gain or (loss)         7c         15,966           Net gain or (loss)		15,966.			15,966.
Other				13,300.			13,500.
ŏ	8a	Gross income from fundraising events (not including \$ 373,512.					
		events (not including \$373,512. of contributions reported on line					
		1c). See Part IV, line 18 8a	74,367.				
	b	Less: direct expenses 8b	58,910.				
	C	Net income or (loss) from fundraising events		15,457.			15,457.
	9a	Gross income from gaming					
	""	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		NONE			
ns			Business Code				
Miscellaneous Revenue	11a						-
llar ⁄en	b						
Sce Re	С						
Ξ	d	All other revenue					
	e	Total Add lines 11a-11d		NONE			05.55
	12	Total revenue. See instructions		682,896.		İ	97,669.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising				
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	NONE							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	NONE							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and								
_	foreign individuals. See Part IV, lines 15 and 16	NONE							
	Benefits paid to or for members	NONE							
5	Compensation of current officers, directors,	107 467	64 400	16 100	26 267				
	trustees, and key employees	107,467.	64,480.	16,120.	26,867.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	NONE							
7	persons described in section 4958(c)(3)(B)	174,353.	158,608.	6,372.	9,373.				
	Other salaries and wages	5,227.	4,737.	198.	292.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,227.	Ŧ,/J/•	170.	۵۶۵.				
9	Other employee benefits	24,004.	21,550.	985.	1,469.				
10	Payroll taxes	19,718.	15,813.	1,500.	2,405.				
11	Fees for services (nonemployees):	17,110.	13,013.	1,500.	2,103.				
	Management	NONE							
	Legal	NONE							
	Accounting	26,475.		26,475.					
	Lobbying	NONE							
	Professional fundraising services. See Part IV, line 17	NONE							
	Investment management fees	7,746.		7,746.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A), amount, list line 11g expenses on Schedule O.)	10,294.	1,968.	726.	7,600.				
12	Advertising and promotion	8,557.	6,140.	142.	2,275.				
13	Office expenses	10,387.	8,725.	1,662.					
14	Information technology	31,790.	22,253.	9,537.					
15	Royalties	NONE							
16	Occupancy	6,274.	5,232.	408.	634.				
17	Travel	NONE							
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	NONE	5 205						
19	Conferences, conventions, and meetings	6,396.	6,396.	255					
20	Interest	255.		255.					
21	Payments to affiliates	NONE							
22	Depreciation, depletion, and amortization	NONE 14,410.	5,188.	9,222.					
23	Other expenses Itemize expenses not covered	14,410.	3,100.	9,444.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A), amount, list line 24e expenses on Schedule O.)								
a	TELECOMMUNICATIONS	27,417.	19,740.	7,677.					
	BANK AND CREDIT CARD FEES	6,445.	121.	2.	6,322.				
	POSTAGE, PRINTING % PUBLICAT	5,358.	2,856.	*	2,502.				
	TRAVEL-CAMP & MEDICAL FLIGHT	7,819.	7,819.		<u> </u>				
	All other expenses	37,161.	10,726.	2,094.	24,341.				
	Total functional expenses. Add lines 1 through 24e	537,553.	362,352.	91,121.	84,080.				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here if								
	following SOP 98-2 (ASC 958-720)								
					Form <b>990</b> (2023)				

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# Part X Balance Sheet

		Check if Schedule O contains a response of	r not	e to any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			150,048.	1	299,825.
	2	Savings and temporary cash investments			929,748.	2	930,154.
	3	Pledges and grants receivable, net	NONE	3	NON		
	4	Accounts receivable, net			NONE	4	NONE
	5	Loans and other receivables from any current of	mer officer, director,				
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of these	NONE	5	NONE		
	6	Loans and other receivables from other disqual	•	T			
		under section 4958(f)(1)), and persons described			NONE	6	NONE
S	7	Notes and loans receivable, net			NONE	7	NONE
Assets	8	Inventories for sale or use		The state of the s	NONE		NONE
As	9	Prepaid expenses and deferred charges SEE			6,269.	9	6,294.
	_	Land, buildings, and equipment: cost or other			0/200.		0,251.
		basis. Complete Part VI of Schedule D	102	67,327.			
	h	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			NONE		NONE
	12	Investments - other securities. See Part IV, line 11			921,914.	12	1,057,885.
	13	·	F	NONE			
	14	Investments - program-related. See Part IV, line 11				NONE	
		Intangible assets	NONE		NONE		
	15	Other assets. See Part IV, line 11		NONE		11,024.	
	16	Total assets. Add lines 1 through 15 (must equal		2,007,979.	16	2,305,182.	
	17	Accounts payable and accrued expenses	The state of the s	2,327.	17	41,220.	
	18	Grants payable	[ T	NONE		NONE	
	19	Deferred revenue		NONE		NONE	
	20	Tax-exempt bond liabilities			NONE		NONE
	21	Escrow or custodial account liability. Complete Pa		t t	NONE	21	NONE
es	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, subst					
jab		controlled entity or family member of any of these		The state of the s	NONE		NONE
_	23	Secured mortgages and notes payable to unrelate		· ·	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated		F	NONE	24	NONE
	25	Other liabilities (including federal income tax,	payab	oles to related third			
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			NONE	25	11,024.
	26	Total liabilities. Add lines 17 through 25			2,327.	26	52,244.
seou		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	here	X			
ılar	27	Net assets without donor restrictions			2,005,652.	27	2,252,938.
B	28	Net assets with donor restrictions.			NONE		NONE
<b>Fund Balances</b>		Organizations that do not follow FASB ASC 958 and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ		F		30	
SS	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or	32	Total net assets or fund balances			2,005,652.	32	2,252,938.
ž	33	Total liabilities and net assets/fund balances		L	2,003,032.	33	2,305,182.
_	, 50				4,001,713.	- 55	Form <b>990</b> (2023)

Form **990** (2023)

Form 99	00 (2023)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>896</u> .
2	- FOR FE					
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>343</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2			<u>652</u> .
5	Net unrealized gains (losses) on investments	5				943.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,2	52,	938.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were com					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	of			
_	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		I	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	-		3b		

## **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

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 www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 43-1699607 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2023 Page 2

Support Schedule for Organizations Described in 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	781,294.	488,640.	439,070.	663,167.	585,227.	2,957,398.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
5	Total. Add lines 1 through 3  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	781,294.	488,640.	439,070.	663,167.	585,227.	2,957,398.
6	shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						2,957,398.
	tion B. Total Support	(=) 2010	(h) 2020	(=) 2024	(4) 2022	(=) 2022	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	781,294. 16,009.	488,640. 8,089.	439,070. 11,736.	663,167. 23,339.	585,227. 66,246.	2,957,398.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	740.	146.	990.	NONE	NONE	1,876.
11	Total support. Add lines 7 through 10						3,084,693.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2023 (lin		-			14	95.87 <b>%</b>
15	Public support percentage from 2022					15	97.73 <b>%</b>
16a	331/3% support test - 2023. If the org						
	box and <b>stop here.</b> The organization qu			-			
b	331/3% support test - 2022. If the org						
	this box and <b>stop here.</b> The organization	•		•			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					<u>-</u>	•
	Part VI how the organization meets			_			
	organization						
b	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			•	•	•	• •
4.0	organization						
18	<b>Private foundation.</b> If the organizatio						
	instructions						· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990) 2023 Page **3** 

## Part III 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.)

	tion A. Public Support		4-> 0000	(-) 0004	(-1) 0000	(-) 0000	(O T-+-)
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	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 under section 513						
4	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						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T	1	ı		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
h	Unrelated business taxable income (less						+
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						+
11	Net income from unrelated business						
• •	activities not included on 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	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,						+
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth toy w	or or a continu	501(0)(3)
14	organization, check this box and <b>stop here</b> .	•	•		•		` ` ` `
500	tion C. Computation of Public Supp						
<u> 15</u>	Public support percentage for 2023 (line 8,			ımn (f))		15	%
	Public support percentage from 2022 Sche						
16						16	%
	tion D. Computation of Investment			12 column (f))		17	0/
17	Investment income percentage for 2023 (lin						%
18	Investment income percentage from 2022 S						% // and line
19 a	331/3% support tests - 2023. If the org	-					
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2022. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	<b>Private foundation.</b> If the organization of	JIU TIOT CNECK	a box on line '	14, 19a, or 19b	, check this bo	ox and see instr	uctions

JSA 3E1221 1.000 Schedule A (Form 990) 2023 Page 4

## Part IV Supporting Organizations

(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.)

## Section A. All Supporting Organizations

- 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. 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? I "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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.
- 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 benefi 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 line 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.)

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Yes No

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Part I	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
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 <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 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.	1		
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 <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		
Section	on 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Casti		1		
Section	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
	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?	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 on 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on 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 ins	structi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	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		
h	•			
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 <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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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 <b>Part VI.</b>	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2023

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	Nov. 20, 1970 <i>(expla</i>	in in <b>Part VI)</b> . See
	instructions. All other Type III non-functionally integrated supporting organ	nizations i	nust complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
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)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).	ally integra	ated Type III supporting	g organization

Schedule A (Form 990) 2023

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)						
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2023 from Section C, line 6	9					
10	Line 8 amount divided by line 9 amount	10					

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

## **SCHEDULE D** (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		, ,
	EL FLIGHT CENTRAL, INC.	43-1699607
Pa		Accounts
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	
	conferring impermissible private benefit?	
Pa	t II Conservation Easements	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of land for public use (for example, recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and	
	not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization during the
	tax year	, ,
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	ion, handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
8	Does each conservation easement reported on line 2d above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statement	nents that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	e statement and balance sheet works
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue st	
_	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar a	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Pa	rt    Organizations Maintaini	ng Collec	tions of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	ssets (d	continue	d)
3	Using the organization's acquisition	n, accessi	ion, and	other reco	ds, checl	k any o	of the	follow	ing that m	nake sigr	nificant us	se of its
	collection items (check all that app	ly).										
а	Public exhibition			d	Loan	or excha	ange	progra	m			
b	Scholarly research			е 🗀	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the organ		ollections	s and expl	ain how	thev fu	rther	the or	ganization's	s exemp	t purpose	in Part
	XIII.								J			
5	During the year, did the organization	n solicit or	receive o	donations o	of art hist	orical tr	easu	res or	other simil	ar		
•	assets to be sold to raise funds rath									_	Yes	No
Pa	rt IV Escrow and Custodial A			amod do po	art or tho	organiz	ation	0 00110	J. 1011.			
	Complete if the organiza 990, Part X, line 21.			es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoui	nt on For	m
1 a	Is the organization an agent, trus	tee, custo	dian or o	ther intern	nediary fo	or cont	ributi	ons or	other asse	ets not _		
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i	n Part XIII	and com	plete the fo	llowing tal	ole.						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an am						or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII.	Check h	ere if the e	xplanatior	has be	en pr	ovided	in Part XIII.			. 🗆
Pa	rt V Endowment Funds											
	Complete if the organiza	ation answ	ered "Ye	es" on For	m 990, F	Part IV,	line	10.				
		(a) Curre	ent year	(b) Prid	or year	(c) Tw	o year	s back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains,											
·	and losses											
Ч	Grants or scholarships											
	Other expenditures for facilities											
C	and programs											
	Administrative expenses			1								
'	End of year balance											
g	Provide the estimated percentage		ont voor	and halana	o (lino 1a	aalumn	. (0))	hold on				
2 a	Board designated or quasi-endown Permanent endowment	nent		%	e (iirie 1g,	COIUITII	ı (a))	neiu as				
	Term endowment %	′0										
·	The percentages on lines 2a, 2b, a	and 2c chai	uld oqual	100%								
20	Are there endowment funds not in		•		ation that	ara hal	d and	d admir	sictored for	tho		
Ja	organization by:	the posses	551011 01 11	ne organiza	ation that	are nei	u and	a auiiiii	iistereu ioi	li IC	Y	es No
	(i) Unrelated organizations?										3a(i)	
											3a(ii)	
	(ii) Related organizations?										3b	
	If "Yes" on line 3a(ii), are the related	_		-							30	
4 Da	Describe in Part XIII the intended until Land, Buildings, and Equ		organiza	ation's endo	willent iu	ius.						
Г	Complete if the organize	ation ansv	vered "Y	es" on Fo	rm 990,	Part IV	, line	11a. S	See Form	990, Pa	art X, line	10.
	Description of property			r other basis	(b) Cost		asis		cumulated	(c	l) Book valu	ie
4.0	Land		(inves	stment)	(0	ther)		aepr	eciation			
_	Land						+					
b	Buildings						+					
C	Leasehold improvements					67 37	-		67 207			
d	Equipment					67,32	۷ / ۰		67,327.			
e Tota	Other		agual Ear	m 000 Dom	V line 4	00 00/11	mn /5	211				
iota	i. Aud iiiles Ta tillough Te. (Column	(u) must e	yuai F0fi	เม <del>33</del> 0, Pan	∧, IIIIe IC	ic, colul	1111 (E	<i>'))</i>				

Schedule D (Form 990) 2023

Schedule D (F	-orm 990) 2023	ANGEL FLIGHT	CENTRAL,	INC.		4	3-1699607	Page 3
Part VII	Investments - Other	er Securities						
				E	D ( D / P 4.41	O E	N D ( V . P 4	^

Complete ii the organization anowered	100 0111 01111 000	, 1 art 17, 1110 1 15. 000 1 01111 000, 1 art 71, 1110 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(A) BENEFICIAL INTEREST IN ASSETS		
(B) HELD BY COMMUNITY FOUNDATION	1,051,084.	FMV
(C) CASH SURRENDER VALUE OF LIFE		
(D) INSURANCE POLICY	6,801.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	1,057,885.	

## Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
<u>(3)</u>		
_(4)		
<u>(5)</u>		
<u>(6)</u>		
_(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

#### Other Assets Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)).		

#### Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of I	ability <b>(b)</b> Book value
(1) Federal income taxes	
(2)OPERATING LEASE LIABILITY	11,024.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	11,024.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . | X

JSA 3E1270 1.000

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	2,810,333.	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
	Donated services and use of facilities			
	Receive of phot year granter in the internal in the internal in the internal interna			
	Other (Describe in Part XIII.)	2-	0 105 104	
	Add lines 2a through 2d	2e	2,135,184.	
3	Subtract line 2e from line 1	3	675,149.	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,747.			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	7,747.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	682,896.	
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn		
1	Total expenses and losses per audited financial statements	1	2,563,048.	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities			
	Prior year adjustments			
	The year adjustments [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [			
		20	2 022 241	
	Add lines 2a through 2d	2e	2,033,241.	
3	Subtract line 2e from line 1	3	529,807.	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 7,746.			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	7,746.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	537,553.	
Provide	Supplemental Information  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
SEE S	SUPPLEMENTAL PAGE			

FIN 48 (ASC 740) FOOTNOTE

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")

CODIFICATION TOPIC INCOME TAXES. INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND REQUIRES THE ORGANIZATION TO RECOGNIZE IN THEIR FINANCIAL

STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, IF THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UNDER AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION. MANAGEMENT HAS ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO POSITIONS EXIST THAT REQUIRE ADJUSTMENT OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

## SCHEDULE G (Form 990)

Department of the Treasury

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number ANGEL FLIGHT CENTRAL, Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000	J.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
Revenue			WINE FLIGHT	BOULEVARD	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	416,217.	31,662.		447,879.
œ		Less: Contributions	352,247.	21,265.		373,512.
	3	Gross income (line 1 minus line 2)	63,970.	10,397.		74,367.
	4	Cash prizes				
•	5	Noncash prizes	1,530.			1,530
ense	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	52,979.	4,102.		57,081.
Direc	8	Entertainment				
	9	Other direct expenses	300.			300.
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in coluine 10 from line 3, col	umn (d) lumn (d)		58,911. 15,456.
Pa	rt II	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	nes 2 through 5 in col	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)		
9 a b	. 1	Enter the state(s) in which the organization licensed to conf "No," explain:	duct gaming activities	in each of these state	es?	Yes No
10a b		Nere any of the organization's gaminon f "Yes," explain:				Yes No

<ul> <li>11 D</li> <li>12 Is</li> <li>fc</li> <li>13 Ir</li> <li>a T</li> <li>b A</li> <li>14 E</li> </ul>	G (Form 990 or 990-EZ) 2023 ANGEL FLIGHT CENTRAL, INC.  oes the organization conduct gaming activities with nonmembers?  the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enormed to administer charitable gaming?  dicate the percentage of gaming activity conducted in:  he organization's facility	tity		No No		
13 Ir a T b A	ormed to administer charitable gaming?dicate the percentage of gaming activity conducted in: the organization's facility	•	Yes [	No		
<ul><li>13 Ir</li><li>a T</li><li>b A</li><li>14 E</li></ul>	dicate the percentage of gaming activity conducted in: he organization's facility		Yes	No		
<ul><li>a T</li><li>b A</li><li>14 E</li></ul>	he organization's facility					
<b>b</b> A						
14 E				<u>%</u>		
	n outside facility			<u>%</u>		
r <i>c</i>	Enter the name and address of the person who prepares the organization's gaming/special events books and					
10	ecords:					
N	ame ▶					
А	ddress ▶					
re	oes the organization have a contract with a third party from whom the organization receives		Yes	No		
<b>b</b> If	"Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the				
а	mount of gaming revenue retained by the third party > \$					
c If	"Yes," enter name and address of the third party:					
N	ame ▶					
А	ddress ▶					
<b>16</b> G	aming manager information:					
N	ame ▶					
G	aming manager compensation ▶ \$					
D	escription of services provided					
	Director/officer Employee Independent contractor					
<b>17</b> M	andatory distributions:					
	the organization required under state law to make charitable distributions from the gaming p	roceeds to				
re	etain the state gaming license?		Yes	No		
b E	nter the amount of distributions required under state law to be distributed to other exempt or					
	r spent in the organization's own exempt activities during the tax year   \$ \  \bigset\$					
Part I	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additi					
	(see instructions).					

Schedule G (Form 990 or 990-EZ) 2023

## 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.

OMB No. 1545-0047

2023

Open to Public Inspection

43-1699607

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

| Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Continue of the organization | Con

## PART III, LINE 2

ANGEL FLIGHT CENTRAL, INC.

NATIONAL COLLABORATION - SEE DETAILED DESCRIPTION ON PART III, LINE 4C.

## PART VI, LINE 11B

FORM 990 WILL BE ELECTRONICALLY DISTRIBUTED TO THE OFFICERS AND BOARD OF DIRECTORS. COMMENTS, QUESTIONS AND CONCERNS THAT ARE EXPRESSED WILL BE DISCUSSED. VOTES FOR APPROVAL WILL BE DOCUMENTED.

## PART VI, LINE 12C

THE ORGANIZATION ANNUALLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY OF DISCLOSING ANNUAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS.

## PART VI, LINE 15B

THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION ANNUALLY FOR EACH
OFFICER/KEY EMPLOYEE. SUCH A REVIEW INCLUDES COMPARISON TO SIMILAR
POSITIONS WITHIN THE ORGANIZATION'S LOCAL COMMUNITY.

## PART VI, LINE 18

DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, AND UPON REQUEST.

## PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. SOME INFORMATION IS PROVIDED ON THE ANNUAL REPORT. OTHER INFORMATION IS AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.

## PART XII, LINE 2C

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE THAT REVIEWS ITEMS SUCH AS OUR AUDIT, FINANCIAL STATEMENTS AND SELECTION OF A INDEPENDENT ACCOUNTANT. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization

ANGEL FLIGHT CENTRAL, INC.

Employer identification number

43-1699607

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO SERVE PEOPLE IN NEED BY ARRANGING CHARITABLE FLIGHTS FOR HEALTH CARE OR OTHER HUMANITARIAN PURPOSES.

EVERY YEAR, VOLUNTEER PILOTS AND SUPPORTERS PROVIDE HUNDREDS OF FREE FLIGHTS THROUGHOUT THE MIDWEST FOR FAMILIES WHO NEED ACCESS TO SPECIALIZED HEALTH CARE, CAMPS FOR SPECIAL NEEDS, DISASTER RESPONSE EFFORTS, AND OTHER COMPASSIONATE REASONS.

Name of the organization

ANGEL FLIGHT CENTRAL, INC.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS

ENDING

DESCRIPTION

PREPAID EXPENSES

6,294.

6,294.

=========

TOTALS