Form **990**

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Α	For the	2015 calen	dar year, or tax year beginning , 2015, and ending	3		,		
В	Check if ap	oplicable:	C		D Employ	er identific	cation number	
	Addre	ss change	FOUNDATION FOR FREE FLIGHT		84-1	11326	36	
	Name	change	PO BOX 1290	f	E Telepho			
	Initial	return	WINDSOR, CA 95492	- 1	559.	-332-	2300	
	-	eturn/terminated		H	333	332	2300	
		ded return			G Gross re	oninto S	101	226
		cation pending	F Name and address of principal officer: DONNITA HALL	H(a) Is this a			rdinates? Yes	226. X _{No}
	Пуррыс	sation penaling	SAME AS C ABOVE				103	No
_	Tay ovo	mpt status	X 501(c)(3) 501(c) () 4947(a)(1) or 527	H(b) Are all s If 'No,' a	attach a list.	(see instru	uctions)	
J								
-	Websi			H(c) Group e				
K		organization:		on: 1987	IVIS	tate of leg	al domicile: CA	
Pa	rt I	Summar	y ha tha avannination's mission or most similar at a tirition. The source		====			
	1 Br	teny descri	be the organization's mission or most significant activities: THE FOUND	DAT. TON	FOR F	REE F	LIGHT IS	_A
ce			HARITABLE FOUNDATION STAFFED BY UNPAID VOLUNTE			D TO		
ш	<u>P</u>	KEZEKVA	TION OF HANG GLIDING AND PARAGLIDING IN THE UN	TIED 2	TATES.			
ler.	2 Cr	eck this bo	ox I if the organization discontinued its operations or disposed of more	o than 26	0/ of itc			
Activities & Governance			oting members of the governing body (Part VI, line 1a)			3	515.	7
৽৵	4 Nu	umber of in	dependent voting members of the governing body (Part VI, line 1b)			4		 7
ies			of individuals employed in calendar year 2015 (Part V, line 2a)			5		Ó
Ξ	6 To	tal number	of volunteers (estimate if necessary).			6		10
Ac			ed business revenue from Part VIII, column (C), line 12			7a	200000	0.
	b Ne	et unrelated	business taxable income from Form 990-T, line 34			7b		0.
			*		ior Year	=	Current Ye	ar
d)	8 Cc	ontributions	and grants (Part VIII, line 1h)		109,9	06.	108,	209.
Revenue		_	vice revenue (Part VIII, line 2g)					
eve			ncome (Part VIII, column (A), lines 3, 4, and 7d)		10,6		13,	017.
ď			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			00.		
101		the same and the s	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		121,2		The state of the s	226.
	1		imilar amounts paid (Part IX, column (A), lines 1-3)		39,7	17.	61,	911.
			to or for members (Part IX, column (A), line 4)	***************************************				
S	15 Sa	alaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		2,4	00.		
Expenses	16a Pr	ofessional	fundraising fees (Part IX, column (A), line 11e)					
ber	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ►3,064.					
Щ	1		ses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,9	38	6.	240.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		54,0			151.
		150	s expenses. Subtract line 18 from line 12		67,1			075.
0 00				Beginning	g of Curren		End of Ye	
Net Assets Fund Baland	20 To	tal assets	(Part X, line 16)	Dogmini	749,6			005.
Ass	21 To		es (Part X, line 26)	***************************************	2,4		, 00 /	510.
Fee	22 Ne	et assets n	fund balances. Subtract line 21 from line 20.		747,2		792	495.
		Signatui		1	141,2	71.1	102,	493.
				no bost of my	, knowlodgo	and balief	it is true correct	and
com	plete. Decla	aration of preparation	eclare that I have examined this return, including accompanying schedules and statements, and to the are contract than officer) is based on all information of which preparer has any knowledge.	le best of my	Kilowieuge	and belief	, it is true, correct,	anu
		JI	June many de 00		4/2	2/16		
Sig	nn	Signati	re of officer	Dat	e //~	5/16		
He	ere	DOM	NITA HALL	EXECU	TIVE I	TREC	TOR	
			r print name and title.	1221100	11111	711110	1010	
		Print/Type	preparer's name Preparer's signature Date	/	Check	if P	TIN	
D-	i.d	200 200 200 200 200	WISDOM CPA ROSS WISDOM CPA 4/23	11.	self-employe		00163343	
Pa	eparer	Firm's nam		116		- 11	00100010	
	e Only				Firm's FINI	> 76-1	0717004	
U 3	Ciny	Firm's addr			2.310		0717994	2
NA-	v the IDC	C discuss #	NEW YORK, NY 10038		Phone no.	(212)		7
ivia	y the IRS	aiscuss tr	nis return with the preparer shown above? (see instructions)				X Yes	No

Form 990 (2015) FOUNDATION FOR FREE FLIGHT 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	Х	
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		Х
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	Х	
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 Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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.			
ì	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a		Х
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		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 reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f 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	11 f		X
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		X
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 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 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.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$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.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00		V
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part 1	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		Х
	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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1296. Enter -0- If not applicable. 1a 0 0 0 Enter the number of Forms W.26 included in line 1a. Enter -0- if not applicable. 1b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V				
BERtiet the number of Forms W.2G included in line 1a. Enter 0-it not applicable. Did the organization comply with adaptu, withholding nules for reportable payments to vendors and recorable garning (grambling) winnings to prize winners? To be the present of the calendar year ending with or within the year covered by this return. It all each ore is reported on line 2a, dut the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 bif Yes 1 to tilled a fem 950-1 for this year 8 ft 8 ft 8 ft 8 set 8, provide an episation in 8 checkle 0. 4 a A st any time during the cateriors year, dud the organization have an interest in, or a signature or other authority ower, a sharinanda account in a foreign country; and a set bank account, securines account, or other financial accountry? 4 a Not bif Yes, enter the name of the foreign country; and a problemation of the standard accountry of the set of the standard accountry (such as a stand accounts certains account, or other financial accountry? 5 a Was the organization a party to a problemate that was or is a party to a problemation of the financial accountry? 5 a Was the organization approach to that was or is a party to a problemation of the standard accountry. 5 a Was the organization approach and account section of the standard accountry of the section of the standard accountry of the section of the standard accountry. 5 a Was the organization approach and account section 170(c). 5 b Was of the section of the standard accountry of the section of the standard accountry. 5 a Was the organization and party to a problemation and party to a problemation of the section of the sect			······································		Yes	No
Cold the organization comply with backup withholding rules for reportable payments to vendors and epotable gaming (gamilling) withinings to prize withness? 2a Enter the number of employees reported on Form W.3, Trensmittal of Wage and Tax State ments, filed for the calendar year ending with or within the year occurred by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2 b If the least one is reported on line 2a, did the organization file all required federal employment tax returns?. 3 b If the hand filed a farm 937- for this year? If MR to line 30, you may be required to a felf (gae instructions) 3 b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If the hand filed a farm 937- for this year? If MR to line 30, you may be required to a felf (gae instructions) 3 b If the hand filed a farm 937- for this year? If MR to line 30, you may be required to a felf (gae instructions) 3 b If the hand filed a farm 937- for this year? If MR to line 30, you may be required to a signature or other authority over, a financial account in a foreign douthry (such as a bank account, securities account, or other financial account). 3 b If the hand filed a farm 937- for this year? If MR to line 3, you will not be a bank account, securities account, or other financial account). 4 b If Yes, it me harm a filed fi	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0	3. 5	
(gambling) winnings to prize winners?	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		22.
2 a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax State: ments, filed for the cained rayer ending with or within the year excered by this return. 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note, If the sum of lines 2a, did the organization file all required federal employment tax returns? 2 b 3 b If Yer his if filed a Form 960-1 for this year? If the to line 3b, provide an explication is decided. 3 b If Yer his if filed a Form 960-1 for this year? If the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; even, (life engagnization 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 accounts, 95 a Was the organization or financial control of the provided for the provided foreign Early and Financial accounts, (FBAR) 5 a Was the organization or the provided foreign Early and Financial Accounts, (FBAR) 5 a Was the organization provided as phenically a provided foreign Early and Financial Accounts, (FBAR) 5 b If a Was the organization have an interest in, or a signature or other authority over, a financial accountry of the provided account of the provided foreign Early and Financial Accounts, (FBAR) 5 a Was the organization and a schedular account of the provided foreign Early and Financial Accounts, (FBAR) 5 a Was the organization and a provided as schedular foreign Early (FBAR) 5 a Was the organization and provided as schedular foreign Early (FBAR) 5 c If Yes, it did not organization and provided sits that are normally greater than \$100,000, and did the organization and provided to the organization and provided to the proper financial accountry organization and accountry organization and accountry organization and provided to the proper financial accountry organization and accountry organization and accountry orga	c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a X 4 bit Yes his titled a form \$90^-10 fm in year? If his line 3b, provide an explanation in Schedule 0. 3 b If Yes has titled a form \$90^-10 fm in year? If his line 3b, provide an explanation in Schedule 0. 4 a X ary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 a X 5 bit Yes, enter the name of the foreign country. 5 bit Yes, enter the name of the foreign country. 5 be instructions for filing requirements for fincEN form 114, Report of Eureign Bank and Financial Accounts. (FBAR) 5 bit Yes, enter the name of the foreign country. 5 b Wash the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a X 5 b Did any toxable party notify the organization file Form 8886-17. 5 c C Fit Yes, to line 5 a or 50, did the organization file Form 8886-17. 5 c C Fit Yes, to line 5 a or 50, did the organization file Form 8886-17. 5 c C Fit Yes, to line 5 a or 50, did the organization file Form 8886-17. 5 c C Fit Yes, to line 5 a or 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 c Fit Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 c Form 2822: 6 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 c Y 8 b If Yes, did the organization notify the donor of the value of the goods or services provided? 7 c Did the organization sell, exchange, or cherwise dispose of familial property for which it was required to file Form 2822: 9 c Did the organization sell, exchange, or cherwise dispose of familial property for which it was required to file Form 2822: 9 c Did the organization sell		4 A20 20 20 20 20 20 20 20 20 20 20 20 20 2				
3 a Ut bit first has it filled a form 900-1 for this year? If Wo'r bit Mar 3b, provide an explanation in Schedule 0. bit first has it filled a form 900-1 for this year? If Wo'r bit Mar 3b, provide an explanation in Schedule 0. bit first has it filled a form 900-1 for this year? If Wo'r bit Mar 3b, provide an explanation in Schedule 0. bit first, have the name of the foreign country. Such as a bank account, securities account, or other financial accounts. (FBAR) bit first, enter the name of the foreign country. Such as a bank account, securities account, or other financial accounts. (FBAR) See instructions for filing requirements for FinCEN form 114, Report of Foreign Bank and Financial Accounts. (FBAR) Sa Was the organization to a provide that we heller transaction at any time during the tax year? 5 b Was the organization provide to a prohibited tax sheller transaction at any time during the tax year? 5 b C If Yes, to line 5a or 5b, did the organization file Form 8886-T7. 5 b C If Yes, to line 5a or 5b, did the organization file Form 8886-T7. 5 c If Yes, to line 6a or 5b, did the organization file Form 8886-T7. 6 a Does the organization shall were not tax deductible as charitable contributions? 6 a Visual or a contributions that were not tax deductible as charitable contributions? 6 a Visual first and the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If Yes, 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? 7 b If Yes, indicate the number of Forms 8282 filed during the year. 9 b If Yes, indicate the number of Forms 8282 filed during the year. 10 bit the organization received a contribution of qualified intellectual property, did the organization file form 8299 11 b Gross provided to the payor? 12 b If Yes, a filed are required to the payor of the year pay premiums of the payor of the year pay funds, directly o	Ľ,			. 2b		
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organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 11 Section 501(c)(12) organizations. Enter: a 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.) 11 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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. 13 b c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14 a Did the organization receive any payments for indoor tanning services during the tax year?	Ω			. /n		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: a 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.) 11 a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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. c Enter the amount of reserves on hand. 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X	O			8		
a Did the sponsoring organization make any taxable distributions under section 4966?. b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b 11 Section 501(c)(12) organizations. Enter: a 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.). 11 a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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. 13 b c Enter the amount of reserves on hand. 13 c 14 a Did the organization receive any payments for indoor tanning services during the tax year? 14 a X	9					- 90 0
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12				. 9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	. 9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:				
a Gross income from members or shareholders	a	Initiation fees and capital contributions included on Part VIII, line 12	10 a		100	1
a Gross income from members or shareholders	k	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
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	11	Section 501(c)(12) organizations. Enter:	. 1			100
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		S TOWNS TRANSPORTED THE RESIDENCE OF THE PROPERTY OF THE PROPE	11 a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	k	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand. 13b c Enter the amount of reserves on hand. 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			f Form 1041?	. 12a		
a Is the organization licensed to issue qualified health plans in more than one state? 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. c Enter the amount of reserves on hand. 13b c Enter the amount of reserves on hand. 13c 14a X	k	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b			
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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1	
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	ā			. 13a		
which the organization is licensed to issue qualified health plans			le O.			3.5
c Enter the amount of reserves on hand	t	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	13b			
14a Did the organization receive any payments for indoor tanning services during the tax year?	(13c		4 1	
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O				. 14a		X

84-1132636 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X 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 7 a 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?.... X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8 a **b** Each committee with authority to act on behalf of the governing body?..... X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a X b 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b X 120 13 Did the organization have a written whistleblower policy?..... X 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 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? X 15 a **b** Other officers or key employees of the organization... SEE. SCHEDULE.O..... X 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROSS WISDOM CPA 150 BROADWAY SUITE 1105 NEW YORK NY 10038 212-986-0892

Form 990 (2015) FOUNDATION FOR FREE FLIGH	Form 990	(2015)	FOUNDATION	FOR	FREE	FLICH
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Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and 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

- 1 a 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C))					
(A) Name and Title	(B) Average hours per	director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other			
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) BILL LISCOMB	1									
TRUSTEE	0	X					_	0.	0.	0.
(2) ROSS_WISDOMTREASURER	<u>6_</u> 0	Х		X				0.	0.	0.
(3) TONY LANG	2									
TRUSTEE	0	X						0.	0.	0.
(4) DENNIS PAGEN	2									
TRUSTEE	0	X					_	0.	0.	0.
(5) DONNITA HALL	$-\frac{20}{2}$.,		37				0	0	0
SECRETARY (6) GUS JOHNSON	0 4	X		X			+	0.	0.	0.
VICE PRESIDENT	4	Х		Х				0.	0.	0.
(7) MARK FORBES	5						1			
TRUSTEE	0	X						0.	0.	0.
(8) RANDY LEGGETT	8								100	
PRESIDENT	0			X			4	0.	0.	0.
_(9)										
(10)										
(11)							1			
(12)										
(13)							+			,

(14)										

Part VII Section A. Officers, Directors, True		Key	En		200	es, a	and	d Highest Con	pensated Emp	loyees (continued)
	(B)				C) sition					
(A) Name and title	Average hours per week	box	, unle	ess pe	erson	than is both or/trus	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)	inie)	-	Ö			rted				
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)		-								
(24)										
(25)										
1 h Cub Astal	<u> </u>							0.	0.	0
1 b Sub-total							▶	0.	0.	0.
d Total (add lines 1b and 1c)						enenene	>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0	to those I	listed	abo	ve) v	who	receiv	ved	more than \$100,00	0 of reportable comp	pensation
3 Did the organization list any former officer, direct	ctor or tru	ıstee	key	/ em	anlo	/ee	or t	niahest compensa	ted employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for suc	ch individu	ıal						***********		3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	er than \$1	150,0	00?	f '\	Yes'	com	plet	e Schedule J for		4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	nsatio	on fr	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or person	individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest comper	ested ind	lanan	dan	t co	ntra	otore	ths	at received more t	han \$100,000 of	
compensation from the organization. Report compensation	nsation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year	
(A) Name and business add	lress					440		Description	of services	(C) Compensation
										MARKET
2 Total number of independent contractors (including \$100,000 of compensation from the organization		iited t	o the	ose I	listed	d abo	ve)	who received more	than	
RAA		TEFA	กากยา	10/	12/15					Form 990 (2015)

		Check if Schedule O contains a resp	onse or note to any	/ 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
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) 1 e					
ntribution d Other S	:	All other contributions, gifts, grants, and similar amounts not included above 1 f Noncash contributions included in lines 1a-1f: \$	108,209.				
an Co	h '	Total. Add lines 1a-1f		108,209.			
			Business Code			B FE 10 5	克斯斯科教育基本
Program Service Revenue		All other program service revenue	A				
	1.70			TO STATE OF THE ST		5-15-40-1-40-1-45-1	
	4	Investment income (including dividends other similar amounts)	bond proceeds. >	13,017.	13,017.		
	b c	Gross rents	(ii) Personal				
	b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
ane	8 a	Net gain or (loss)Gross income from fundraising events (not including . \$					
Other Revenu	b	of contributions reported on line 1c). See Part IV, line 18					
0		Net income or (loss) from fundraising e Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
		Gross sales of inventory, less returns and allowances					
		Net income or (loss) from sales of inve					
	С	Miscellaneous Revenue	Business Code				
	11 a b c	misociarious noteitus	DASII 1033 GOUE				
		All other revenue	- Land Control of the				
		Total. Add lines 11a-11d	1			在了四份特定。	
	12	Total revenue. See instructions		121,226.	13,017.	0.	0.

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 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	61,911.	61,911.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	01/311.	01/311.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	0	0		
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under	0.	0.	0.	0.
	section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	: Accounting	1,200.		1,200.	
C	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	150.		150.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	10.	The state of the s	10.	
12	Advertising and promotion	60.		60.	
13	Office expenses	1,067.	267.	800.	
14	Information technology	2,007.	201.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			75 A	
ā	COMPUTER SOFTWARE	3,064.			3,064.
	TELEPHONE & COMMUNICATIONS	303.	76.	227.	
	POSTAGE AND SHIPPING	196.	49.	147.	
	BANK CHARGES	125.		125.	
•	All other expenses	65.		65.	
25	Total functional expenses. Add lines 1 through 24e	68,151.	62,303.	2,784.	3,064.
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)				

Peginning of year			Check if Schedule O contains a response or note to	any line in this Part X				
2 Savings and temporary cash investments 302,708. 2 188,723.					(A) Beginning of year		(B) End of year	
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Laans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 6 Laans and other receivables from other disqualified persons (as defined under section 4958(nf)), persons described in section 4958(nf), persons described in case (nf), persons described in section 4958(nf), perso		1	Cash - non-interest-bearing		6,987.	1	13,629.	
A Accounts receivable, net.		2	Savings and temporary cash investments		302,708.	2	188,723.	
Source Color Col		3	Pledges and grants receivable, net			3		
Part II of Schedule 5		4	Accounts receivable, net			4	The state of the s	
Section 4958(n(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 510(c)(9) voluntary employers beneficiary organizations (see instructions). Complete Part II of Schedule L		5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, directors, mployees. Complete		5		
8 Inventories for sale or use. 8 9	ts	6	section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	3)(B), and contributing (9) voluntary employees' Part II of Schedule L		6		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 10b 10c 11 10c 11 11 12 11 12 11 13 12 11 13 12 11 13 14 14 15 15 16 16 16 16 16 16		7	Notes and loans receivable, net			7		
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. 10a 10b 10c 11 10c 11 11 12 11 12 11 13 12 11 13 12 11 13 14 14 15 15 16 16 16 16 16 16	Se	8	Inventories for sale or use			8		
b Less: accumulated depreciation 10b 10c	As	9	Prepaid expenses and deferred charges			9		
11 Investments – publicly traded securities 439,995. 11 580,653. 12 Investments – other securities. See Part IV, line 11. 12 13 Investments – program-related. See Part IV, line 11. 13 14 Intangible assets. 14 15 15 15 16 16 16 16 16		10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a				
12 Investments — other securities. See Part IV, line 11		b	Less: accumulated depreciation	10b		10 c		
12 Investments — other securities. See Part IV, line 11.		11	Investments – publicly traded securities		439,995.	11	580,653.	
14		12	Investments - other securities. See Part IV, line 11					
15 Other assets. See Part IV, line 11.		13	Investments - program-related. See Part IV, line 11.			13		
Total assets. Add lines 1 through 15 (must equal line 34) 749,691. 16 783,005.		14		SECURITION OF ALL POST OF FORMER OF SECTION	14			
Total assets. Add lines 1 through 15 (must equal line 34) 749,691. 16 783,005.		15	Other assets. See Part IV. line 11		1.	15	The state of the s	
17 Accounts payable and accrued expenses 2,400. 17 510. 18 Grants payable 18 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities and included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 2,400. 26 510. 27 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 304,068 27 309,034 29 Permanently restricted net assets 443,223 28 473,461 29 Permanently restricted net assets 29 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 747,291 33 782,495			160	_			783.005	
18 Grants payable 18 Deferred revenue 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, injenst compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and lones 17-24). Complete Part X of Schedule D 25 25 26 27 26 27 27 28 29 29 29 29 29 29 29								
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21 Escrow or custodial account liability. Complete Part IV of Schedule D		19	Deferred revenue	***************************************	19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	Tax-exempt bond liabilities			20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. Corganizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 27 Unrestricted net assets. 28 Temporarily restricted net assets. 29 Permanently restricted net assets. Corganizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 747, 291. 33 782, 495.	Ø			<u> </u>		21		
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Total liabilities. Add lines 17 through 25. 25. 2, 400. 26 510. Total liabilities. Add lines 17 through 25. 2, 400. 26 510. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Temporarily restricted net assets. 304, 068. 27 309, 034. Temporarily restricted net assets. 304, 068. 27 309, 034. Permanently restricted net assets. 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. Capital stock or trust principal, or current funds. 30 Teal-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 32 Total net assets or fund balances. 747, 291. 33 782, 495.		24			S1A WALA	24	The state of the s	
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Innes 27 through 29, and lines 33 and 34.		26			2,400.	26	510.	
The property of the property	sex		lines 27 through 29, and lines 33 and 34.					
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29 Permanently restricted net assets	Sal	28	Temporarily restricted net assets		443,223.		473,461.	
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 747, 291. 37 782, 495.	Q E	29	Permanently restricted net assets			29		
30 Capital stock or trust principal, or current funds. 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 36 Total liabilities and net assets/fund balances. 37 Total liabilities and net assets/fund balances. 38 Total liabilities and net assets/fund balances. 39 Total liabilities and net assets/fund balances. 30 Total liabilities and net assets/fund balances. 31 Total liabilities and net assets/fund balances. 32 Total liabilities and net assets/fund balances.	r Fun			neck here ►				
31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances. 37 782,495.	S	30	Capital stock or trust principal, or current funds			30	0.0100000000000000000000000000000000000	
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33 Total net assets or fund balances. 747,291. 33 782,495. 34 Total liabilities and net assets/fund balances. 749,691. 34 783,005.	As			+	12.11.11.11.11.11	32		
34 Total liabilities and net assets/fund balances	et				747,291.	33	782,495.	
	Z			<u> </u>		34	783,005.	

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	21,2	226.
2	Total expenses (must equal Part IX, column (A), line 25)	2			151.
3	Revenue less expenses. Subtract line 2 from line 1	3			075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			291.
5	Net unrealized gains (losses) on investments	5	THE RESERVE OF THE PARTY OF THE	***************************************	870.
6	Donated services and use of facilities	6			
7	Investment expenses	7	NO. 101. 100.		
8	Prior period adjustments.	8			
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9			-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)).	10	7	82,4	495.
Pa	rt XII Financial Statements and Reporting				
	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,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	AFASK FELL	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
•	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BA/			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

-		ATION FOR FREE FLIC					84-113263			
Par	t I	Reason for Public Cha	rity Status (All or	ganizations must o	comple	te this	part.) See instruct	ions.		
The	orga	nization is not a private found	dation because it is: (For lines 1 through 11,	check or	nly one	box.)			
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 170(l	b)(1)(A)(i).			
2	Г	A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ)	.)				
3		A hospital or a cooperative h	nospital service organ	ization described in sec	ction 170)(b)(1)(A)(iii).			
4		A medical research organiza	tion operated in conju	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's		
		name, city, and state:								
5		An organization operated for the 170(b)(1)(A)(iv). (Complete F	ne benefit of a college of Part II.)	or university owned or ope	erated by	a gover	nmental unit described in	section		
6		A federal, state, or local government	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	L	A community trust described								
9	X	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross 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.)								
10		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. 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 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.									
ć	a 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.									
ŀ		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	organization vested in	controlled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by I the supported organizati	naving control or on(s). You		
(Type III functionally integrated organization(s) (see instruction	. A supporting organizat ons). You must com	ion operated in connection olete Part IV, Sections	n with, ar A, D, an	nd function	nally integrated with, its s	supported		
(Type III non-functionally integrated. The cinstructions). You must com	rated. A supporting orgorganization generally plete Part IV, Section	anization operated in cor must satisfy a distribuns A and D, and Part V.	nection v tion requ	with its s uiremen	upported organization(s) t and an attentiveness	that is not requirement (see		
•		Check this box if the organiz integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS t					
f	Er	nter the number of supported	organizations	*******						
Ç	l Pr	ovide the following information	n about the supported	d organization(s).						
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is organizat in your go docun	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No		_		
(A)										
(B)										
		Control of the Section of the Sectio						and the state of t		
(C)										
(D)	anem di									
(E)										
Tota	ı									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II 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 begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		P	1	0 manual(1995)		
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4		4				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in:	structions)				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	Percentage				
14	Public support percentage for 20	015 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	%
15	Public support percentage from	2014 Schedule A,	Part II, line 14	*************			%
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported o	box on line 13, a rganization	nd line 14 is 33-1	/3% or more, chec	k this box
t	b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17 a	17a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization						
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ted organization	VI how the
	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			لسما
DAA					0 1	andula A (Farm OC	0 000 57 0015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	***************************************							
Calend	dar year (or fiscal year beginning in) >	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions				The state of the s				
	and membership fees received. (Do not include								
	any 'unusual grants.')	116,608.	52,602.	124,912.	109,906.	108,209.	512,237.		
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		***				0.		
3	Gross receipts from activities that are not an unrelated trade								
	or business under section 513						0.		
4	Tax revenues levied for the			***			<u> </u>		
	organization's benefit and								
	either paid to or expended on its behalf		6				0		
5	The value of services or						0.		
	facilities furnished by a								
	governmental unit to the organization without charge						0		
G		116 600	F0 C00	124 012	100 006	100 000	0.		
	Total. Add lines 1 through 5 Amounts included on lines 1,	116,608.	52,602.	124,912.	109,906.	108,209.	512,237.		
10	2, and 3 received from								
	disqualified persons	10,000.	10,500.	11,000.	0.	0.	31,500.		
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				No.				
	for the year	0.	0.	0.	0.	0.	0.		
C	: Add lines 7a and 7b	10,000.	10,500.	11,000.	0.	0.	31,500.		
8	Public support. (Subtract line	北京 发生工	在我是在			#11 bl 1			
	7c from line 6.)	1 8 9 9 4	A 12 12 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15			516066	480,737.		
***************************************	tion B. Total Support	(-) 0011	(h) 0010	(a) 0012	(4) 0014	(-) 001E	(A) T-1-1		
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 6	116,608.	52,602.	124,912.	109,906.	108,209.	512,237.		
10 a	Gross income from interest, dividends, payments received on securities loans,								
	rents, royalties and income from								
	similar sources	476.	346.	5,304.	10,949.	13,017.	30,092.		
b	Unrelated business taxable income (less section 511								
	taxes) from businesses								
	acquired after June 30, 1975						0.		
-	: Add lines 10a and 10b	476.	346.	5,304.	10,949.	13,017.	30,092.		
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is								
	regularly carried on						0.		
12	Other income. Do not include								
	gain or loss from the sale of capital assets (Explain in								
	capital assets (Explain in Part VI.) . SEE . PART . V.I				600.		600.		
13	Total support. (Add lines 9,	117 004	FO 040	120 216	101 455	101 006	E42 020		
11	10c, 11, and 12.) First five years. If the Form 990	117,084.	52,948.	130,216.	121,455.	121,226.	542,929.		
14	organization, check this box and	stop here			······		/ ▶ □		
Sec	tion C. Computation of Pu	blic Support P	ercentage		Von 2000				
15	Public support percentage for 20	015 (line 8, column	(f) divided by lin	e 13, column (f))			88.55 %		
16	Public support percentage from	2014 Schedule A,	Part III, line 15			16	85.54 %		
Sec	tion D. Computation of Inv	estment Incon	ne Percentage			Liberty william			
17					mn (f))		5.54 %		
18	Investment income percentage f	100				-	3.64 %		
	33-1/3% support tests - 2015.	f the organization	did not check the	box on line 14, a	nd line 15 is more	e than 33-1/3%, ar	nd line 17		
	is not more than 33-1/3%, check	cthis box and stop	here. The organ	ization qualifies a	is a publicly suppo	orted organization.	× X		
b	33-1/3% support tests - 2014. If								
500 500	line 18 is not more than 33-1/3%								
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		# 2 2 2 3 4 4
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	21	
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
9	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		1 2
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		1
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
j	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?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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	9a	ŽŹ	
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		3.5
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a		24
	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.).	10b		83

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		s the organization accepted a gift or contribution from any of the following persons?			5-1
	gov	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the erning body of a supported organization?	11a		
	b A fa	amily member of a person described in (a) above?	11b		
	c A 3	5% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No
1	or e Par If th dire	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in tVI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities, he organization had more than one supported organization, describe how the powers to appoint and/or remove ectors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, olied to such powers during the tax year.	1		
2	that ber	the organization operate for the benefit of any supported organization other than the supported organization(s) to operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such prefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the apporting organization.	2		
Sec	ction	C. Type II Supporting Organizations			
				Yes	No
	of e sup	re a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction	D. All Type III Supporting Organizations			
				Yes	No
1	org: yea	the organization provide to each of its supported organizations, by the last day of the fifth month of the anization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax r, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the anization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	ora	re any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported anization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	void all t	reason of the relationship described in (2), did the organization's supported organizations have a significant ce in the organization's investment policies and in directing the use of the organization's income or assets at times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played his regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
			- cratoo to		
1	Che	eck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a 💹	The organization satisfied the Activities Test. Complete line 2 below.			
	b 📙	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Act	ivities Test. Answer (a) and (b) below.		Yes	No
	sup org res	substantially all of the organization's activities during the tax year directly further the exempt purposes of the ported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported vanizations and explain how these activities directly furthered their exempt purposes, how the organization was ponsive to those supported organizations, and how the organization determined that these activities constituted instantially all of its activities.	2a		
	the the	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the anization's involvement.	2b		10 17 10 18 10 10 18 10 10 18 10 18
3	Par	rent of Supported Organizations. Answer (a) and (b) below.			
	a Did eac	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did sup	the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	ř.	

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete			ns. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		THE RESERVE OF THE PROPERTY OF
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		The second secon
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		A COLOR OF THE COL
Sec	tion 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):			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	d Total (add lines 1a, 1b, and 1c)	1d		
E	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_ 2	Enter 85% of line 1	2		
_ 3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5	Income tax imposed in prior year.	5		
6	Distributable Amount. 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-functionally-inte (see instructions).	grate		
BAA			Schedule A (Forr	n 990 or 990-EZ) 2015

Par	t v Type III Non-Functionally integrated 509(a)(3) Su	ipporting Organiza	itions (continuea)				
Sec	tion D – Distributions			Current Year			
1	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.						
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations.					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.						
9	Distributable amount for 2015 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015			
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).						
3	Excess distributions carryover, if any, to 2015:		15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
a		11441112404		TANK BUILDING SERVICE			
b			以来有多用于10日本	经通行的制度的条件			
С							
d	From 2013						
е	From 2014		自由的企业的企业	110000000000000000000000000000000000000			
1	Total of lines 3a through e	3	356 4 4 6 6 7 8 9 8	计算数据的工程等的			
g	Applied to underdistributions of prior years			JF\$ 45 表发表			
h	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)	A CONTRACTOR OF STREET					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			2146864			
4	Distributions for 2015 from Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
C	Remainder. Subtract lines 4a and 4b from 4			7.55.55.55.55			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3j and 4c						
8	Breakdown of line 7:		Property of the Control of the Contr	Andrew Control			
а		EXT 19年前专门 64	以表现表现的特殊	建产工工工工			
k			1244355432				
	Excess from 2013	The south of the		1275 25			
	Excess from 2014	74 7 3 7 7 7 2	1 14 15 17 18 18 18	4 1 2 2			
	Excess from 2015	1. 法法律法律法律	1	24445 F. 180			

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Schedule A (Form 990 or 990-EZ) 2015

84-1132636

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2015	201	.4	2013	2012	2011
T-SHIRTS SALE/FUNDRAISING		Ś	590.			
OTHER INCOME TOTAL \$	0	<u>\$</u>	10. 600.	ġ 0	<u> </u>	<u>\$</u> 0

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

OMB No. 1545-0047

FOUNDATION FOR FREE FLIGHT		84-1132636			
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation			
	501(c)(3) taxable private foundation				
Check if your organization is covered by the General	Rule or a Special Rule.				
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.			
General Rule					
V For an organization filing Form 990, 990-F7	z, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or			
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	tor's total contributions.			
Special Rules					
For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	ort test of the regulations			
received from any one contributor, during the	that checked Schedule A (Form 990 of 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.) 2% of the amount on (i)			
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.				
For an organization described in section 50	1(c)(7) (8) or (10) filing Form 990 or 990-F7 that received t	from any one contributor			
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, li	terary, or educational			
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.				
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to r religious, charitable, etc., purposes, but no such contribution	rom any one contributor,			
\$1,000. If this box is checked, enter here the	ne total contributions that were received during the year for a	an <i>exclusively</i> religious,			
charitable, etc., purpose. Do not complete	any of the parts unless the General Rule applies to this orga	nization because			
it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution An organization that is not covered by	the General Rule and/or the Special Rules does not file Sci	hedule B (Form 990, 990-F7, or			
990-PF) but it must answer 'No' on Part IV. lir	ne 2. of its Form 990: or check the box on line H of its Form	990-EZ or on its Form 990-PF.			
Part I, line 2, to certify that it does not meet th	e filing requirements of Schedule B (Form 990, 990-EZ, or 9	9U-FF).			

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

1 of

1 of Part I

FOUNDATION FOR FREE FLIGHT

Employer identification number 84-1132636

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	U.S HANG GLIDING&PARAGLIDING ASSOC P.O. BOX 1330 COLORADO SPRINGS, CO 80901	\$64,642.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SHARPE FAMILY FOUNDATION 951 N MAIN ST PROVIDENCE, RI 02904	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	MICROSOFT MATCHING GIFTS PROGRAM P O BOX 7405 PRINCETON, NJ 08543	\$11,083.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

FOUNDATION FOR FREE FLIGHT

Employer identification number 84-1132636

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
VIII.			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		6	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		ć	
		2	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ė	
		٩	
BAA	Sch	edule B (Form 990, 990-E	Z, or 990-PF) (2015

1 to

of Part III

Name of organization
FOUNDATION FOR FREE FLIGHT

Employer identification number

	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee		

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.				
Name	of organization			Employer identifica	ition number	
FOU	DUNDATION FOR FREE FLIGHT 84-1132636					
Par	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.	
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV.		
2	Political expenditures			▶\$		
3	Volunteer hours					
(20000000000000000000000000000000000000	X	rganization is exempt under section				
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.	
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		···· Yes No	
4 a	Was a correction made?				Yes No	
k	If 'Yes,' describe in Part IV.					
		ganization is exempt under section				
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities 🟲 🕏		
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt ►\$		
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$		
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No	
5	organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the a s received that were promptly and directly del I action committee (PAC). If additional spa	mount paid from the f ivered to a separate po	iling organization's fund litical organization, such	ds. Also enter the as a separate	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

	* LOUNDALION	FOR TREE FLIGHT		84-1132	636 Tage 2
Part II-A Complete if section 501(the organization (h)).	on is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► if the filin	g organization belo	ngs to an affiliated group (and	list in Part IV each affilia	ed group member's name,	
address,	EIN, expenses, a	nd share of excess lobbying	expenditures).		
B Check ► if the filir	ng organization ch	ecked box A and 'limited cor	ntrol' provisions apply.		
(The term		oying Expenditures eans amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
		oublic opinion (grass roots lol			
b Total lobbying expendition	ures to influence a	legislative body (direct lobb	ying)		
c Total lobbying expenditor	ures (add lines 1a	and 1b)	******	0.	0.
e Total exempt purpose e	xpenditures (add	lines 1c and 1d)		0.	0.
f Lobbying nontaxable an both columns	nount. Enter the a	mount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e.		· 自身接触的 8.8.8.1.5	
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess		· 是各类的 [3] 是 在 [3]	
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over \$	317,000,000	\$225,000 plus 5% of the excess o	ver \$1,500,000.	建设是上层建设工 员	
Over \$17,000,000		\$1,000,000.			
•	(75)	6 of line 1f)	1	0.	0.
h Subtract line 1g from lin	ne 1a. If zero or le	ss, enter -0	*****	0.	0.
i Subtract line 1f from lin	e 1c. If zero or les	ss, enter -0	*************	0.	0.
j If there is an amount other section 4911 tax for this	er than zero on eithe	er line 1h or line 1i, did the orga	anization file Form 4720 r	eporting	Yes No
		4-Year Averaging Period U	and president and 100 SESSENGEN AND ADDRESS OF THE		
(Som		nat made a section 501(h) elens below. See the instruction	ection do not have to co		
	Lob	bying Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount		11,264.	11,264.		22,528.
b Lobbying ceiling amount (150% of line 2a, column (e))					33,792.
c Total lobbying expenditures		10,000.	10,000.		20,000.
d Grassroots nontaxable amount		2,816.	2,816.		5,632.
e Grassroots ceiling amount (150% of line 2d, column (e))					8,448.
f Grassroots lobbying expenditures				Schodulo C (Farms	0. 990 or 990-EZ) 2015
DAA				Scriedule C (FORM	220 OI 220-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?. b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? j Total. Add lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bit Yes, enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures from the prior year? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 2 Did the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered Yes. 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expensation agree to carryover the reasonable estimate of nondeduct		or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description		1)	(b)		
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		expenditure next year?		4			
Part IV Supplemental Information				5			
	Pa	rt IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

FOUNDATION FOR FREE FLIGHT						84-113263	36
Part I General Information on Gra	ants and Assista	nce	atenta da managanta da managan da	A. D. A. B.			
1 Does the organization maintain records to the selection criteria used to award the	o substantiate the amo e grants or assistanc	unt of the grants or e?	assistance, the grantees'	eligibility for the grants	or assistance, and		X Yes No
2 Describe in Part IV the organization's pro	cedures for monitoring	the use of grant fu	nds in the United States.		SEE F	ART IV	
Part II Grants and Other Assistan							
Form 990, Part IV, line 21,	for any recipient	that received i	more than \$5,000. F	Part II can be dupli	cated if additional	space is neede	d.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHGPA ORGANIZATION							SITE
2700 ABILENE DRIVE CHEVY CHASE, MA 20815			19,000.	0.			PRESERVATION FUND
(2) US NATIONAL HANG GLIDING TEAM 1369 HIGHWAY A1A, #4							COMPETITION
SATELLITE BEACH, FL 32937			5,950.	0.			EXCELLENCE
(3) US PARAGLIDING TEAM 9680 W TROPICANA							COMPETITION
LAS VEGAS, NV 89147			26,011.	0.			EXCELLENCE
(4)							
(5)							
(6)							
(7)		and the second s				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	
(8)							
2 Enter total number of section 501(c)(33 Enter total number of other organization							1
3 Enter total number of other organization							2

Part III	Grants and Other Assistance to	Domestic Individua	als. Complete if the	ne organization	answered	'Yes' on Fo	rm 990	, Part IV,	line 22.	Part III
(can be duplicated if additional sp	ace is needed.						2		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

THE BOARD MEETS ON A QUARTERLY BASIS TO DISCUSS GRANT APPLICATIONS, KEEPS MINUTES OF THE BOARD DISCUSSIONS OF ALL GRANT APPLICATIONS & AWARDS, AND APPROVAL DOCUMENTS, DISTRIBUTION OF THE GRANT FUNDS AND FOLLOW UP REPORTING & MONITORING OF THE USE OF GRANT FUNDS.

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 2015

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

FOUNDATION FOR FREE FLIGHT

Employer identification number 84-1132636

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THIS POLICY IS PROVIDED TO EACH MEMBER OF THE BOARD AND MADE AVAILABLE ON ITS WEBSITE.

FORM 990. PART VI. LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

ALL OF THE CURRENT OFFICERS AND DIRECTORS SERVE ON A VOLUNTARY BASIS. NO COMPENSATION IS PAID TO THE OFFICERS AND DIRECTORS. NOTE - THE FORMER EXECUTIVE DIRECTOR RECEIVED \$2.400 IN FEES FOR BOOKKEEPING SERVICES UNTIL AN INDEPENDENT BOOKKEEPER COULD BE ENGAGED.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

ALL OF THE CURRENT OFFICERS AND DIRECTORS SERVE ON A VOLUNTARY BASIS. NO COMPENSATION IS PAID TO THE OFFICERS AND DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE FOUNDATION POSTS COPIES OF THE FOLLOWING DOCUMENTS ON ITS WEBSITE:

FORM 990 OR 990EZ AS APROPRIATE

CONFLICT OF INTEREST POLICY

INFORMATION ON DIRECTORS AND OFFICERS

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ROUNDING	\$ -1.
TOTAL	\$ -1.

2015	FEDERAL SUPPORTING DETAIL	PAGE 1
	FOUNDATION FOR FREE FLIGHT	84-1132636
CAPITAL HANG MOUNTAINEER I SNYHGPA	ATION GRANTS: GLIDING & PARAGLIDING ASSOCIATION. HANG GLIDING CLUB. AP CLUB. TOTAL	19,000. 2,750. 1,000. 5,000.
GRANTS	RVICE ACCOMPLISHMENTS EXCELLENCE - ENCOURAGE AND ASSIST PARTICIPATION IN WORL S.	
PARAGLIDING	COMPETITION GRANT. NATIONAL TEAM. NATIONAL TEAM. TOTAL	12,002. 5,950.
GRANTS SAFETY & EDUC PROGRAMS.	RVICE ACCOMPLISHMENTS CATION - TO FUND ADVANCEMENTS IN SAFETY AND THE DEVELOP NG SITE SAFETY & RENOVATION	\$ 2,200. \$ 2,200.
SAFETY & EDU		\$ 372,870. 47,895. 52,696. \$ 473,461.