Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	he 2021 calen	dar year, or tax	year begin	ning		, 202	21, and	l ending	3		,	20	
В	Check	if applicable:	С				l l) Employ	er identif	ication number				
	Ad	ddress change	FOUNDATIO	I FOR FI	REE FLIC	GHT					84-	11326	536	
	\mathbf{H}	ame change	C/O KIMER							h	E Telepho			
	\blacksquare	itial return	150 BROADI			-					(51	6) Q1	6-1333	
	$\boldsymbol{\vdash}$		NEW YORK,							⊢	(31	0) 01	.0 1333	
	\blacksquare	nal return/terminated	ĺ							1.	•		100	070
	\mathbf{H}	mended return	[Ι.		Gross r			<u>,078.</u>
	Aţ	oplication pending		ess of principal	officer: JAM	MES KOLY	YNICH			H(a) Is this a			· c3	_
			435 DRAHT	HILL R	D ELMIRA	A, NY 1	4901			H(b) Are all su If "No," a	ibordinates ttach a list	included See inst	? Yes	No
<u> </u>	Tax-	exempt status:	X 501(c)(3)	501(c) (nsert no.)	4947(a)(1)	or	527					
J	We	bsite: ► WW	W.FOUNDATI	ONFORFE	REEFLIGH	IT.ORG			I	H(c) Group ex	emption nu	ımber 🟲		
K		n of organization:	X Corporation	Trust	Association	Other ►		L Year o	of formation	on: 1987	M s	State of le	gal domicile: CA	1
Pa	ırt I	Summar	У											
	1	Briefly descri	be the organiza	tion's missi	on or most s	significant	activities:T	HE F	OUNDA	TION F	OR FR	EE FI	LIGHT IS	A
a		PUBLIC C	HARITABLE	FOUNDAT	TION STA	FFED BY	Z UNPAII	OV C	LUNTE	ERS DEI	CATE	ED TO	THE	
ű		PRESERVA	TION OF HA	NG GLII	DING AND	PARAGI	IDING	IN TH	IE UN	ITED ST	'ATES.			
Ĕ														
Governance	2	Check this bo			n discontinu								ets.	
ড			oting members of									3		<u> </u>
S			dependent votin									4		7
≝	5		of individuals e of volunteers (5		0
Activities &	6		ed business reve									- б 7а		10
⋖			d business revo									7a 7b		0.
	D	Net unrelated	i business taxar	ile ilicollie i	1101111 01111 3	990-1, Fait	1, 11116 11				or Year	70	Current Y	
	8	Contributions	and grants (Pa	rt VIII lina	1h)							:03		
ne	9		rice revenue (Pa								100,6	93.	92	<u>,988.</u>
Revenue	10		ncome (Part VIII								11,5	15	7	,090.
æ	11		e (Part VIII, col		-	-					11,0	,13.		,090.
	12		e – add lines 8								112,2	208	100	,078.
	13		imilar amounts								10,7			,096.
	14		to or for memb	•	-		•				10,7	J	52	,000.
	15		er compensation	-	-									
es	10													
SU:	16a		fundraising fees	•		•								
Expenses	b	Total fundrais	sing expenses (I	Part IX, col	umn (D), lin	ne 25) ►		3,	<u>492.</u>					
ш	17	Other expens	ses (Part IX, col	umn (A), lir	nes 11a-11d	l, 11f-24e).					31,4	78.	32	,430.
	18	Total expense	es. Add lines 13	-17 (must e	equal Part I	X, column ((A), line 25))			42,2	269.	64	,526.
	19	Revenue less	expenses. Sub	tract line 18	8 from line 1	12					69,9	39.		,552.
P S										Beginning	of Curren	t Year	End of Ye	ar
ets	20	Total assets	(Part X, line 16)							1,	159,2	62.	1,281	,775.
Ass	21	Total liabilitie	es (Part X, line 2	26)								300.		0.
Net Assets	22	Net assets or	fund balances.	Subtract lin	ne 21 from I	line 20				1.	158,9	62.	1,281	.775.
	rt II	Signatur								/	100,3	02.	1,201	<i>/ / / O •</i>
			eclare that I have exa	mined this retu	rn including acc	companying sc	hedules and st	atements	and to the	ne hest of my	knowledae	and helie	f it is true correct	t and
com	plete. D	eclaration of prepa	arer (other than office	r) is based on a	all information o	of which prepar	er has any kno	wledge.	, and to ti	ne best of my	Morricage	and bene	1, 10 13 11 100, 001100	., and
Sig	nr	Signatu	re of officer							Date				
He	re	MAT.	ES KOLYNIC	Н						TREASU	IRER			
-			print name and title											
		Print/Type p	preparer's name		Preparer's sign	nature		Dat	te		heck	if F	PTIN	
D-	id	ROSS I	VISDOM CPA		ROSS WI	SDOM CI	⊃Δ				elf-employe	_	200163343	
Pa	ıa epare			ING & W		LLC	- 4.1				Simploy	[1		
IJe	e On	.1			•						irm'e EINI	▶ 76	.0717004	
J 3	J J 11	Firm's addre			SUITE 1	.105							0717994	
N/a-	ı, tha '	IDS discuss th		ORK, NY		102 Soc in	tructions				hone no.	Z1Z-	986-0892	N _c
ıvla'	y une l	เพอ นเรยนรร โท	nis return with th	e preparer	PHOMIL 900/	ver see ins	รแนบแบทร						X Yes	No

Parl		Statement of Program Service Accomplishments	Г	٦
	D : (1	Check if Schedule O contains a response or note to any line in this Part III		_
1	-	ly describe the organization's mission:		
		<u> FOUNDATION FOR FREE FLIGHT IS A PUBLIC CHARITABLE FOUNDATION STAFFED BY</u>		_
		LUNTEERS DEDICATED TO THE PRESERVATION OF HANG GLIDING AND PARAGLIDING IN	<u>I THE</u>	_
	UNI	ITED STATES.		_
		he organization undertake any significant program services during the year which were not listed on the prior		
		n 990 or 990-EZ?	Yes X No	
		es," describe these new services on Schedule O.	_	
		he organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No	
	If "Yes	es," describe these changes on Schedule O.		
4	Descr	cribe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.	
	Section and re	ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the revenue, if any, for each program service reported.	total expenses,	
	ana n	revenue, if any, for each program service reported.		
1.	(Code	le:) (Expenses \$ 29,492. including grants of \$ 28,556.) (Revenue \$	40 710)	_
4 a	•		48,718.	,
		TE PRESERVATION - TO PRESERVE FLYING SITES FOR FUTURE GENERATIONS AND TO		_
		COURAGE AND ASSIST IN THE PROTECTION AND ACCESS TO OPEN SPACES FOR HANG O	FLIDING AND	_
	PAR.	RAGLIDING ACTIVITIES.		_
				_
				_
				_
				_
				_
4 b	(Code	le:) (Expenses \$ 2,793. including grants of \$ 2,793.) (Revenue \$	12,062.))
		TETY & EDUCATION-TO FUND ADVANCEMENTS IN SAFETY AND DEVELOPMENT OF EDUCAT		
		OCDAMS		_
		JOKANIS.		-
				-
				-
				_
				-
				_
				_
				_
				_
				_
				_
4 c	(Code)
	COM	<u> MPETITION EXCELLENCE - ENCOURAGE AND ASSIST PARTICIPATION IN WORLD TEAM 8</u>	<u> NATIONAL</u>	
	COM	MPETITIONS.		
				_
				_
				_
				_
				-
				_
				_
				_
	Oti-	y pysogram samiless (Dassyiha an Cahadula C.)		_
		r program services (Describe on Schedule O.)		
		enses \$ including grants of \$) (Revenue \$)	
4 e	rotal	I program service expenses ► 33,032.		

Form 990 (2021) 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	Χ	
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? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
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 donor-restricted endowments or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
k	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	
C	I 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	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
Ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		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		X
	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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17		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		X
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
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	

Form 990 (2021) FOUNDATION FOR FREE FLIGHT Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
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 8	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
I	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d 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		Х
I	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? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		X
(A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		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? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	o If '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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		-	
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	103	110
	c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
DAA	(gambling) winnings to prize winners?	1 c	990 (
A	TEE ATTIVAL TIPICALLE	Lorm	uun /	・ルハハコ

Form 990 (2021) FOUNDATION FOR FREE FLIGHT Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
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 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
b	off 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
h	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	, 5		
	Form 8282?	7 c		Χ
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	711		
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	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:			
а	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			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	o Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	If 'Yes,' see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	10		77
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI.			. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year			
ı	Enter the number of voting members included on line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents	_		
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 8	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?	7 a		Х
I	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	the following:		37	
	a The governing body?	8 a	X	
١	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		ie Co	
	the state of the section of requests information about periode her required by the internal re-	770770	Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	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?	10 b		
	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	Χ	
I	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done SEE .SCHEDULE .Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
ä	The organization's CEO, Executive Director, or top management officialSEE.SCHEDULEO	15 a	Х	
I	Other officers or key employees of the organizationSEE .SCHEDULE .O	15 b	Χ	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ı	a 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?	16 b		
Sec	tion C. Disclosure	מטו		<u> </u>
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3)s or	nly)
	X Own website			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available during the tax year. SEE SCHEDULE O	able to		
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			

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 the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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	is	both dire	an o ector/	ot che unles fficer truste	,		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) DOUGLAS SHARPE	8									
TRUSTEE	0	Χ						0.	0.	0.
(2) JAMES KOLYNICH TREASURER	$-\frac{10}{0}$	Х		Х				0.	0.	0.
(3) JON JAMES .	5									
SECRETARY	0	Χ		Χ				0.	0.	0.
(4) JIM_MAZE	8									
PRESIDENT	0	Χ		Χ				0.	0.	0.
_(5) JERRY KELLER	5									
TRUSTEE	0	Χ						0.	0.	0.
_(6) JOHN RUSSELL	4									_
TRUSTEE	0	Χ						0.	0.	0.
(7) MARK FORBES	8	.,						•	•	•
TRUSTEE	0	Χ						0.	0.	0.
(8) NICK GREECE	$-\frac{10}{2}$			3.7				0	0	0
EXECUTIVE DIR.	0			Χ				0.	0.	0.
	8			Х				0.	0.	0.
(10)	U			Λ				0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, 1rt	(B)	ney		1 <u>1</u> 1(0		es, a	and	a nignest com	ipensated Emp	oyees	(cont	inuea)
(4)	` `			•	•	than		(D)	(E)		(F)	
(A) Name and title	Average hours per	box	, unle	ess pe	erson	than (is both or/trust	n an	Reportable compensation from	Reportable compensation from	Estima	ated am	nount
	week (list any		_					the organization (W-2/1099-	related organizations (W-2/1099-	compe	of other nsation	from
	hours for related	Individual or director	ibuti	Officer	y em	ghest nploy	Former	MISC/1099-NEC)	MISC/1099-NEC)	an	rganiza d relate anizatio	ed .
	organiza - tions	क्ष क	onal		Key employee	.com	_			or gr	arnzatio	115
	below dotted line)	Individual trustee or director	nstitutional trustee		8	Highest compensated employee						
	ilile)		ŏ			ited						
(15)												
(16)												
(17)												
	1											
(18)												
(10)												
<u>(19)</u>												
(20)												
(21)												
(22)												
	1	4										
(23)												
(24)												
<u>(24)</u>												
(25)												
]											
1 b Subtotal							>	0.	0.			0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)							•	0.	0.			0.
Total number of individuals (including but not limited							ved			ensatio	า	
from the organization • 0												1
											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste <i>h individu</i>	ee, ke <i>ial</i>	ey ei	mplo	oyee	e, or l	high 	nest compensated	employee	. 3		Х
4 For any individual listed on line 1a, is the sum of												
the organization and related organizations greate such individual	er than \$1	50,00	00?	If '	es,	com	ıple	te Schedule J for		4		Х
5 Did any person listed on line 1a receive or accru									individual			Λ
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	enen	dent	coi	ntrad	ctors	tha	t received more t	nan \$100,000 of			
Complete this table for your five highest compen compensation from the organization. Report compen		the c	alen	dar	year	endir	ng v					
(A) Name and business add	(A) Name and business address						(B) Description (of services	Compe	C) nsatio	on	
						-						
2 Total number of independent contractors (including by	out not lim	ited to	o the	se l	isted	d abov	ve)	L who received more	than			
\$100,000 of compensation from the organization							•					

<u>,09</u>0

0

Form 990 (2021) FOUNDATION FOR FREE FLIGHT 84-1132636 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII.... (B) Related or (A) Total revenue (D) Unrelated Revenue business exempt excluded from tax under sections 512-514 function revenue revenue 1 a Federated campaigns Gifts, Grants, ilar Amounts **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 1 e Contributions, and Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 92,988 q Noncash contributions included in 1 g lines 1a-1f. h Total. Add lines 1a-1f 92,988 **Business Code** Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and <u>7,</u>090 7,090 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss). 7с **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). 8a 8b **b** Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... returns and allowances. I O a 10b **b** Less: cost of goods sold.... **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous Revenue

100

.078

0

d All other revenue. e Total. Add lines 11a-11d.

12

Total revenue. See instructions.....

Form 990 (2021) FOUNDATION FOR FREE FLIGHT Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
Do i 6b, i	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	28,556.	28,556.		·						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,540.	3,540.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,2	-,								
4 5	Benefits paid to or for members	0.	0.	0.	0.						
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages	0.	0.	0.	· · ·						
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 (nonemployees):										
а	Management										
b	Legal										
c	: Accounting	4,675.		4,675.							
c	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)										
	Advertising and promotion	100.		100.							
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy	14,400.		14,400.							
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance	2,127.		2,127.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).										
а	COMPUTER SOFTWARE	5,612.		2,120.	3,492.						
	TELEPHONE & COMMUNICATIONS	3,600.	900.	2,700.							
c	INVESTMENT FEES	1,473.		1,473.							
c		291.		291.							
e	All other expenses	152.	36.	116.							
25	Total functional expenses. Add lines 1 through 24e	64,526.	33,032.	28,002.	3,492.						
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).										

		Check if Schedule O contains a response or note to	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		82,031.	1	37,965.
	2	Savings and temporary cash investments		90,572.	2	93,576.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form	ner officer, director,			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	I contributor, or 35%		_	
	_		h		5	
	6	Loans and other receivables from other disqualified p			6	
	_	section 4958(f)(1)), and persons described in section	, , , , , ,			
'n	7	Notes and loans receivable, net	<u> </u>		7	
Assets	8	Inventories for sale or use	<u> </u>		8	
ĄSS	9	Prepaid expenses and deferred charges	1 1		9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10 c	
	11	Investments – publicly traded securities		486,659.	11	650,234.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.		500,000.	13	500,000.
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	33)	1,159,262.	16	1,281,775.
	17	Accounts payable and accrued expenses	300.	17		
	18	Grants payable			18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
ies	21	Escrow or custodial account liability. Complete Part			21	
ΞĘ	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu	ficer, director, trustee,			
Liabilities		controlled entity or family member of any of these pe	rsons		22	
	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	•		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to related third parties, nplete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		300.	26	0.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e ► X			
an	27	Net assets without donor restrictions	-	345,617.	27	409,882.
Bal	28	Net assets with donor restrictions		813,345.	28	871,893.
nd		Organizations that do not follow FASB ASC 958, che	eck here ►	010/0101		07170301
Net Assets or Fund Balance		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipn			30	
488	31	Retained earnings, endowment, accumulated income			31	
et,	32	Total net assets or fund balances	<u> </u>	1,158,962.	32	1,281,775.
	33	Total liabilities and net assets/fund balances		1,159,262.	33	1,281,775.
BA	Α		TEEA0111L 09/22/21			Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		100,0)78.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		64,	526.		
3	Revenue less expenses. Subtract line 2 from line 1	3		35,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	158,	962.		
5	Net unrealized gains (losses) on investments	5	•	87,261			
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10		001			
D.	column (B))	10	⊥,	281,	115.		
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 on Schedule O.							
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews 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?		2	2	Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa						
	basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
	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?		2				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3	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?		3	a	Х		
	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 on Schedule O and describe any steps taken to undergo such audits		31				
BAA				m 990	(2021)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Name of the organization FOUNDATION FOR FREE FLIGHT

C/C	NIMERLING & WISDOM LLC				.32636	
Par	Organizations Maintaining Donor A Complete if the organization answer	Advised Funds or Other	Similar Fun	ds or Accounts.		
	Complete if the organization answer	<u> </u>				
1	Total number at end of year	(a) Donor advised fur	ias	(b) Funds and	a otner acc	ounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the as	sets held in do	nor advised funds	Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of				□ .03	□
	impermissible private benefit?		·····		Yes	No
Par						
	Complete if the organization answer			7.		
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (for example,	recreation or education)		on of a historically in	•	
	Protection of natural habitat		Preservation	on of a certified histo	rıc structur	e
2	Preservation of open space	a mustified aspect to the south	untion in the form			ماء م
2	Complete lines 2a through 2d if the organization held last day of the tax year.	a quaimed conservation contrib	oution in the form	i oi a conservation ea	sement on t	ne
				Held at th	e End of th	ne Tax Year
	Total number of conservation easements			-		
	Total acreage restricted by conservation easemer					
(: Number of conservation easements on a certified	historic structure included in	(a)	2c		
C	Number of conservation easements included in (o structure listed in the National Register	e) acquired after 7/25/06, and	not on a histori	c 2 d		
3	Number of conservation easements modified, transfer tax year ►	rred, released, extinguished, or	terminated by th	e organization during	the	
4	Number of states where property subject to conservat	tion easement is located >	-			
5	Does the organization have a written policy regard and enforcement of the conservation easements	it holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, a	nd enforcing con	servation easements	during the y	rear
7	Amount of expenses incurred in monitoring, inspectin ▶\$	g, handling of violations, and e	nforcing conserva	ation easements durir	ig the year	
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	irements of sec	tion 170(h)(4)(B)(i)	Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation assuments.	s conservation easements in incomments in incommendation of the construction of the co	its revenue and Itements that de	expense statement escribes the organiza	and baland ation's acco	ce sheet, and ounting for
Par	conservation easements. t Organizations Maintaining Collection	ons of Art. Historical Tr	easures, or	Other Similar Ac	sets.	
ı aı	Complete if the organization answer	red 'Yes' on Form 990, I	Part IV, line	8.		
1 a	If the organization elected, as permitted under FA historical treasures, or other similar assets held fine Part XIII the text of the footnote to its financial st	or public exhibition, education	n, or research ir	atement and balance of publ	sheet worl	ks of art, provide in
ŀ	If the organization elected, as permitted under FA historical treasures, or other similar assets held for profollowing amounts relating to these items:	ublic exhibition, education, or re	esearch in further	rance of public service	e, provide th	f art, e
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X				·	
2	If the organization received or held works of art, histo amounts required to be reported under FASB ASC	C 958 relating to these items:				
ā	Revenue included on Form 990, Part VIII, line 1				Ş	

Part III Organizations Mainta	ining Colle	ctions of <i>P</i>	Art, Historic	al Treasures, or	Other S	similar Ass	ets (conti	nued)
3 Using the organization's acquisition items (check all that apply):	ı, accession, ar	nd other record	ds, check any o	of the following that ma	ke signifid	cant use of its	collection	
a Public exhibition		d	Loan or e	xchange program				
b Scholarly research		е	Other					
c Preservation for future gener	rations							
4 Provide a description of the organiz Part XIII.	ration's collecti	ons and expla	in how they fur	ther the organization's	exempt p	urpose in		
5 During the year, did the organiza to be sold to raise funds rather the	han to be mai	ntained as pa	art of the orgai	nization's collection?			Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangem amount on	ents. Com Form 990,	plete if the Part X, line	organization ans e 21.	wered '	Yes' on Fo	rm 990, F	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other int	ermediary for	contributions or other	r assets r	not included	Yes	No
b If 'Yes,' explain the arrangement						ļ		Ш
,		·	· ·				Amount	
c Beginning balance					1с			
d Additions during the year					1 d			
e Distributions during the year					1е			
f Ending balance					1f			
2a Did the organization include an a	amount on For	m 990, Part	X, line 21, for	escrow or custodial a	account li	ability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. (Check here if	the explanation	on has been provided	on Part	XIII		· 🔲
Part V Endowment Funds. C	omplete if			<u>ered 'Yes' on For</u>				
	(a) Current	year	(b) Prior year	(c) Two years back	(d) T	hree years back	(e) Four y	ears back
1 a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the curre	nt year end b	alance (line 1	g, column (a)) held a	s:			
a Board designated or quasi-endowm	ient ►		%					
b Permanent endowment ►	%							
c Term endowment ►	%							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.						
3 a Are there endowment funds not in to organization by:	the possession	of the organiz	ation that are h	neld and administered	for the		Ye	s No
(i) Unrelated organizations							. 3a(i)	
(ii) Related organizations							3a(ii)	
b If 'Yes' on line 3a(ii), are the rela	ated organizat	ions listed as	required on S	Schedule R?			. 3b	
4 Describe in Part XIII the intended	d uses of the	organization's	s endowment f	funds.			L	
Part VI Land, Buildings, and								
Complete if the organi			on Form 9	90, Part IV, line	11a. Se	e Form 99	0, Part X,	line 10.
Description of property		(a) Cost or ot		(b) Cost or other basis (other)	(c) Acc	umulated eciation	(d) Book	value
1 a Land		(7	()	2.2 31			
b Buildings								
c Leasehold improvements	ŀ							
d Equipment								
e Other	ŀ							
Total. Add lines 1a through 1e. (Colum		jual Form 990), Part X, colu	mn (B), line 10c.)				0.
BAA							ule D (Form	

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.	'Voc' on Form 000	N/A N Part IV lina 11h Saa Farm 0	00 Part V lina 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	
(1) Financial derivatives	(2) 20011 141140	(c) moniou or variation. cook or one o	1 Jour market value
(2) Closely held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.	1)/1	Doubly Fac 11 - Cas Face 0	00 David V. France 12
Complete if the organization answered (a) Description of investment		J, Part IV, line TTc. See Form 9 (c) Method of valuation: Cost or end-	90, Part X, line 13.
	(b) Book value		-or-year market value
(1) 25% RRRG, INC.	500,000.	COST	
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	500,000.		
Part IX Other Assets.	N/A		
Complete if the organization answered		0, Part IV, line 11d. See Form 9	
	scription		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	D) // 15)		
Total. (Column (b) must equal Form 990, Part X, column (b)	3) IIne 15.)	>	
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
	iption of liability	10 01 111. 000 1 01111 300, 1 are X, 1110 20.	(b) Book value
(1) Federal income taxes	1		(1)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		>	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	turn. N/A
Complete if the organization answered 'Yes' on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per l	Return. N/A
		10101111 -17
Complete if the organization answered 'Yes' on Form 990, P		
Complete if the organization answered 'Yes' on Form 990, P 1 Total expenses and losses per audited financial statements	art IV, line 12a.	1
	art IV, line 12a.	
1 Total expenses and losses per audited financial statements	art IV, line 12a.	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments.	2a 2b	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses.	2a 2b 2c	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	2a	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.	2a	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	1 2 e
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.	2a	1 2 e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2a	1 2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	2a	1

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury

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

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.							
Name of the organization FOUNDATION FO	OUNDATION FOR FREE FLIGHT							
C/O KIMERLING & WISDOM LLC							36	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records	to substantiate the am	ount of the grants or	assistance, the grantees	eligibility for the grants	or assistance, and			
the selection criteria used to award the	he grants or assistan	ce?					X Yes No	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on								
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
		1		· .			1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) TENNESSEE TREE TOPPERS, INC.							SITE	
PO BOX 1286							PRESERVATION	
DUNLAP, TN 37327	58-1480085	501 (C) (3)	25,000.	0.			FUND	
(2)								
(3)								
(4)								
22								
(5)								
(6)								
(7)								
(8)								
	l	1	1			1		

3 Enter total number of other organizations listed in the line 1 table.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III
can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FOUNDATION FOR FREE FLIGHT C/O KIMERLING & WISDOM LLC

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.

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