James C Reed CPA CFP PC P.O. Box 13292 Jackson, WY 83002 (307) 734-1370

November 11, 2024

Foundation For Free Flight 11260 Donner Pass Road C1 Pmb 1021 Truckee, CA 96161

Foundation For Free Flight:

Enclosed is the organization's 2023 Exempt Organization return. The state Exempt Organization return is also enclosed.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

No payment is required.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

James C Reed CPA

Filing Instructions

Prepared for:

FOUNDATION FOR FREE FLIGHT 11260 DONNER PASS ROAD C1 PMB 1021 TRUCKEE, CA 96161

Prepared by:

JAMES C REED CPA CFP PC P.O. BOX 13292 JACKSON, WY 83002

2023 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

2023 CALIFORNIA FORM 199

No payment is required.

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

**** THIS IS NOT A FILEABLE COPY ***

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning , 2023, and ending

nd ending , 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

FOUNDATION FOR FREE FLIGHT EIN or SSN 84-1132636

Name and title of officer or person subject to tax STEVE KROOP PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

nan or	ne line in Part I.			
1a	Form 990 check here	Х ь	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>118,515</u>
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III,	line 22) 10b
Part	II Declaration and Signature	gnature	Authorization of Officer or Person Subject to Ta	X
Inder	penalties of perjury, I declare that	t 🔼 Iar	n an officer of the above entity or 📖 I am a person subject to t	ax with respect to (name
f entit	y)		, (EIN) and	I that I have examined a copy of the
omple	te. I further declare that the amo	unt in Par	ules and statements, and, to the best of my knowledge and belief t I above is the amount shown on the copy of the electronic retur tronic return originator (ERO) to send the return to the IRS and to	n. I consent to allow my

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353 rol later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

▲ I authorize	JAMES C	REED	CPA C	SFP PC	to enter my PIN	41380
				ERO firm name	•	Enter five numbers, bu
						do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **** THIS IS NOT A FILEABLE COPY **** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

86008441580 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Date 11/11/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868** (Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Type or Taxpaver identification number (TIN) Print 84-1132636 FOUNDATION FOR FREE FLIGHT File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 11260 DONNER PASS ROAD C1, PMB 1021 City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. TRUCKEE, CA 96161 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Return | Application Is For Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JAMES KOLYNICH 435 DRAFT HILL RD - ELMIRA, NY 14901 Telephone No. 607-731-5734 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

EXTENDED TO NOVEMBER 15, 2024

ggn

Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury

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.

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address change FOUNDATION FOR FREE FLIGHT Name change 84-1132636 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 11260 DONNER PASS ROAD C1 PMB 10 516-816-1333 termin-ated 118,515. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended TRUCKEE, CA 96161 H(a) Is this a group return Applica-F Name and address of principal officer: STEVE KROOP Yes X No for subordinates? pending 11260 DONNER PASS ROAD C1 PMB 1021, TRUCKEE, **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or L If "No," attach a list. See instructions WWW.FOUNDATIONFORFREEFLIGHT.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association L Year of formation: 1987 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: FOUNDATION FOR FREE FLIGHT IS A Activities & Governance PUBLIC CHARITABLE FOUNDATION STAFFED BY UNPAID VOLUNTEERS DEDICATED oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 10 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 30,096. 41,445. Contributions and grants (Part VIII, line 1h) Revenue 45,421. 68,079. Program service revenue (Part VIII, line 2g) 8,991. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,000. 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 81,517. 118,515. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,700. 33,809. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 54,647. 53,059. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 63,347. 86,868. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,170. 31,647. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,123,965. 1,311,614. Total assets (Part X, line 16) 0. 2,200. 21 Total liabilities (Part X, line 26) 123,965. 309,414. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Signature of officer Date Sign STEVE KROOP, PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature if self-employed JAMES C REED CPA 11/11/24 P00154869 Paid Firm's EIN 83-0324973 JAMES C REED CPA CFP PC Preparer Firm's name Use Only Firm's address P.O. BOX 13292 Phone no. (307) 734-1370JACKSON, WY 83002 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Form	990 (2023) FOUNDATION FOR FREE FLIGHT	84-1132636	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	FOUNDATION FOR FREE FLIGHT IS A PUBLIC CHARITABLE FOUND	ATION STAFFED)
	BY UNPAID VOLUNTEERS DEDICATED		
	TO THE PRESERVATION OF HAND GLIDING AND PARAGLIDING IN	THE UNITED	
	STATES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes [X No
Ū	If "Yes," describe these changes on Schedule O.		110
4	Describe the organization's program service accomplishments for each of its three largest program services, as	e measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		nd
	revenue, if any, for each program service reported.	ers, the total expenses, at	iu
	00 445	63 9	58.)
4a	(Code:) (Expenses \$ 22,445 · including grants of \$ 22,445 ·) (ReversiTE PRESERVATION - TO PRESERVE FLYING SITES FOR FUTURE		
	TO SUPPORT, ENCOURAGE, AND	- CHINDIAN TOND	71111
	ASSIST IN THE PROTECTION AND ACCESS TO OPEN SPACES FOR	HAND CLIDING	ΔND
	PARAGLIDING ACTIVITIES.	TIAND GUIDING	MIND
	IMMODIBING ACTIVITIES:		
4b	(Code:) (Expenses \$ 11,364. including grants of \$ 11,364.) (Rever	2 1	24.)
40	(Code:) (Expenses \$ 11,364. including grants of \$ 11,364.) (Rever COMPETITION EXCELLENCE - ENCOURGE AND ASSIST PARTICIPAT		,
	TEAM AND NATIONAL COMPETITIONS.		
	THE THE THIRD CONTENT CONTENT OF THE PARTY O		
4c	(Code:) (Expenses \$ including grants of \$) (Rever	1.9	97.)
+0	·	ND DEVELOPMEN	
	OF EDUCATIONAL PROGRAMS.		
	- IDOCITIONIE INCOMEDI		
4d	Other program services (Describe on Schedule O.)		
→u	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses 33,809.		
		Form 99	0 (2023)

Form 990 (2023) 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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
_	public office? If "Yes," complete Schedule C, Part I	3		
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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			
Ū	similar amounts as defined in Rev. Proc. 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 donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	11b		X
С	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	11c	X	
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			X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- '''		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			. v
	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,	0		
••	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		х
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
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		X

Form 990 (2023) FOUNDATION FOR FRE 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			۱
	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? If "Yes," complete			77
	Schedule J	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	 		v
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_^
D	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	051		X
00	Schedule L, Part I	25b		
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%	000		X
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	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?/f			
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
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 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? If "Yes," complete Schedule R, Part 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
	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?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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	X	<u> </u>
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			ullet
	_		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

		_		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return2	a 0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?	2b								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X						
b	, , , , , , , , , , , , , , , , , , , ,										
4a	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)?										
b	b If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce	ounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	70	organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	-									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).		_		v						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service		7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	_		v						
	to file Form 8282?		7c		X						
d		d			Х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribution of the cont		7e 7f		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract				- 22						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g 7h								
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.		8								
а			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	Da									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	1a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	1b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I									
	organization is licensed to issue qualified health plans	- 									
		3c			37						
			14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat		4-		v						
	excess parachute payment(s) during the year?		15		X						
10	If "Yes," see the instructions and file Form 4720, Schedule N.		40		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	icome?	16		Λ						
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any activity.	tios									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activi that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.		17								
	n 165, complete i onn 000a.										

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
1a	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	<u> </u>		
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		Х
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) (1024 or 1024-A) (1024 or 1024-)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JAMES KOLYNICH - 607-731-5734 435 DRAFT HILL RD FLMTRA NY 14901			
	ASS DRABE HILL RI BLMIRA NY 1/1911			

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

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

Check this box if neither the organization n	T .	orga	aniza			mpe	nsa			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	ss person is both an and a director/trustee)			compensation	compensation	amount of
	week	-) i	T	1	1	1	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ll trus		ee/	mpen		1099-NEC)	1000 (120)	and related
	below	dualt	utiona	_	oldm	st co	<u></u>	1000 1.120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme			J
(1) JIM MAZE	8.00				Ż					
TRUSTEE		Х		X				0.	0.	0.
(2) BILL BOLOSKY	8.00									
TRUSTEE				Х				0.	0.	0.
(3) MARK FORBES	0.00									
SECRETARY		Х		X				0.	0.	0.
(4) BILL BELCOURT	5.00									
TRUSTEE		Х		Х				0.	0.	0.
(5) STEVE KROOP	4.00									
PRESIDENT		X	4					0.	0.	0.
		1								
		-								
						_				
		-								
		-								
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Part	VII Section A. Officers, Directors, Trus		ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)		(C)					(D)	(E)			(F)	
	Name and title	Average	Position (do not check more the					one	Reportable	Reportable		Est	timated	i
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation			ount o	f
		week	\vdash	Cei ai	lu a u	in ecit	Ji/ ti us	1	from	from related			other 	
		(list any hours for	irecto						the	organization			oensati	
		related	or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizatio	
		organizations	ruste	l trus		ee ee	mpen		1099-NEC)	1099-1120)		_	l relate	
		below	dualt	ıtiona	_	nploy	st co I	<u></u>	10001120)				nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E M						
			 	 	Ī	1	T = =							
			1											
			1											
			1											
							L							
							\square							
			1											
											_			^
1b \$	Subtotal						.)		0.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)										• • •			0.
	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	0,000 of reportab	le			0
	compensation from the organization			7								Т	Yes	No
	Did the organization list any former officer,	dina atau turus						اما			ı		163	140
	ine 1a? If "Yes," complete Schedule J for s	,	,	,	•	,	,	_		•		3		х
	For any individual listed on line 1a, is the su								har companation from			3		
	and related organizations greater than \$150	•							•	the organization		4		Х
	Did any person listed on line 1a receive or a									idual for services		7		
	rendered to the organization? If "Yes," com	•				,			•			5		Х
	on B. Independent Contractors	prote correcui		0. 0.		<i>p</i> 0. c								
	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation fr	rom	
	the organization. Report compensation for										,			
	(A)								(B)			(C)	
	Name and business	address	N	INC	Ξ				Description of s	ervices	С	omper		
	Total number of independent contractors (i	ncluding but n	ot li	mito	d to	the	اا عوا	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi		.01 11		J 10	(0	J.U.	a abovo, willo i godived ii	.o.o triairi			200	

			Check if Schedule O	conta	ains a re	esponse	or note to any lin	e in this Part VIII			
						•	,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
gσ	_		Cadavatad assessings			4-					
lr ar	'		Federated campaigns			1a					
윤 일			Membership dues			1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events			1c					
اقِقَ		d	Related organizations			1d					
ii,		е	Government grants (contr	ributi	ons)	1e					
[호텔		f	All other contributions, gifts,	grant	s, and						
[골출]			similar amounts not included	abov	/e	1f	41,445.				
일		g	Noncash contributions included in	lines	1a-1f	1g \$					
ခြဲ လ		_	Total. Add lines 1a-1f		_			41,445.			
							Business Code				
ا ه	2	a	SITE PRESERVA	тт	ON F	CIND	900099	63,958.	63,958.		
Program Service Revenue	2	.a b	COMPETITION F				900099	2,124.	2,124.		
ie Š		D	SAFETY & EDUC			FIIN	900099	1,997.	1,997.		
E E		C	SAFEII & EDUC	AI	TON	FUN	300033	1,331.	1,331.		
Re		d									
<u>,</u>		е									
<u> </u>			All other program service					40.070			
		g	Total. Add lines 2a-2f					68,079.			
	3	3	Investment income (include	ding	dividen	ds, intere	est, and				
			other similar amounts)					8,991.			8,991.
	4	ļ	Income from investment of	of tax	c-exemp	ot bond p	roceeds				
	5	;	Royalties								
			•		(i)	Real	(ii) Personal				
	6	a	Gross rents	6a							
	Ū		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			` '		<u> </u>						
	_		Net rental income or (loss) <u>.</u>		curities	(ii) Other				
	′	а	Gross amount from sales of	l_	(1) 36	Curities	(ii) Other				
			assets other than inventory	7a							
.		b	Less: cost or other basis								
ŭ			and sales expenses	7b							
Š		С	Gain or (loss)	7с							
ığ		d	Net gain or (loss)			<u></u>					
ther Revenue	8	a	Gross income from fundraisi	ng ev	ents (no	ot					
₽			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18			8a					
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
	•		Part IV, line 19	-							
		h	Less: direct expenses								
			Net income or (loss) from				l				
	10					VILIES					
	10	d	Gross sales of inventory,			ـ ا					
			and allowances								
			Less: cost of goods sold				•				
		С	Net income or (loss) from	sales	s of inve	entory					
<u>s</u>							Business Code				
Miscellaneous Revenue	11	а									
eu eu		b									
<u>€</u> e		С									
i8⊨		d	All other revenue								
			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					118,515.	68,079.	0.	8,991.

Form 990 (2023) FOUNDATION FOR FREE FLIGHT Part IX Statement of Functional Expenses

	Check if Schedule O contains a response amounts reported on lines 6b.	se or note to any line in	this Part IX		
Do not inclu	de amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	nd 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants a	nd other assistance to domestic organizations		сл.рст.осс	gomeral expenses	- сирописос
	nestic governments. See Part IV, line 21	33,809.	33,809.		
2 Grants	and other assistance to domestic				
individu	als. See Part IV, line 22				
	and other assistance to foreign				
organiz	ations, foreign governments, and foreign				
individu	als. See Part IV, lines 15 and 16				
4 Benefit	s paid to or for members				
5 Compe	nsation of current officers, directors,				
trustee	s, and key employees				
6 Compen	sation not included above to disqualified				
persons	(as defined under section 4958(f)(1)) and				
persons	described in section 4958(c)(3)(B)				
7 Other s	alaries and wages				
	plan accruals and contributions (include				
section 4	101(k) and 403(b) employer contributions)				
9 Other e	mployee benefits				
	taxes				-
	r services (nonemployees):				
a Manage	ement	40,000.		40,000.	
c Accour	ting	3,000.		3,000.	
d Lobbyir	ng				
	onal fundraising services. See Part IV, line 17				
f Investm	nent management fees	150.		150.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column	(A), amount, list line 11g expenses on Sch 0.)				
12 Adverti	sing and promotion				
	xpenses				
14 Informa	tion technology				
15 Royaltie	es				
16 Occupa	ancy	684		684	
17 Travel		671.		671.	
18 Paymer	nts of travel or entertainment expenses				
•	federal, state, or local public officials				
19 Confere	ences, conventions, and meetings				
20 Interest					
	nts to affiliates				
	iation, depletion, and amortization	2,379.		2,379.	
23 Insuran		4,319.		4,319.	
	penses. Itemize expenses not covered List miscellaneous expenses on line 24e. If				
line 24e`	amount exceeds 10% of line 25, column (A),				
	list line 24e expenses on Schedule 0.) WARE & WEB EXPENSES	6,052.		6,052.	
MEDO	HANT SERVICES	491.		491.	
<u> </u>		265.		265.	
	CHARGES	51.		51.	
		21.		21.	
	r expensesAdd lines 1 through 24a	86,868.	33,809.	53,059.	0
	nctional expenses. Add lines 1 through 24e	00,000.	33,009.	33,033.	<u> </u>
	sts. Complete this line only if the organization				
-	in column (B) joint costs from a combined				
educatio Check h	nal campaign and fundraising solicitation.				
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Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		23,525.	1	37,680.
	2	Savings and temporary cash investments		116,574.	2	190,205.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges		3,667.	9	0.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		480,199.	11	583,729.
	12	Investments - other securities. See Part IV, line	9 11		12	
	13	Investments - program-related. See Part IV, line	e 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 ed	ual line 33)	1,123,965.	16	1,311,614.
	17	Accounts payable and accrued expenses		0.	17	2,200.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
es	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sub				
ja de		controlled entity or family member of any of th	ese persons		22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	-			
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D		0.	25	2,200.
	26	Total liabilities. Add lines 17 through 25		0.	26	2,200.
Se		Organizations that follow FASB ASC 958, cl	neck here X			
Š		and complete lines 27, 28, 32, and 33.		201,539.	07	114,534.
3ala	27			922,426.	27 28	1,194,880.
βE	28	Net assets with donor restrictions		722,420.	28	1,174,000.
Ξ		Organizations that do not follow FASB ASC	958, check here			
ō	20	and complete lines 29 through 33.			20	
ets	29	Capital stock or trust principal, or current fund			29	
Ass	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		1,123,965.	31	1,309,414.
Z	32	Total liabilities and not seed /fund balances		1,123,965.	32	1,311,614.
	33	Total liabilities and net assets/fund balances		1,143,303.	33	1,311,014.

Form **990** (2023)

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		8,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,12		
5	Net unrealized gains (losses) on investments	5	15	3,8	02.
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,				
	column (B))	10	1,30	9,4	14.
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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 on Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FOUNDATION FOR FREE FLIGHT

Employer identification number 84 – 1132636

		FOON	DATION TOR	PREE PEIGII				4-1132030
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete tl	nis part.) S	See instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz					-	the hospital's name.
		city, and state:	анон ороналов и со-	njanionon mini a moopina				and morphian o manne,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3				nege of drilversity owner	u or opera	led by a g	overnmental unit descri	Jed III
_		section 170(b)(1)(A)(iv). (C		والموالية والموالية المالية والمالية		70/1-\/4\/A\	<i>(</i>)	
6	H	A federal, state, or local gov	ŭ				` '	
7	ш	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co						
8	Н	A community trust describe			A			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	-			· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that			/			
а		Type I. A supporting orga	* *			•		, aivina
_		the supported organization						
		organization. You must c		1	a majority	or the dire		supporting
h		Type II. A supporting orga			tion with it	e cupport	od organization(s), by bo	nvina
D			•					-
		control or management o			arne perso	ons mai co	ontrol of manage the sup	pported
		organization(s). You mus				41		1
С		☐ Type III functionally inte						ea with,
		its supported organization		•				
d		☐ Type III non-functionally					• • • • • •	* *
		that is not functionally int	-		•		•	riveness
		requirement (see instructi	•	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f		er the number of supported o	•					
g		vide the following information			(iv) Is the orga	nization listed		1 (2)
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
-								

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	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
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 activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact				<u>=</u>		
	meets the facts-and-circumstances to	~					
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17	p, cneck this box a	ina see instruction	sL

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	elow, please comp	lete Part II.)				
	ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(a) 2021	(d) 2022	(a) 2022	(f) Total
	ifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(u) 2022	(e) 2023	(I) IOIAI
	embership fees received. (Do not						
	clude any "unusual grants.")	168,328.	100,693.	92,988.	30,096.	40,146.	432,251.
2 Gr	ross receipts from admissions,	100,320.	100,033.	32,300.	30,030.	40,140.	132,231.
fo ar	erchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the ganization's tax-exempt purpose				45,421.	68,079.	113,500.
	ross receipts from activities that						<u> </u>
ar	re not an unrelated trade or bus-						
	ax revenues levied for the organ-						
iza	ation's benefit and either paid to r expended on its behalf						
	ne value of services or facilities						
	rnished by a governmental unit to						
	ne organization without charge						
	otal. Add lines 1 through 5	168,328.	100,693.	92,988.	75,517.	108,225.	545,751.
	mounts included on lines 1, 2, and	200,0201	200,0300	32,300.	7070271		3137731
	received from disqualified persons						0.
	nounts included on lines 2 and 3 received						
fro	om other than disqualified persons that						
	ceed the greater of \$5,000 or 1% of the nount on line 13 for the year	5,267.	10,000.	14,949.	20,000.	72.590.	122,806.
	dd lines 7a and 7b	5,267.	10,000.	14,949.	20,000.	72.590.	122,806.
	ublic support. (Subtract line 7c from line 6.)	7 = 0 : 1			= 0 / 0 0 0 1	1 = 7 = 0	422,945.
Section	on B. Total Support						
	ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	mounts from line 6	(a) 2019 168, 328.	100,693.	(c) 2021 92, 988.	(d) 2022 75,517.	(e) 2023 108, 225.	(f) Total 545,751.
	ross income from interest,	, , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .		
	vidends, payments received on						
	ecurities loans, rents, royalties, nd income from similar sources	10,695.	11,516.	7,090.	6,000.	8,991.	44,292.
b Ur	nrelated business taxable income ess section 511 taxes) from businesses					•	
ac	quired after June 30, 1975						
c Ad	dd lines 10a and 10b	10,695.	11,516.	7,090.	6,000.	8,991.	44,292.
11 Ne	et income from unrelated business ctivities not included on line 10b, hether or not the business is egularly carried on						
or	ther income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)	179,023.	112,209.	100,078.	81,517.	117,216.	590,043.
14 Fi	irst 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	ion,
ch	neck this box and stop here						
Section	on C. Computation of Publ	ic Support Pe	rcentage				
15 Pu	ublic support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	71.68 %
16 Pu	ublic support percentage from 2022	Schedule A, Part	III, line 15			16	%
Section	on D. Computation of Inves	stment Incom	e Percentage				
17 In	vestment income percentage for 20	23 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	7.51 %
18 In	vestment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
	3 1/3% support tests - 2023. If the					3 1/3%, and line 1	
m	ore than 33 1/3%, check this box and 1/3% support tests - 2022. If the	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
	ne 18 is not more than 33 1/3%, che						
	rivate foundation. If the organizatio						

Schedule B

Name of the organization

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No. 1545-0047

FOUNDATION FOR FREE FLIGHT 84-1132636 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private 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) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FOUNDATION FOR FREE FLIGHT

84-1132636

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 WILLIAM J. BOLOSKY 8426 316TH PLACE SE ISSAQUAH, WA 98027	\$ 30,717.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BILL BREDEHOFT C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	\$12,959.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SHARP FAMILY FOUNDATION C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JON F KAYYEM C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US HANGGLIDING & PARAGLIDING ASSOC PO BOX 1330 COLORADO SPRINGS, CO 80901	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NICK GREECE 12472 PROSSER DAM RD TRUCKEE, CA 96161	\$8,914.	Person X Payroll

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

Name of the organization

FOUNDATION FOR FREE FLIGHT

Employer identification number 84-1132636

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds or	Accounts. Complete if the
	organization anowored 100 or 1000, 1 are 10, iii	(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised fu	ınds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for ar	y other purpose confe	erring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contrib	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2	a	2c
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the orga	anization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ion, handling of	
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conserva	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and on	forcing consonvation	assamants during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	ulling of violations, and en	lording conservation e	easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.	· ·		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	enue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	e statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheran	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other similar a	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB ${\it A}$	ASC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following th	at make s	significant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	change prog	ram					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizat	tion's exe	mpt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or otl	her simila	r assets				
	to be sold to raise funds rather than to be ma	intained as part of t	the orga	nization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the	organizatio	n answered	"Yes" on	Form 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contributio	ons or other a	assets no	t included		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	n provided in	Part XIII]
Par	t V Endowment Funds Complete if	the organization ans	swered '	"Yes" on Fo	rm 990, Parl	t IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	ars back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses			7							
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:	•					
а	Board designated or quasi-endowment		%		**						
	Permanent endowment	%									
С	Term endowment 9										
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses		ation tha	at are held a	and administ	ered for t	he				
	organization by:	· ·								Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. 9	See Form 99	0, Part X,	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	ccumulated	ı 📗	(d) Boo	k value	
		basis (investr	nent)	basis	(other)	de	preciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must ed		X. line 1	0c. columr	n (B))						0.

SCHEDULE I (Form 990)

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.

2023

Open to

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization							Employer identification number
FOUNDATIO		E FLIGHT					84-1132636
Part I General Information on Grants a							
Does the organization maintain records to							
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's properties Part II Grants and Other Assistance to					onization analyses 1	Vaa" on Form 000. Dar	t IV line O1 for any
recipient that received more than 9					anization answered	res on Form 990, Par	t IV, liftle 21, for arry
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
 Enter total number of section 501(c)(3) a Enter total number of other organizations 							

(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 noncash assistance
			X		
Part IV Supplemental Information. Provide the information	required in Part I, lin	ie 2; Part III, columr	n (b); and any other a	dditional information.	
SCHEDULE I, PART I, LINE 2					
THE BOARD MEETS ON A MONTHLY BAS	IS TO DISC	USS GRANT	APPLICATIO	NS, KEEPS	
MINUTES OF THE BOARD					
DISCUSSION OF ALL GRANT APPLICAT	IONS & AWA	RDS, AND A	APPROVAL DO	CUMANTS,	
DISTRIBUTION OF THE GRANT					
FUNDS AND FOLLOW UP REPORTING &	MONITORING	OF THE US	SE OF GRANT	FUNDS	

SCHEDULE 0 (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. 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

Employer identification number 84-1132636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO THE PRESERVATION OF HAND GLIDING AND PARAGLIDING IN THE UNITED
STATES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE TREASURER
PRIOR TO SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C:
THE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY. THIS POLICY IS
PROVIDED TO EACH BOARD MEMBER AND MADE AVAILABLE ON ITS WEBSITE.
FORM 990, PART VI, SECTION B, LINE 15:
ALL OF THE CURRENT OFFICERS AND DIRECTORS SERVE ON A VOLUNTEER BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION POSTS COPIES OF THE FOLLOWING DOCUMENTS ON ITS WEBSITE:
FORM 990, CONFLICT OF INTEREST PLOICY, AND INFORMATION ON DIRECTORS AND
OFFICERS

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 12-26-23 FORM

	202	3	Annual Informat	ion Return						1	99	
Cal	endar Year	2023 or fi	scal year beginning (mm/dd/yyyy)			, and ending	(mm/dd/yy	yy)				
Cor	poration/Org	anization na	me				Cal	ifornia corp	oration	number		
E/	א כוזאזזכ	штом						1580	275	7		
		nation. See in	FOR FREE FLIGHT				FE		411			
,								84-1	132	2636		
Stre	et address (s	suite or room	n)					PMB no.				
1:	L260	DONNE	ER PASS ROAD C1,	NO. PMB 10	21							
City							State	ZIP code				
	RUCKE			<u> </u>			CA	9616				
Fore	eign country	name		Foreign province/state	e/county			Foreign p	ostal c	ode		
\overline{A}	First retu	rn		Yes X No	I Did the o	rnanization ha	ve any chan	nee to ite	anide	lines		
В	Amended										s X	No
C)(1) trust									
D		rmation re				in political act					\mathbf{X}	No
	•	Dissolved	Surrendered (Withdrawn)	Merged/Reorganized	K Is the org	ganization exer	mpt under R	&TC Sect	ion 23	3701g? • Yes	s X	No
		(mm/dd/yyy				enter the gross	-					_
E			nethod: (1) X Cash (2) Accru			ganization a lin				•	s X	No
F		eturn filed? Other 990	990T(2) ● 990PF (3) • L		organization file				• Va	s X	No
G			? See instructions	Ves X No	N le the ord	xable income?	er audit hy t	he IRS or	hae th		5 <u>A</u>	IVO
Н			in a group exemption			ted in a prior y					s X	No
			parent's name?			I Form 1023/1					s X	
			•									
_												
<u>P</u>	art I		Part I unless not required to file this							77	070	
			ss sales or receipts from other source						1	11	,070	+
			ss dues and assessments from mem ss contributions, gifts, grants, and sir		٠		СТМТ	 1	3	41	,445	00
			al gross receipts for filing requiremen				D.I.III	. •	٦	31	, 113	100
F	Receipts		s line must be completed. If the resu		, -	Information B		•	4	118	,515	00
_	and		•		. г	5		00				
н	evenues	6 Cos	t or other basis, and sales expenses of			6		00				
									7	110	-4-	00
			al gross income. Subtract line 7 from						8		,515	
Е	xpenses		al expenses and disbursements. From						9 10		,868 ,647	
_			ess of receipts over expenses and dis al payments					······································	11	31	,04/	00
								•	12			00
			ments balance. If line 11 is more than						13			00
P	ayments		tax balance. If line 12 is more than li						14			00
			alties and interest. See General Inforr						15			00
		16 Bal	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, an						16	nowledge and belief		00
Sig	ın	it is true, co	prrect, and complete. Declaration of preparer	(other than taxpayer) is b	ased on all infor	mation of which	preparer has a	ny knowled	lge.	lowloage and bollor,		
He		Signature of officer	ignature PRESIDENT							Telephone		
_		of officer	<u> </u>			ate	Charle	:4		● PTIN		
		Preparer's signature	•		1:	11/11/2	Check self-er	ार nployed ▶		P00154869	9	
Pai	id	Firm's nam				_,, _				• Firm's FEIN	-	
	parer's	(or yours,	JAMES C REED CP	A CFP PC						83-03249	73	
Us	e Only	employed) and addres	P.O. BOX 13292							Telephone		
			JACKSON, WY 830						-		4-13	70
		May the F	TB discuss this return with the prepa	rer shown above? See	instructions		<u></u>	• X	Yes	L No		

FOUNDATION FOR FREE FLIGHT

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all b	usiness activit	ties. See instru	ıctions		•	1		00
		2									2,331 00
		3							3		6,660 00
Rece	eipts										00
from		5 Gross royalties									00
Othe	r	6	Gross amount received from sale	of assets (Se	e instructions))		•	6		00
Sour		7	Gross amount received from sale of assets (See instructions) Other income SEE STATEMENT 2 •								68,079 00
		8	Total gross sales or receipts from	n other source	s. Add line 1 t	hrough line	7. Enter here and o	on Side 1. Part I. line 1	7		77,070 00
		9	Contributions, gifts, grants, and			-			9		33,809 00
		10	Disbursements to or for member						10		00
		11	Compensation of officers, direct	ors, and trustee	es		SEE STA	TEMENT 3 •	11		0 00
		12	Other salaries and wages						12		00
Expe	nses	13	Interest						13		00
and			Taxes						14		00
	urse-		Rents						15		00
men		16	Depreciation and depletion (See	instructions)				•	16		00
	.	17	Other expenses and disburseme	nts			SEE STA	TEMENT 4 •	17		53,059 00
			Total expenses and disbursemen	nts. Add line 9	through line 1	7. Enter her	e and on Side 1. Pa	art I. line 9	18		86,868 00
Sch	nedu				Beginning o				of taxa	ble ye	
Asse	ets			(8	a)		(b)	(c)			(d)
1 (Cash						140,099			•	227,885
2	Net acc	ounts	receivable						•	•	
			ceivable						•	•	
4	Invento	ries .							•	•	
5	Federal	and s	state government obligations						•	•	
			in other bonds						•	•	
7	Investn	nents	in stock						•	•	
	Mortga								•	•	
9 (Other ir	nvestr	ments STMT 5				980,199			•	1,083,729
10	a Depr	eciab	le assets								
	b Less	accu	mulated depreciation								
	Land		<u>.</u>						•	•	
12 (Other a	ssets	STMT 6				3,667		•	•	
13	Total a	ssets				1,123,965					1,311,614
			et worth								
			yable						,	•	2,200
			s, gifts, or grants payable						,	•	
			otes payable						,	•	
17	Mortga	ges p	ayable							•	
	Other li										
			or principal fund						•	•	
			tal surplus. Attach reconciliation				100 055		•	•	4 200 444
			nings or income fund			1	,123,965		•	•	1,309,414
			ies and net worth				,123,965				1,311,614
Scr	nedul	le M	I-1 Reconciliation of income Do not complete this scheo		unt on Schedu	ıle L, line 13	, column (d), is les	s than \$50,000.			
1	Net inco	ome p	oer books		31,	647 7	Income recorded	on books this year			
		ederal income tax not included in this return. Attach schedu						le	•		
3 I	Excess of capital losses over capital gains										
4	Income not recorded on books this year. against book income this year.										
,	Attach schedule Attach schedule							•			
5 I									ſ		
	deducted in this return. Attach schedule 10 Net income per return.						[
6	Total. A	Add lin	ne 1 through line 5		31,	647	Subtract line 9 fro	om line 6			31,647

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1			
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT			
WILLIAM J. BOLOSKY	8426 316TH PLACE SE ISSAQUAH, WA 98027	30,717.			
BILL BREDEHOFT	C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	12,959.			
SHARP FAMILY FOUNDATION	C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	5,000.			
JON F KAYYEM	C/O FFF; 11260 DONNER PASS ROAD C1 TRUCKEE, CA 96161	15,000			
US HANGGLIDING & PARAGLIDING ASSOC	PO BOX 1330 COLORADO SPRINGS, CO 80901	5,000.			
NICK GREECE	12472 PROSSER DAM RD TRUCKEE, CA 96161	8,914.			
TOTAL INCLUDED ON LINE 3		77,590.			
CA 199	OTHER INCOME	STATEMENT 2			
DESCRIPTION		AMOUNT			
SITE PRESERVATION FUND COMPETITION FUND SAFETY & EDUCATION FUND		63,958. 2,124. 1,997.			
TOTAL TO FORM 199, PART	II, LINE 7	68,079.			

CA 199	COMPENSATION OF OFF	ICERS,	DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDE	RESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
JIM MAZE 11260 DONNER TRUCKEE, CA	PASS ROAD C1, PMB 1 96161	021	TRUSTEE 8.00		0.
BILL BOLOSKY 11260 DONNER TRUCKEE, CA	PASS ROAD C1, PMB 1 96161	021	TRUSTEE 8.00		0.
MARK FORBES 11260 DONNER TRUCKEE, CA	PASS ROAD C1, PMB 1 96161	021	SECRETARY 0.00		0.
BILL BELCOURT 11260 DONNER TRUCKEE, CA	PASS ROAD C1, PMB 1	021	TRUSTEE 5.00		0.
STEVE KROOP 11260 DONNER TRUCKEE, CA	PASS ROAD C1, PMB 1 96161	021	PRESIDENT 4.00		0.
TOTAL TO FORM	M 199, PART II, LINE	11			0.
CA 199		OTHER	EXPENSES	STATEMENT	4
DESCRIPTION				AMOUNT	
SOFTWARE & WIMERCHANT SERVED POSTAGE BANK CHARGES MANAGEMENT FIRE ACCOUNTING FIRE	VICES EES			20	91. 65. 51.
	ANAGEMENT FEES			1!	50. 71.
TOTAL TO FORM	M 199, PART II, LINE	17		53,0!	59.

CA 199 OTHER INVESTMENTS	J	STATEMENT 5
DESCRIPTION	BEG. OF YEAR	END OF YEAR
25% RRRG INC INVESTMENTS	500,000. 480,199.	500,000. 583,729.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	980,199.	1,083,729.
CA 199 OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	3,667.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	3,667.	0.
CA 199 FUND BALANCES		STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS WITH DONOR RESTRICTIONS	201,539. 922,426.	114,534. 1,194,880.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,123,965.	1,309,414.

Date Accer	nted		
Date Accep	Jica		

TAXABLE YEAR

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

2023		Exempt Organi	zations						0 4 33-LO
Exempt Organiza	ation name								ldentifying number
FOUNDA'	TION :	FOR FREE FLIGH	r						84-1132636
Part I Ele	ectronic F	Return Information (whole d	ollars only)					•	
1 Total gr	oss receip	ts or unrelated business tax	able income (Form 199, lin	e 4 or For	m 109,	line 5)			1 118,515
2 Total or	oss incom	ne or total tax (Form 199, line	8 or Form 109, line 14)						2 118,515
3 Total ex	kpenses ar	nd disbursements (Form 199	, line 9)						3 86,868
4 Tax due	e (Form 10	9, line 23)							4
5 Overpa	yment (Fo	rm 109, line 24)							'
Part II Se	ttle Your	Account Electronically for	Taxable Year 2023						
6 Dir	rect Depos	sit of refund (Form 109 only.)							
		nds withdrawal 7a Am				hdrawal c			
Part III Sc	hedule of E	stimated Tax Payments for Tax	able Year 2024 (These are No	OT installm	ent paym	ents for the	e current :	amount	t the exempt organization owes.)
		First Payment	Second Payme	nt		Third Pay	ment		Fourth Payment
8 Amount					4				
9 Withdray									
Part IV Ba	nking Info	ormation (Have you verified	the exempt organization's	banking i	nformati	on?)			
10 Routing	number					_			
11 Account				12 Ty	pe of ac	count:	Che	ecking	Savings
		of Officer							
direct deposit	refund agre	ganization's account to be settled es with the authorization stated nt amounts listed on Part III, lind	on my return. If I check Part II	, box 7, l a	uthorize a				unt specified in Part IV for the val for the amount listed on line 7a
a balance due organization w statements be	return, I un vill remain li transmitted	n. To the best of my knowledge a derstand that if the Franchise Ta able for the tax liability and all ap I to the FTB by the ERO, transmi FTB to disclose to the ERO or in	x Board (FTB) does not receiv plicable interest and penalties tter, or intermediate service pr	e full and ti . I authoriz ovider. If ti the reason	mely pay the exe ne proce:	ment of the mpt organi ssing of the e delay or	e exempt zation reti e exempt	organiz urn and organi :	ation's tax liability, the exempt accompanying schedules and zation's return or refund is
Part VI De		of Electronic Return Origin							
I declare that I am only an int accurately refliprovided the o 1345, 2023 Hathe exempt or I declare that I	have review ermediate sects the datorganization andbook for ganization realization realiza	wed the above exempt organizati ervice provider, I understand tha a on the return.) I have obtained officer with a copy of all forms a Authorized e-file Providers. I wi eturn is filed, whichever is later,	on's return and that the entrie at I am not responsible for rev the organization officer's sigr and information that I will file v Il keep form FTB 8453-EO on and I will make a copy availab ion's return and accompanyir	s on form I lewing the lature on fo vith the FTE file for fou l le to the FT lg schedule	exempt o rm FTB 8 , and I ha years fro B upon ro s and sta	rganization 3453-EO be ave followe om the due equest. If I	's return. fore trans d all othe date of th am also t	I decla smitting r requir ne retur he paid	ements described in FTB Pub.
ERO	's			Date		Check if		Check	ERO's PTIN
	ature					also paid preparer		if self- employe	ed □ P00154869
Must Firm	's name (or yo	ours JAMES C R	EED CPA CFP PO	.					Firm's FEIN 83-0324973
	lf-employed) address	P.O. BOX	13292						
•		JACKSON,							ZIP code 8 3 0 0 2
		r, I declare that I have examined correct, and complete. I make thi						ements	, and to the best of my knowledge
Paid Preparer	Paid preparer's	•			Date		Check if self- employed	- F	Paid preparer's PTIN
Must	signature Firm's name	e (or yours					embiose	<u> </u>	Firm's FEIN
Sign	if self-emple and addres	oyed) -							THIN STEIN
g	ana addice	· ,							ZIP code
									<u> </u>