Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	e 2018 calen	dar year, or ta	x year begin	ning 7/(01	, 20	18, and	endin	g 6/	30	,	2019
В	Check if	applicable:	С								D Employ	er identif	ication number
	Add	ress change	Honor Fli	ight Cen	tral Coa	ast Cal:	ifornia				46-	38729	80
	Nam	ne change	P. O Box								E Telepho		
	\vdash	al return	Paso Robl	Les, CA	93447						/00	E) 00	9-2030
				• •							100	3) 90	19-2030
	\vdash	return/terminated											0.4.6.6.4.0
	H	ended return	.								G Gross r		
	App	lication pending	F Name and add		al officer:				1	• • •	a group retur		
			Same As C							f "No,"	subordinates " attach a list	included: . (see inst	ructions) Yes No
1_	Tax-ex	kempt status:	X 501(c)(3)	501(c) () ▼ (ii	nsert no.)	4947(a)(1)	or !	527			`.	
J	Web	site: 🟲 🛮 ww	w.honorfl	ightccc	.org					H(c) Group	exemption no	umber 🟲	•
K	Form o	of organization:	X Corporation	Trust	Association	Other ►		L Year of	formati	on: 201	3 M s	State of leg	gal domicile: CA
P	art I	Summar	v		<u> </u>								
	1 1 E	Briefly descri	be the organiz	ation's miss	ion or most	significant a	activities: T	o Tra	nsno	ort Am	erica'	s Vet	erans to
-	1 1	Washingt	on, D.C.	to visi	those	memoria	ls ded	i cate	1 to	honoi	thei	Ser	vice and
ည	1 - 2	sacrific		20 1 202	0_011000		<u> </u>	<u> </u>	4 22	1101101			ATCC MING
퍨	-	22222											
ğ	2 0	Check this bo	y ▶ if the	organizatio	n discontinu	ed its oper	etions or d	enosed	of mo	re than 2	5% of its		
Ĝ	3 1		ting members									3	14
બ્ઇ	4 1		dependent voti									4	14
<u>es</u>	5 T	Total number	of individuals	emploved in	n calendar v	ear 2018 (F	art V. line	2a)				5	0
Activities & Governance	6 T	Total number	of volunteers	(estimate if	necessary).							6	25
. ₽	7a T		ed business re									7a	0.
			l business taxa									7b	0.
-	 		· .							Р	rior Year	' 	Current Year
	8	Contributions	and grants (P	art VIII. line	1h)						235,1	44	244,625.
Revenue			rice revenue (F								20071		211/020.
Ş			come (Part VI										
æ			e (Part VIII, co								1 2	206.	338.
			e – add lines 8								236,3		244,963.
-			milar amounts								20075	71.	211/303.
	1		to or for mem			1.0							
	1		er compensation										· · · · · · · · · · · · · · · · · · ·
S	15 5				•				•				<u> </u>
Š	16a F	rofessional	fundraising fee	es (Part IX,	column (A),	line i le)		• • • • • • •	• • • • • •				personal designation of the second se
Expenses	ЬТ	Total fundrais	sing expenses	(Part IX, co	lumn (D), lin	e 25) 🟲			-		医维护		
, W	17 (Other expens	es (Part IX, co	olumn (A), li	nes 11a-11d	, 11f-24e).					210,5	570.	139,789.
	1		es. Add lines 1			•					210,6		139,789.
	1		expenses. Su								25,7		105,174.
8			- CAPONICOSI CO								ng of Currer		End of Year
		Intal assets	(Part X, line 16	5)							93,9		199,092.
Assets	21 7		s (Part X, line	•								0.	0.
# 1	!		•	•						·	~~~		
Z			fund balances	s. Subtract I	ine 21 from	ine 20				<u>. </u>	93,9	118.	199,092.
	art II	Signatur											
Und	er penaltie	es of perjury, I de	eclare that I have ex	camined this ret	urn, including ac	companying so	hedules and s	tatements,	, and to	the best of r	ny knowledge	and belie	ef, it is true, correct, and
	ipiete. Dec	Sianation of prepa	ilei (otilei tilali offic	er) is based on	an information t	willon prepar	er rius arry kirk	wieuge.					
			- 20										
Si	gn	Signatu	re of officer							Da	ate		
He	ere		a John							Trea	surer		
		Type or	print name and titl	е									
		Print/Type p	reparer's name		Preparer's sig	nature		Date			Check	if F	TIN
Pa	id	David	G Tolan,	E.A.	David 0	Tolan	E.A.				self-employ	od F	200008876
	ııu eparei			Tax Se									
lle	eparei se Only	y Firm's addre									Firm's EIN	▶ /⊏	/0/FE10
	,	rirm's addre		State S		1105							4045519
)))			a, CA 93		4 (?				Phone no.	805-	687-7888
Ma	y the IR	KS discuss th	is return with	ne preparer	shown abov	/e? (see in:	structions).						X Yes No

	nor Flight Central		46-3872980	Pag
	nt of Program Service A			
		e or note to any line in this Part III		
The state of the s	ne organization's mission:			
To Transpor	rt America's Vetera	ns to Washington, D.C. to	visit those memorials	
<u>dedicated</u> t	o honor their serv	ice and sacrifices.		
		gram services during the year which were not	·	
			Yes	X N
	these new services on Schedule		<u> </u>	_
3 Did the organizat	ion cease conducting, or mak	e significant changes in how it conducts,	any program services? Yes	X N
	these changes on Schedule O.			
4 Describe the organic Section 501(c)(3)	anization's program service ac and 501(c)(4) organizations	complishments for each of its three large are required to report the amount of grant reported.	st program services, as measured by ex s and allocations to others, the total exp	pense enses
and revenue, it al	ny, for each program service	reported.		
4a (Code:) (Expenses \$ 132	2,723. including grants of \$) (Revenue \$	
		aise and make honor flight		th
		to their war and service m		
		. Methods of transport in	icinde commencial, bilage	- an
cnarter all	rcraft and buses.			
4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
		· :		
4 c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
		·		
				
		· · · · · · · · · · · · · · · · · · ·		
4 d Other program se	ervices (Describe in Schedule	0.)		
(Expenses \$) (Revenue \$	
4e Total program se		132,723.		
BAA		TEEA0102L 08/03/18	Form	990 (2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III Х 5 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, Х 6 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.......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III...... 8 Х 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...... X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V............. Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. X 11 a Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. 11 c X Х 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e 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... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D. Parts XI and XII. . . . 12a 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....... X 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E............ 13 Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... 15 X X 16 17 Х 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 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..... Х

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. X 22 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 Х 23 24a X 24b **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?........ 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Schedule L, Part I..... Х 25b Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV. 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an X officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M...... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M. 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I..... 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х Schedule N, Part II...... 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections X 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I................ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Х and Part V, line 1..... 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 organization? If 'Yes,' complete Schedule R, Part V, line 2..... 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.............. Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O..... Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V...... No Yes 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable...... 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.....

Form 990 (2018) Honor Flight Central Coast California

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employmer			2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in		•			
	Did the organization have unrelated business gross income of \$1,000 or more during the year			3 a	·	X
	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er autho inancia	ority over, a al account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country: ►					- W
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial		•			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta			5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell			5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		•••••	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?			6 a		X
	olf 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or	gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payrices provided to the payor?	artly f	or goods and	7a	Wasani an	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas red	quired to file	7.0		
ď	I If 'Yes,' indicate the number of Forms 8282 filed during the year.			7 c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		it contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber			7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file I as required?	,		7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	orgar	nization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	•	Note 25	n subject of the	917g
	organization have excess business holdings at any time during the year?			8		G16
9	Sponsoring organizations maintaining donor advised funds.					1
	Did the sponsoring organization make any taxable distributions under section 4966?			9 a 9 b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per Section 501(c)(7) organizations. Enter:	SOII!.		90		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
	Section 501(c)(12) organizations. Enter:					1
a	Gross income from members or shareholders	11 a				
ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		n 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers. I is the organization licensed to issue qualified health plans in more than one state?			13 a		4 6
٠	Note. See the instructions for additional information the organization must report on Schedu			134		
ŀ			2.5	114	ŀŀ.	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	i	#4		
	Enter the amount of reserves on hand	13 c				X
	Did the organization receive any payments for indoor tanning services during the tax year? If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in</i>			14a 14b		
				140		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 i excess parachute payment(s) during the year?			15	Sention Size	Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net in	vactm	ent income?	16		X
10	If 'Yes,' complete Form 4720, Schedule O.	งครแบ	ent income:	10		
BAA			 	Form	990 ((2018)

Form 990 (2018) Honor Flight Central Coast California 46-3872980 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Х Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 X Did the organization have members or stockholders?.... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a 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?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body?..... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...... 12c Х 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official...... 15 a b Other officers or key employees of the organization..... 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a Х **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 16b organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Other (explain in Schedule O) Upon request 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Ron Waltman PO Box 1750

Paso Robles CA 93447 (805) 909-2030

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Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)					
(A) Name and Title	(B) Average hours per		dir	ector	/trust		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Loretta Borges	10			-					
Secretary	0	X		X			0.	0.	0.
(2) Jay Conner	2								
Board Member	0	X			ľ		0.	0.	0.
(3) John Gajdos	2								
Media Chair	0	X					0.	0.	0.
_(4) Bear McGill	4								
Chairman	0	X		-			0.	0.	0.
(5) June Kester	0								
Training Cord.	0	X					0.	0.	0.
(6) Bruce McGrath	2								
Board Member	0	X					0.	0.	0.
(7) Rich Powell	2								
Vice Chairperso	0	X					0.	0.	0.
(8) T. Robert Tolan	2								
Board Member	0	X					0.	0.	0.
(9) Janice House	2								
Board Member	. 0	X					0.	0.	0.
(10) Caralee Jenkins	2								
Board Member	0	X					0.	0.	0.
(11) Jill Smethers	2								
Board Member	0	X					0.	0.	0.
(12) John Lesa	2								
Treasurer	0	X					0.	0.	0.
(13) Julie Hastings	2								
Board Member	0	X					0.	0.	0.
(14) Greg Mc Gill	2								
Founder	0	Х					0.	0.	0.
BAA	TEFAO	·	08/03	2/18		· · · · · · · · · · · · · · · · · · ·			Form 990 (2018)

Part VIII Section A. Officers, Directors,	(B)			(C)					
(A) Name and title	Average hours per week	offic	unles er an	ss pei	rson i	than dis both	an i lee)	(D) Reportable compensation from	(E) Reportable compensation from	Estimated amount of other
	(list any hours for related organiza	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	- tions below dotted line)	trustee	al trustee		oyee	Highest compensated employee				
15)										
[16]										
17)										
18)										
19)										
20)										
21)							-	- 19 f		
22)		-								
23)										
24)										
25)		•								
1 b Sub-total	ection A						A A A	0. 0. 0.	0. 0. 0.	0
2 Total number of individuals (including but not lim from the organization ▶ 0							ved			pensation
3 Did the organization list any former officer, d on line 1a? If 'Yes,' complete Schedule J for	lirector, or tru	ustee. u <i>al</i>	, key	em	ploy	/ee,	or h	nighest compensa	ted employee	Yes N
4 For any individual listed on line 1a, is the sur the organization and related organizations gr such individual	n of reportate eater than \$	ole co 150,0	mpe 00?	nsa <i>If 'Y</i>	tion ′es,'	and <i>con</i>	oth <i>ple</i>	er compensation te Schedule J for		4
5 Did any person listed on line 1a receive or action for services rendered to the organization? If									individual	CONTROL OF THE PARTY OF THE PARTY.
Section B. Independent Contractors										
Complete this table for your five highest com- compensation from the organization. Report com-		the c	alen	dar y	year	endi	ng v			
(A) Name and business	address		٠.	-				Description	of services	(C) Compensation
Total number of independent contractors (include \$100,000 of compensation from the organizal states).		nited t	o tha	se li	istec	d abo	ve)	who received more	than 🗼	
BAA	· · · · · · · ·	TEEA	0108L	. 08/0	03/18					Form 990 (201

		Check if Schedule O	contains a resp	oonse or note to ar	ny line in this Part V	'III		
		A PLEASE AND A STATE OF THE STA			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints		Federated campaigns				REPRESENTATION OF THE PROPERTY		
Gra		Membership dues			-444-444-544			
ts,		Fundraising events						
		Related organizations						
ns,		Government grants (contribution					"我们就是我们	
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, g similar amounts not included	h	244,625.				Control of Burling
Ĕ	_	Noncash contributions included	•			多维度 香油 医	网络多大的东西	5.31
<u>8</u>	h	Total. Add lines 1a-1f			244,625.		1/2/12/5/14/5/16/	2 型金
Program Service Revenue			*	Business Code				
. B	2 a			·				
ů.	b							
.ટુ	C							
8	d						.,,	
- E	e	AU 41						
8	ı	All other program service						
<u> </u>	Ť	Total. Add lines 2a-2f			·	gardiner in the Action	20 0 B 14 25 00 10 10 10 10 10 10 10 10 10 10 10 10	LET TELEVISION FOR
	3	Investment income (incother similar amounts).	luding dividend	s, interest and				,
	4	Income from investmen						
	5	Royalties	•	•				
	•		(i) Real	(ii) Personal		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E CHARLES	三型工程 在 2000年7月
	6 a	Gross rents					图 图 电电影图象	
	b	Less: rental expenses			1. 注意情况 多思力		* I 1 1 2 2 3 4	
	C	Rental income or (loss)						
	d	Net rental income or (lo	ss)		•			A MANAGEMENT OF THE PROPERTY O
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		医复数膜 医医脑	图 医主意 医多原	\$2.4.25 (2) (2)
	-	assets other than inventory				F 18 18 18 18 18 18 18 18 18 18 18 18 18		
	b	Less: cost or other basis		•				
		and sales expenses			100多数数数据数	医皮皮皮脂肪等		
		Gain or (loss)			10 page 16 - 16 20 (16)			255525
	d	Net gain or (loss)					•	
TRE	8 a	Gross income from fund (not including \$				Andreas Made 2		
ě		of contributions reporte			计算数据数据	医多类性 医骨柱	14 PA 1 14 PA	BAR BERT
Other Revenu		See Part IV, line 18		***************************************	1. 数据法系统			
필	ı	Less: direct expenses				医复杂性牙疮病	Safett Bas	No. Section 1997
5	C	Net income or (loss) fro	om fundraising	events ▶				
		Gross income from gan See Part IV, line 19						
	b	Less: direct expenses		b				
	C	Net income or (loss) from	om gaming acti	vit <u>ies </u>				
-	10a	Gross sales of inventor and allowances	y, less returns					
		Less: cost of goods sold						
	<u>c</u>	Net income or (loss) fro			338.			338.
	11 -		ue	Business Code	A PARTIE AND A STATE OF		an ellerten	
	11 a b							
	d	All other revenue						
		Total. Add lines 11a-11		<u> </u>				
		Total revenue. See inst			244,963.			220
	-	. C.a. revenue. Occ mst			444,703.	0.	0.	338.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. All o	ther organizations must d	complete column (A).	
	Check if Schedule O contains a	response or note to ar	y line in this Part IX		X
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				The second secon
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				And the State of t
4 .5	Benefits paid to or for members				All the second s
. 6	trustees, and key employees	0.	0.	0.	0
	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		1,		
i	a Management				
	b Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.)				
12	Advertising and promotion	2,039.		2,039.	
13	Office expenses				
. 14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	300.		300.	
24	Other expenses, Itemize expenses not		Section 1		Estate La La Harris - S
	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				The Control of the Co
	Airfare Expense	84,854.	84,854.		
	Lodging Costs	17,067.	17,067.		
	Other_Travel_Costs	8,938.			
	Bus Transportation	8,938. 8,305.	8,938.		
	All other expensesSee.SchO	18,286.	8,305.	4 707	
25	. F		13,559.	4,727.	
		139,789.	132,723.	7,066.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following				
DAA	SOP 98-2 (ASC 958-720)				

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Form 990 (2018)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) Beginning of year (B) End of year Cash – non-interest-bearing 93,367 1 198,542. 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 Notes and loans receivable, net 7 8 Inventories for sale or use..... 8 551 550 9 Prepaid expenses and deferred charges..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D...... 10a **b** Less: accumulated depreciation..... 10 c Investments – publicly traded securities..... 11 11 12 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 15 16 Total assets. Add lines 1 through 15 (must equal line 34).... 16 93,918 199,092 17 Accounts payable and accrued expenses..... 17 18 Grants payable 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 23 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25..... 26 0 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets..... Balan 93,918. 27 199,092. 28 Temporarily restricted net assets 28 Permanently restricted net assets..... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 Set 33 Total net assets or fund balances..... 33 93,918 199,092 34 Total liabilities and net assets/fund balances 93,918 34 199,092

TEEA0111L 08/03/18

Form 990 (2018) Honor Flight Central Coast California	46-3872	980	Page 1
Part XI Reconciliation of Net Assets			_
Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		
1 Total revenue (must equal Part VIII, column (A), line 12)	1		244,963
2 Total expenses (must equal Part IX, column (A), line 25)	2	1	139,789
3 Revenue less expenses. Subtract line 2 from line 1	3	1	105,174
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		93,918
5 Net unrealized gains (losses) on investments	5		
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 in Schedule O)	9		0 .
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
column (B))	10	1	<u>199,092</u>
Part 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		1.3	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule 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 resperate basis, consolidated basis, or both:	eviewed on a	1	B 8. P.
Separate basis Consolidated basis Both consolidated and separate basis		as in all live	
b Were the organization's financial statements audited by an independent accountant?		2b	$ _{\mathbf{X}}$
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s			
basis, consolidated basis, or both:	,-,-,-		[李麗 # 3
Separate basis Consolidated basis Both consolidated and separate basis			医杂音 工 员
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	
If the organization changed either its oversight process or selection process during the tax year, explair in Schedule O.			· 表 # 卷
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	За	X

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits......

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3 b

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

			Flight Central Coa					46-3872980	
. 20000	eeb weems		Reason for Public Cha		<u> </u>			• • • • • • • • • • • • • • • • • • • •	ions.
T	he c	rga	anization is not a private found	dation because it is: (F	For lines 1 through 12, o	check o	nly one	box.)	
	1		A church, convention of church	es, or association of ch	urches described in sect i	ion 1 70 (l	b)(1)(A)(i).	
	2		A school described in section 1	l 70(b)(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ)	.)		
	3		A hospital or a cooperative h					• • •	
	4		A medical research organiza	tion operated in conju	inction with a hospital d	lescribe	d in sec	t ion 170(b)(1)(A)(iii). Er	nter the hospital's
			name, city, and state:						
	5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collect emplete Part II.)	ge or university owned	or opera	ated by	a governmental unit de	scribed in
	6		A federal, state, or local gov	ernment or governme	ntal unit described in s e	ection 1	70(b)(1)	(A)(v).	
	7	X	An organization that normally rin section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II.)	art of its support from a g	governme	ental uni	t or from the general pub	lic described
	8	Ŀ	A community trust described	in section 170(b)(1)(/	A)(vi). (Complete Part II	l.)			
	9		An agricultural research organi						
			or university or a non-land-grai	nt college of agriculture	(see instructions). Enter	the nam	ie, city, a	and state of the college o	
			university:						
	10	L	An organization that normally r	receives: (1) more than	33-1/3% of its support fro	om contr	ibutions,	membership fees, and g	ross receipts
			from activities related to its convestment income and unreughe June 30, 1975. See section	lated business taxable	e income (less section 5	511 tax)	from bu	usinesses acquired by t	he organization after
	11		An organization organized a	nd operated exclusive	ly to test for public safe	ty. See	section	509(a)(4).	
	12		An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describe	d in section 509(a)(1) ດ	r sectio	n 509(a)	(2), See section 509(a)	t the purposes of one (3). Check the box in
	а		Type I. A supporting organizati organization(s) the power to re	on operated, supervised gularly appoint or elect	d, or controlled by its sup a majority of the director	ported o s or trus	rganizati tees of t	on(s), typically by giving he supporting organization	the supported n. You must
	b	. [complete Part IV, Sections A	And the second s	ontrolled in connection	with ita	aunnart	ad arganization(s) by b	aving control or
	J	_	Type II. A supporting organized management of the supporting must complete Part IV, Sect	organization vested in	the same persons that co	ontrol or	manage	the supported organization	on(s). You
	С	L	Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must comp	ion operated in connection olete Part IV, Sections A	n with, ar A, D, an e	nd function d E.	onally integrated with, its s	upported
	d	L	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting orgonomically generally	anization operated in con must satisfy a distribut	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
	e		Check this box if the organiz						
		_	⁻ integrated, or Type III non-fu	inctionally integrated :	supporting organization			•	· · · · · · · · · · · · · · · · · · ·
			nter the number of supported						
_			rovide the following information	T				(v) Amount of monetary	(vi) Amount of other
		(I) IN	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizal	s the ion listed	support (see instructions)	support (see instructions)
				·	above (see instructions))	docur	overning nent?		
				1.0		Yes	No	·	
_									
(A)								
	<u>*</u>								
(B)								
(C)								
: -	D)								
· .	<i>-,</i>								
(E)								
1	ota	<u> </u>				排稿 排			

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.)

Calendar year (or fiscal year	(2) 2014	(b) 2015	(6) 2016	(4) 2017	(a) 2019	/A Tal-
beginning in) 🟲	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	158,327.	147,634.	164,239.	230,888.	244,625.	945,
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge	`					
4 Total. Add lines 1 through 3	158,327.	147,634.	164,239.	230,888.	244,625.	945,
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						945,
Section B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Tota
7 Amounts from line 4	158,327.	147,634.	164,239.	230,888.	244,625.	945,
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			The public state of the state o			945,
12 Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13 First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth to	ax year as a section	n 501(c)(3)	
Section C. Computation of Pu	blic Support P	ercentage				
14 Public support percentage for 20						100.0
15 Public support percentage from						100.0
16a 33-1/3% support test—2018. If t and stop here. The organization	qualifies as a pul	blicly supported or	ganization			• • • • • • • • • • •
b 33-1/3% support test—2017. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	, and line 15 is 33	3-1/3% or more, cl	neck this bo
17a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her a publicly supporte	e. Explain in Part ed organization	VI how the
18 Private foundation. If the organi	zation did not che	eck a box on line 1	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions

46-3872980

| 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.)

Calend	lar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is						
	related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513.			-			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						.,
	The value of services or facilities furnished by a governmental unit to the organization without charge	·					
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						-
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)					Company of the second of the s	
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is						
	regularly carried on					.1	
12	regularly carried on						
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	is for the organiza	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
13 14	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)
13 14 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here olic Support P	ercentage)
13 14 Sec 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here olic Support P 18 (line 8, colum	Percentage n (f), divided by li	ne 13, column (f)))
13 14 Sec 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here blic Support P 18 (line 8, colum 2017 Schedule A,	Percentage n (f), divided by li Part III, line 15.	ne 13, column (f))	15 16)
13 14 Sec 15 16	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here blic Support P 18 (line 8, colum 2017 Schedule A, estment Incor	Percentage n (f), divided by li Part III, line 15. ne Percentage	ine 13, column (f))	15 16)
13 14 Sec 15 16 Sec 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	stop here	Percentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid le A, Part III, line	e ed by line 13, co))	15 16 17 18	
13 14 Sec 15 16 Sec 17 18 19a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	blic Support P 18 (line 8, column 2017 Schedule A, estment Incor or 2018 (line 10c, rom 2017 Schedu the organization of this box and sto	Percentage n (f), divided by li Part III, line 15. ne Percentage column (f), divid le A, Part III, line lid not check the phere. The organ	e ed by line 13, co 17box on line 14, anization qualifies	lumn (f))	15 16 17 18 e than 33-1/3%, and ported organization	d line 17
13 14 Sec 15 16 Sec 17 18 19a b	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	blic Support P 18 (line 8, column 2017 Schedule A, estment Incor or 2018 (line 10c, rom 2017 Schedu the organization of this box and sto he organization of the organization of	Percentage In (f), divided by lite Part III, line 15. In Percentage column (f), divided le A, Part III, line lided not check the phere. The organist of the phere. The lided not check a beand stop here. The lided not check and stop here.	e ed by line 13, co 17	lumn (f)) and line 15 is more as a publicly suppline 19a, and line ualifies as a publi	15 16 17 18 e than 33-1/3%, and ported organization 16 is more than 33-cly supported organ	d line 17

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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10b

FIX.	Supporting Organizations (continued)			
- 11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
٠.	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
4	Did the division twisters as a second with a first and a second size of the second size o		Yes	No
1	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in		14	
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove	ele es		
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any	100		
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such		150 P	
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the	2	diale	
Sa	supporting organization. ction C. Type II Supporting Organizations			
<u> </u>	ction 6. Type if Supporting Organizations		Yes	No
1	Ware a majority of the expenientiants divestors by the state of the first of the state of the st	.	163	140
1	of each of the organization's supported organization(s)? If 'No, ' describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	L	
Se	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			雅堂.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If 'No.' explain in Part VI how		11	44
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3				
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			il.
	in this regard.	3		
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	
_			·	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		erice on	
	supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was	4		1
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		3.3
		¥. 2		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for	7 7		
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	- 22 sin	
	organization 5 involvement.	21)	41.7	4.5
3	Parent of Supported Organizations. Answer (a) and (b) below.	7-60		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		15.0
		3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
	,		<u> </u>	L

1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu:	ov. 20, 1970 (explain in st complete Sections A	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7	•	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	, **	
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	No. of the		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	THE REAL PROPERTY.		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6	,	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	不然爱想到 了我看	
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrate	d Type III supporting or	ganization

Part V. Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizati	ons (continued)	·
Section D - Distributions		:	Current Year
1 Amounts paid to supported organizations to accomplish exempt put	rposes		
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organizations,		
3 Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	on is responsive (provide d	etails	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6		生物推炼作物。	
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018		12. 计数据指数	and the second s
a From 2013			
b From 2014	de la companya de la		
c From 2015			
d From 2016	Art Art Control		
e From 2017		海岸沙海 海	
f Total of lines 3a through e			用物。 是是五型的
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			1883 (1980) 1884 (1980) 1884 (1980)
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			Particular Security S
8 Breakdown of line 7:			A SECTION AND A SECTION ASSESSMENT OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADD
a Excess from 2014			a says to the special and applying the said
b Excess from 2015			
c Excess from 2016	the party strength of the property of the strength of the stre		Property Commencer
d Excess from 2017			
e Excess from 2018		Particular Theorem 1	The second secon
BAA		Schedule A (Fo	rm 990 or 990-EZ) 201

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-E2.

► 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

Employer identification number

46-3872980

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Honor Flight Central Coast California

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B)	(C)	(D)
		Total	Program <u>Services</u>	Management & General	Fundraising
Bank Fees Credit Card Processing Fee: Flight Insurance	5	1,242.		1,242.	
Gifts to Vetrans Meals		1,108. 8,141.	1,108. 8,141.		
Postage and Shipping Printing and Publications		903. 97.	903. 97.	00	
State Fees and Taxes Supplies Expense Tour Costs		82. 4,043. 495.	640. 495.	82. 3,403.	
Training	Total	2,175.	2,175. \$ 13,559.	<u>\$ 4,727.</u>	\$ 0.

018	Federal Supporting Detail	Page
	Honor Flight Central Coast California	46-387298
Inventory Sales Purchases		
	\$ Total <u>\$</u>	1,553. 125. 1,678.
Stmt. of Functional Expense Advertising and promotion	es (990)	: :
MarketingAdvertising	\$	1,178. 332. 529.
MarketingAdvertising		332. 529.
MarketingAdvertising	\$	332.

California Exempt Organization Annual Information Return

FORM

199

	ear 2018 or fiscal year beginning (mm/dd/yyyy) 7/01/2018 , and endin	g (mm/dd/yyyy) 6/30/20	
•			California corporation number
	FLIGHT CENTRAL COAST CALIFORNIA mation. See instructions.		3608484 FEIN
, additional fine	mattern 500 institutions.		46-3872980
	(suite or room)		PMB no.
P. O B	OX 1750	State	7:
PASO R	DBLES	CA	Zip code 93447
Foreign countr		Foreign province/state/county	Foreign postal code
	organization (der R&TC Section 23701d, has the engaged in political activities?	
	Return Yes ▲ NO See instruction	ons	● Yes X No
	on 4947(a)(1) trust		terms to terms
- D Final Into	rmation Return? ssolved Surrendered (Withdrawn) Merged/Reorganized K Is the organized	zation exempt under R&TC Section 23	8701g? ● Yes X No
LI	If 'Yes' enter	the gross receipts from	t
E Check ac	counting method:	n is a public charity exempt under	7
	ash 2 Accrual 3 Other R&TC Section	n 23701d and meets the filing fee	
		eck box. No filing fee is required	<u></u>
40t	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	zation a Limited Liability Company?	Level Level
:	taxable incom	nization file Form 100 or Form 109 to	report Yes X No
H Is this or	ganization in a group exemption	zation under audit by the IRS or has t	he IRS
If 'Yes,'		prior year?	. = =
Did tho o	manifestion for a consideration to the manifest of the control of	m 1023/1024 pending?	Yes No
not repor	ganization have any changes to its guidelines ed to the FTB? See instructions	h IRS	
Part I	Complete Part I unless not required to file this form. See General Informati	ion B and C.	
	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		1 2,017.
December	2 Gross dues and assessments from members and affiliates	· -	2
Receipts and	3 Gross contributions, gifts, grants, and similar amounts received	G COLUMN	244,625.
Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line		
*	This line must be completed. If the result is less than \$50,000, see Ge 5 Cost of goods sold	WIND CONTROL OF THE PROPERTY O	4 246,642.
	6 Cost or other basis, and sales expenses of assets sold 6		
	7 Total costs. Add line 5 and line 6		1,679.
	8 Total gross income. Subtract line 7 from line 4		244,963.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18		139,789.
Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 f	from line 8 • 10	105,174.
er 	11 Total payments		1
	12 Use tax. See General Information K		
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from		
Filing	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from li	—	
Fee	15 Filing fee \$10 or \$25. See General Information F		10.
	16 Penalties and Interest. See General Information J	·	
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedu correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whi		
Here	Signature of officer Title TREASURER	Date	Telephone
-	Date	Check if	(805) 909-2030 ● PTIN
Paid	Preparer's DAVID G TOLAN, E.A.	self- employed	P00008876
Preparer's Use Only	Firm's name TOLAN TAX SERVICES		Firm's FEIN
· · · · · · · · · · · · · · · · · · ·	(or yours, if self-employed) 3459 STATE STREET and address SANTA BARBARA CA 93105		45-4045519
	SANTA BARBARA, CA 93105		• Telephone 805-687-7888
	May the FTB discuss this return with the preparer shown above? See instru	ictions	
	, and an external trial trial property shown above: See Institu	iouo:13.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• X Yes No

HONOR FLIGHT CENTRAL COAST CALIFORNIA

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.

		ı vga	raices of anioant of gross receipts	- complete rait ii oi luilii	วเเ วนมวเ	itute imprimation	• "		
		1	Gross sales or receipts from all	business activities. See	instruct	ions		1	2,017.
		2	Interest						
	•	_	3 Dividends						
Rece		1	4 Gross rents						
from Othe									
	purces								
		6							
	,	7	Other income. Attach schedule	• • • • • • • • • • • • • • • • • • • •				7	
	-	8	Total gross sales or receipts from other	sources. Add line 1 through lir	ne 7. Enter	here and on Side 1	, Part I, line 1	. 8	2,017.
		9	Contributions, gifts, grants, and similar	amounts paid. Attach schedule				9	
		10	Disbursements to or for member	rs			<u></u> <u></u> •	10	
		11	Compensation of officers, direct	tors, and trustees. Attac	h sched	սle	EE STMT 1	11	0.
		12	Other salaries and wages					12	
and	enses	13	Interest					13	
Disb	urse-	14	Taxes					14	
men	ts	15	Rents					15	
		16	Depreciation and depletion (See						
		17	Other Expenses and Disbursem	ents Attach schedule		SEE ST	ATEMENT 2	17	120 700
		18	Total expenses and disbursements. Add						139,789.
Sch	edule		Balance Sheet	Beginning of					139,789.
Asse		<u> </u>	Dalance Sheet	(a)	laxable	-		d of taxa	
A550						(b)	(c)		(d) 198,542.
2			receivable	A STATE OF THE PROPERTY OF THE PARTY OF THE		93,367.	ACT CONTRACTOR		190,542.
3			eivable						
4						551.			550.
5			tate government obligations						330.
6			n other bonds	多非国民主义和张					
7			n stock				MICHAEL STATE		
8			18						
9			ents. Attach schedule		•••				
-			ssets						
			ated depreciation						
			aleu uepreciation						
11							10 15 15 18 se		
12			Attach schedule				2000 in contra		
13				F. M. B. S. S. W. W. A.		93,918.			199,092.
			et worth						THE CASE STREET, INC.
			able	The Sales of the S				•	
15			gifts, or grants payable				表表表 掛 经基		
			tes payable					•	
17	Mortgag			18 SAME AND SECTION OF THE SECTION O				•	
18			s. Attach schedule		:			7.5	
19			or principal fund			93,918.	13. 基本	•	199,092.
20			ital surplus. Attach reconciliation					•	
21			ings or income fund		<u> </u>			•	
<u>22</u>			es and net worth			93,918.	医水黄属 医斯		199,092.
Scn	edule	IVI-	Reconciliation of income per Do not complete this schedule i	r books with income per	r return	2 column (d) in	less then \$50,000		
	Not inco	mo ==							a, and a second of the second
1 2			er books	105,174		income recorded on in this return. Attacl	books this year not inc	iuded	eta in a la company de la comp
3			ital losses over capital gains			Deductions in this r			
4			corded on books this year.	Total Control of the		against book income		2	
7	Attach s						,		
5			rded on books this year not deducted				d line 8		
_			Attach schedule		2000	Vet income per			and the first of t
6			1 through line 5	105,174		•	from line 6		105,174.
					. 				200/2/31

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California Statements

Page 1

Honor Flight Central Coast California

46-3872980

Statement 1 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

Current Officers: Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen-		Expense Account/ Other
Loretta Borges 6550 Cow Camp Loop Paso Robles, CA 93446-8771	Secretary 10.00	\$ 0.	\$ 0.	\$ 0.
Jay Conner 519 Mayten St Santa Maria, CA 93458-9017	Board Member 2.00	0.	0.	0.
John Gajdos 2990 Juniper Ave. Morro Bay, CA 93442-1449	Media Chair 2.00	0.	0.	0.
Bear McGill 1385 New Wine Pl POB 822 Templeton, CA 93465-4007	Chairman 4.00	0.	0.	0.
June Kester 68102 Slack Canyon Rd Parkfield, CA 93451	Training Cord.	0.	0.	0.
Bruce McGrath 4199 Highway 41 Templeton, CA 93456-8534	Board Member 2.00	0.	0.	0.
Rich Powell 466 Woodbridge St San Luis Obispo, CA 93401-5115	Vice Chairperso 2.00	0.	0.	0.
T. Robert Tolan 856 Creekside Dr Arroyo Grande, CA 93420-4209	Board Member 2.00	0.	0.	0.
Janice House 130 Orcas St Morro Bay, CA 93442	Board Member 2.00	0.	0.	0.
Caralee Jenkins 1803 Bella Vista Ct. Paso Robles, CA 93446	Board Member 2.00	0.	0.	0.
Jill Smethers 1761 Union Rd Paso Robles, CA 93246	Board Member 2.00	0.	0.	0.
John Lesa 1008 Par Ave BOB 878 Paso Robles, CA 93447	Treasurer 2.00	0.	0.	0.

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70	×
	•

California Statements

Page 2

Honor Flight Central Coast California

46-3872980

Statement 1 (continued)	
Form 199, Part II, Line 11	•
Compensation of Officers,	Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devote	Tot Comp d sat	en-	Contri- bution to EBP & DC		Expense Account/ Other	
Julie Hastings 5049 Davenport Creek San Luis Obispo, CA 93401	Board Member 2.00	\$	0.	\$	0.	\$	0.
Greg Mc Gill P.O. Box 822 Templeton, CA 93465	Founder 2.00		0.		0.		0.
	Tota	al <u>\$</u>	0.	\$	0.	\$	0.

Statement 2 Form 199, Part II, Line 17 Other Expenses

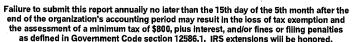
Advertising and Promotion	\$ 2,039.
Airfare Expense	84,854.
Bank Fees	1,242.
Bus Transportation	8,305.
Gifts to Vetrans	1,108.
Insurance	300.
Lodging Costs	17,067.
Meals	8,141.
Other Travel Costs	8,938.
Postage and Shipping	903.
Printing and Publications	97.
State Fees and Taxes	82.
Supplies Expense	4.043.
Tour Costs.	495.
Training	2,175.
Total	\$ 139,789.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311, and 312





_				3 extensions will be						
:			Check if:							
;	State Charity Registration Number 3608	484		Change of address						
HONOR FLIGHT CENTRAL COAST CALIFORNIA Name of Organization					Amended report					
	P. O BOX 1750		· .	Corporate or C	Organization No. 3608484					
	ddress (Number and Street)			Corporate or C	71 garrization 110. <u>3008484</u>					
	PASO ROBLES, CA 93447 ity or Town, State and ZIP Code	•••		Federal Employ	rer I.D. No. <u>46-3872980</u>					
F		ON R	ENEWAL FEE SCHEDULE (11 Cal.	Code Regs. sec	tions 301-307, 311, and 312)					
L	Make CI	heck	Payable to Attorney General's F	Registry of Cha	ritable Trusts					
9	aross Annual Revenue Fe	e !	Gross Annual Revenue	Fee	Gross Annual Revenue	5	Fee			
	ess than \$25,000 Between \$25,000 and \$100,000 \$2		Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	on \$	3150 3225 3300			
Ī	PART A - ACTIVITIES	· · · · · · · · · · · · · · · · · · ·								
-	For your most recent full accounting	perio	od (beginning 7/01/18	ending	6/30/19) list:					
	Gross annual revenue \$		244, 963. Total assets		199,092.					
l	PART B - STATEMENTS REGARD	DING	ORGANIZATION DURING	THE PERIO	DD OF THIS REPORT	-				
-				<u> </u>	providing an explanation and details	fore	ach			
	"yes" response. Please review RR	RF-1 i	nstructions for information requ	uired.	providing an explanation and details		4011			
	1 During this reporting period, were ther organization and any officer, director or to	re any	y contracts, loans, leases or othe	er financial tran	sactions between the	Yes	No			
	organization and any officer, director or to director or trustee had any financial in	rustee iteresi	e thereof either directly or with an e t?	entity in which ar	ny such officer,		X			
	2 During this reporting period, were there a property or funds?	ny the	eft, embezzlement, diversion or mis	suse of the orga	nization's charitable		X			
	3 During this reporting period, did non-p	progra	am expenditures exceed 50% of	gross revenue?			X			
	During this reporting period, were any org Form 4720 with the Internal Revenue S	ganiza Servid	ation funds used to pay any penalty ce, attach a copy.	, fine or judgme	nt? If you filed a		X			
	5 During this reporting period, were the purposes used? If "yes," provide an at service provider.	servic ttachn	ces of a commercial fundraiser of ment listing the name, address, a	or fundraising c and telephone	ounsel for charitable number of the		X			
	6 During this reporting period, did the organ the name of the agency, mailing addre	nizatio ess, c	on receive any governmental fundir	ng? If so, provide	e an attachment listing		X			
	7 During this reporting period, did the organ indicating the number of raffles and th	nizatio	on hold a raffle for charitable purpo		ovide an attachment		X			
	8 Does the organization conduct a vehicle of the program is operated by the charity charitable purposes.			ittachment indica s with a commo	ating whether ercial fundraiser for		X			
	9 Did your organization have prepared a principles for this reporting period?	an auc	dited financial statement in acco	rdance with ge	nerally accepted accounting		X			
	rganization's area code and telephone nui	mber	(805) 909-2030							
	rganization's e-mail address <u>HONORFL</u>	JIGH	TCCC@GMAIL.COM							
i	declare under penalty of perjury that I haven nd belief, the content is true, correct and	ve exa	amined this report, including ac plete.	companying d	ocuments, and to the best of my kno	wled	ge			
		ESA	JOHN	TREASURER						
\$	gnature of authorized officer Pr	rinted N	lame -	Title	Date					

Form **990**

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 2	018 calend	dar year, or tax	year begir	ning 7/(01	, 20	18, and endi	ng 6/	/30		2019
В	Check if ap	olicable:	С									fication number
	Addres	dress change Honor Flight Central Coast California 46-3872980								980		
	Name	change	P. O Box	1750						E Teleph		
	Initial	Paso Robles, CA 93447								1		09-2030
		Final return/terminated							79-2030			
	\vdash	ed return										2 246 640
		ation pending	F Name and addre	ess of princips	officer:				H(a) Is this	G Gross a group retu		
		attori periality	Same As C	•	il Ollicer.				1			
ī	Tay_even	npt status:	X 501(c)(3)	501(c) (\◀ (ir	nort no \	4047(0)(1) or E07	if "No	ll subordinate ," attach a lis	t. (see ins	tructions)
<u> </u>	Websit		w.honorfli			nsert no.)	4947(a)(1) or 527	-			
<u>K</u>	· · · · · · · · · · · · · · · · · · ·	rganization:	X Corporation					•		exemption n		
		Summar		Trust	Association	Other ►		L Year of forma	tion: 201	.3 M	State of le	gal domicile: CA
II C				tion's miss	ion or most	ai amifi aant a	alli illia a i ff	1 - m				
	1 10/-	chinat	be the organization		the se	significant a	cuvines: I	o Transp	ort An	<u>ierica</u>	s_vet	<u>erans to</u>
Activities & Governance	88	crific	on, D.C. t	O ATST	c cirose	memor ra-	rs_aea	TCALEG TO	o rono	r_tnei	<u>r ser</u>	Vice and
<u> </u>	===											·
Š	2 Ch	eck this bo	if the o	organizatio	n discontinue	ed its operat	ions or d	isposed of m	ore than	25% of its	net acc	
ුලි	3 Nu	mber of vo	iting members o	of the gove	rning body (F	Part VI, line	1a)				3	14
•ဝ ဟ	4 Nu	mber of ind	dependent votin	g member	s of the gove	erning body	(Part VI,	line 1b)			4	14
ii.	5 Tot	al number	of individuals e	mployed in	n calendar ve	ear 2018 (Pa	rt V. line	2a)			5	0
≩	6 Tot	al number	of volunteers (estimate if	necessary)						6	25
₹		al unrelate	ed business reve	enue from	Part VIII, col	umn (C), lin	e 12	• • • • • • • • • • • • • •			7a	0.
	b Net	unrelated	business taxab	le income	from Form 9	90-1, line 38	₫				7b	0.
	8 Coi	atributions	and granta (Da		165					Prior Year		Current Year
숄	9 Pro	uram con	and grants (Pa	rt VIII, line	· In)		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	•	235,	L44.	244,625.
Revenue	10 Inv	octment in	ice revenue (Pa come (Part VIII	oolumn (3∠9) ∧\ lince 2 4	ond 7d)	·····					
æ	11 Oth	er revenue	e (Part VIII, colu	, coluilli (/ ımn (A) lir	-y, iiiles 3, 4 1es 5 6d 8c	, and 7u) Oc 10c ar	 nd 11e)		٠	1 /	206	220
	12 Tot	al revenue	- add lines 8 t	hrough 11	(must equal	Part VIII o	nu 116) nlumn (A)	line 12)	·	236,3	206.	338. 244,963.
	13 Gra	nts and si	milar amounts p	paid (Part I	X. column (A	4) lines 1-3)	, 11110 127	-	230,	71.	244, 303.
	14 Bei	nefits paid	to or for member	ers (Part I)	X. column (A	() line 4)	,		·		'+- -	
			r compensation									
Ses			fundraising fees							<u> </u>		
Expenses	1							• • • • • • • • • • • • • • • • • • • •			es de s	
쩞			ing expenses (F							りち 開査	推 集 计	
			es (Part IX, colu							210,5		139,789.
			es. Add lines 13							210,6		139,789.
		enue less	expenses. Sub	tract line 1	8 from line 1	2				25,7		105,174.
9 0	1									ng of Curre		End of Year
Assets Balanc			(Part X, line 16)							93,9		199,092.
a A E			s (Part X, line 2	•					<u> </u>		0.	0.
žZ			fund balances.	Subtract li	ne 21 from l	ine 20			.	93,9	18.	199,092.
Pa	irt II	Signatur	e Block									
Unde	er penalties o	of perjury, I de	clare that I have exa	mined this retu	urn, including acc	companying sch	edules and s	statements, and to	the best of	my knowledg	e and belie	ef, It is true, correct, and
		I.	Tot (other trial) officer	7 10 00000 011	- Information o	Willest properci	nas any kin					
C:		Signatur	re of officer	· · · · · · · · · · · · · · · · · · ·						ate		
Sig He		l. *										
пе	16		print name and title						Trea	surer		
			reparer's name		Preparer's sign	nature		Date		Ta T	T., IF	PTIN
-			<u>.</u>	7 %	1			Date		Check	J"	
Paid David G Tolan, E.A. David G Tolan, E.A. self-employed						ed L	200008876					
Preparer Use Only Firm's name Tolan Tax Services Firm's address Tolan Tax Services Firm's FIN ► 45-404							40.4554.6					
US	Ulliy	Firm's addre		tate St								4045519
	. 46 - 100	-15			a, CA 93					Phone no.	805-	687-7888
			is return with th									X Yes No
BA	A For Pa	perwork R	eduction Act No	otice, see t	he separate	instructions	š.	TEI	EA0101L 08	/20/18		Form 990 (2018)

TEEA0101L 08/20/18

	<u> Honor Flight Central Coast Califor</u>		46-3872980 F	age 2
	nent of Program Service Accomplishments			
	f Schedule O contains a response or note to any line i	in this Part III		
-	e the organization's mission:			
	<u>port America's Veterans to Washing</u> t		those memorials	
<u>dedicate</u>	<u>l_to_honor_their_service_and_sacri</u>	<u>fices</u>		
2 Did the evenin	otion undostato onu cignificant nuovon annica during the		U	
	ation undertake any significant program services during the 90-EZ?		, L	N.
	be these new services on Schedule O.		Yes X	No
•	zation cease conducting, or make significant changes	in how it conducts cany progre	om somioos?	Ma
	be these changes on Schedule O.	in now it conducts, any progra	am services? Yes X	No
4 Describe the o	organization's program service accomplishments for ea	ch of its three largest program	n services, as measured by exper	ses.
and revenue,	(3) and 501(c)(4) organizations are required to report if any, for each program service reported.	the amount of grants and allo	cations to others, the total expens	ses,
4a (Code:) (Expenses \$ 132,723. including gra) (Revenue \$)
	e, coordinate, fund-raise and make			
	. America's veterans to their war a			
	charge on these trips. Methods of	<u>transport include</u>	commercial, private a	nd_
<u>charter</u> a	aircraft and buses.			
				. — — .
	. – – – – – – – – – – – – – – – – – – –			. – – -
				-
4 b (Code:) (Expenses \$ including gra	ants of \$) (Revenue \$	١
		- T		′
	· = = =			
				
	· — — — — — — — — — — — — — — — — — — —			
4 c (Code:) (Expenses \$ including gr	ants of \$) (Revenue \$)
·				
	<u> </u>			
4 d Other program	n services (Describe in Schedule O.)			
4 d Other program	n services (Describe in Schedule O.) \$ including grants of \$) (Revenu	ue \$)	

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I...... Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х 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, 6 Х 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...... Х 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х 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 Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V................. Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule X D, Part VI...... 11 a Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII................... Х 11 c 11 d Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. 11 e 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... Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. 12a Х **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... Х 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV...... Х 15 Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)...... 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II..... 18 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..... Х 19 Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... X

-				Yes	No
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
	23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		X
	24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a	·	х
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u> </u>
	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
		Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1
	а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
		An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
٠	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		X
	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
	35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	· k	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
	Pai	Statements Regarding Other IRS Filings and Tax Compliance			
		Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
		b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		13	
	,	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		4.1
	ВАА	(gambling) winnings to prize winners?	Forn		(2018)

Form 990 (2018) Honor Flight Central Coast California

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
ı	If at least one is reported on line 2a, did the organization file all required federal employment to		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instru	l 			5 5
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?.	*. psu	За		X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other final	uthority over, a ncial account)?	4 a		Х
١	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 Acc	` '	ii e		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	L	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5 b		X
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	did the organization	6 a		Х_
١	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	s or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	₩ ₩	in the	Ų	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor?	ly for goods and	7 a		X
. 1	of Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	I		· ·	
	Form 8282?		7с		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year				
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	<u>i</u> —	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	·	7 f		X
٠.	g If the organization received a contribution of qualified intellectual property, did the organization file Forr as required?		7 g		
١	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	ganization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by organization have excess business holdings at any time during the year?	·	8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the sponsoring organization make any taxable distributions under section 4966?	,	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related persor	 -	9 b		
10	Section 501(c)(7) organizations. Enter:				1.3
	a 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 10	0 b	8.8	S.	
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders	l a		7. 6	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
		plp		en e	1 1
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12		12a		1
	Section 501(c)(29) qualified nonprofit health insurance issuers.	20			
	a Is the organization licensed to issue qualified health plans in more than one state?		13a	il Di	
	Note. See the instructions for additional information the organization must report on Schedule (İz	134		
	·				
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	3 b 3 c			
	a Did the organization receive any payments for indoor tanning services during the tax year?	• •	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Scl</i>	· •	14b		
		· · · · · · · · · · · · · · · · · · ·	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in reexcess parachute payment(s) during the year?		15	ha Ph	X
	If 'Yes,' see instructions and file Form 4720, Schedule N.		10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investif 'Yes,' complete Form 4720, Schedule O.		16	ample.	
BA/	TEEA0105L 12/31/18		Form	990	(2018)

Form 990 (2018) Honor Flight Central Coast California 46-3872980 Page 6 Part VI. Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 14 **b** Enter the number of voting members included in line 1a, above, who are independent 14 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?..... 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a Х **b** Each committee with authority to act on behalf of the governing body?..... 8 b X 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 in Schedule O..... X Section 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?..... Х 10 a 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?..... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... \overline{X} 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done..... 12c 13 Did the organization have a written whistleblower policy?..... 13 Х Did the organization have a written document retention and destruction policy?..... X 14 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? a The organization's CEO, Executive Director, or top management official..... 15a X b Other officers or key employees of the organization. X 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Х 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018)	Honor	Flight	Central	Coast	Californi	а

46-3872980

Page 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C))					
(A) Name and Title	(B) Average hours per	is			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation			
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Loretta Borges	_10									
Secretary	0	X		X	L			0.	0.	0.
(2) Jay Conner	2				·					
Board Member	. 0	X						0.	0.	0.
(3) John Gajdos	2] .								
Media Chair	0	X			-			0.	0.	0.
(4) Bear McGill	4	<u> </u>								
Chairman	0	X						0.	0.	0.
(5) June_Kester	0]							* * * * * * * * * * * * * * * * * * * *	
Training Cord.	0	X						0.	0.	0.
(6) Bruce McGrath	2]								
Board Member	0	X			ļ			0.	0.	0.
(7) Rich Powell	2									*
Vice Chairperso	0	X						0.	0.	0.
(8) T. Robert Tolan	2									· ·
Board Member	0	X						0.	0.	0.
(9) Janice House	2									
Board Member	0	X						0.	0.	0.
(10) Caralee Jenkins	2]								
Board Member	0	X						0.	0.	0.
(11) Jill Smethers	2									
Board Member	0	X						0.	0.	0.
(12) John Lesa	2]								
Treasurer	0	X	Ш					0.	0.	0.
(13) Julie Hastings	2									
Board Member	0	X						0.	0.	0.
(14) Greg Mc Gill	2						j			
Founder	0	X						0.	0.	0.
DAA			~~ ~~							Earne 000 (2010)

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"	from the organization and related organizations
(15)	
(16)	
<u>(17)</u>	
<u>(18)</u>	
<u>(19)</u>	
(20)	
(21)	
(22)	
(23)	
(24)	
(25)	
1 b Sub-total	0. 0. 0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation the organization 0	tion
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	Yes No X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual	4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	COLUMN TO SERVICE STATE OF THE SERVICE STATE
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	-
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation from the organization or the calendar year ending with or within the organization's tax year. (B) Description of services Compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(C)
Traine and submost didness	-paragraph
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	rm 990 (2018)

Par	tΥ	II Statement of Reve	nue					
		Check if Schedule O co	ontains a res	onse or note to an				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
হ	1 a	Federated campaigns	1a		or here to see the			
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b		Company of the compan			55000
s, G	c	Fundraising events	1с					
a cit	ı	Related organizations						The state of the s
ns,	6	Government grants (contributions	s) <u>1 e</u>					
e E	f	All other contributions, gifts, gra	ints, and			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
ᅙ	_ ا	similar amounts not included ab Noncash contributions included in	····	244,625.		in the said		2.16
δĒ	_	Total. Add lines 1a-1f	•		244,625.	医基础图 5 0		推进 法法
		Total / total		Business Code	244,023.	The second secon		AND THE PARTY OF T
Program Service Revenue	2 a							-
å.	l t)						
Ş.	C	;	<u></u>					
S.	C	1 						
ЩЩ	. 6	·				·		
<u>B</u>		All other program service Total. Add lines 2a-2f						
<u>. D.</u>	3	Investment income (inclu				No. 1 Company of the St. St. St.	12-1-19-20-0	
	3	other similar amounts)	· · · · · · · · · · · · · · · ·					
	4	Income from investment		· ·				
	5	Royalties		· · · · · · · · · · · · · · · · · · ·				
•	ا ۾ ا	Crass rants	(i) Real	(ii) Personal			246 1579	
		Gross rents						
		Rental income or (loss)						The state of the s
	1	Net rental income or (loss	s)		ACTIVITIES OF THE STATE OF THE			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory				The same of the sa		
	l t	Less: cost or other basis						
	ļ. <u>.</u>	and sales expenses						
		Gain or (loss)						
		- , ,			The State of	and the same of the same		Ballette Calle Co.
Other Revenue	88	Gross income from fundra (not including \$	aising events					国际基本的 产品
še		of contributions reported	on line 1c).					
ų,		See Part IV, line 18				多价格 经电路区	基本数据的数据	10000
를		Less: direct expenses						ALBANAS I
δ	1	: Net income or (loss) from				Approx.	EMAIN SEARCH WAS READ BY	
	9 a	Gross income from gamir See Part IV, line 19	ng activities.	2	生毒类的模			Taking the State of the State o
		Less: direct expenses			All the state of t			
		: Net income or (loss) from					AS MORNING OF COMM	
	1 0 a	Gross sales of inventory,	less returns			医静态色激素	4. 医多克氏病	建工作系数增加
		and allowances	• • • • • • • • • • • •	27041				
		Less: cost of goods sold .				多型编制 医性		
	С	: Net income or (loss) from Miscellaneous Revenue	sales of inv	Business Code	338.		Park the Control	338.
	11 a			Pasiless Vuut				
	b							
	d							
		All other revenue			·			
	l .	Total. Add lines 11a-11d.						
	12	Total revenue. See instru	ictions	· · · · · · · · · · · · · · · · · · ·	244,963.	0.	0.	338

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All o	ther organizations must c	omplete column (A).		
	Check if Schedule O contains a response or note to any line in this Part IX					
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21					
2				The state of the s	A Company of the Comp	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4 5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.	
7			· ·	<u>.</u>	0.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
i	a Managementb Legal					
	c Accounting.					
	d Lobbying.					
	e Professional fundraising services. See Part IV, line 17		5.7	雅勒定 整成 三 当。		
	Investment management fees		A REAL PROPERTY OF THE STATE OF	E COMPANY OF THE STATE OF THE S		
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule (2.).					
12	Advertising and promotion	2,039.		2,039.		
13	Office expenses					
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.					
19	Conferences, conventions, and meetings	,				
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	300.		300.		
	expenses on Schedule O.)		C Part I wanted		Property and a first transfer of the second	
	Airfare Expense	84,854.	84,854.			
	Lodging Costs	<u>17,067.</u>	17,067.			
	Other Travel Costs	8,938.	8,938.			
	Bus Transportation All other expensesSee SchO	8,305.	8,305.	4. 505		
25	Total functional expenses Add lines 1 through 04-	18,286.	13,559.	4,727.		
	Total functional expenses. Add lines 1 through 24e	139,789.	132,723.	7,066.	0.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					

Form 990 (2018)

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Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year (B) End of year 93,367. 1 198,542. 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 Notes and loans receivable, net 7 Inventories for sale or use..... 8 551 550. 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10a **b** Less: accumulated depreciation...... Investments -- publicly traded securities..... 11 12 Investments - other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11..... 15 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 16 93,918 199,092 17 Accounts payable and accrued expenses..... 17 Grants payable 18 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L..... 22 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 0 26 0. 26 Total liabilities. Add lines 17 through 25..... X and complete Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. 27 199,092. Unrestricted net assets..... 93,918. 27 28 28 29 Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds..... 32 33 93,918 199,092 33 Total net assets or fund balances..... 93,918 34 199,092 34 Total liabilities and net assets/fund balances

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2 c

3 a

3 b

Form 990 (2018)

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review, or compilation of its financial statements and selection of an independent accountant?......

in Schedule O.

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If the organization changed either its oversight process or selection process during the tax year, explain

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

TEEA0112L 08/03/18

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Attach to Form 990 or Form 990-EZ

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Honor Flight Central Coast California 46-3872980 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it ls: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(lii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations...... g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (B) (C) (D) (E) Total

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.)

5	Section A. Public Support						
C	alendar year (or fiscal year eginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	158,327.	147,634.	164,239.	230,888.	244,625.	945,713.
	2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
	3 The value of services or facilities furnished by a governmental unit to the organization without charge					: .	0.
	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)	158,327.	147,634.	164,239.	230,888.	244,625.	945,713.
	6 Public support. Subtract line 5 from line 4						945,713.
S	ection B. Total Support						
C	alendar year (or fiscal year eginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	7 Amounts from line 4	158,327.	147,634.	164,239.	230,888.	244,625.	945,713.
	8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.
	9 Net income from unrelated business activities, whether or not the business is regularly carried on			·			0.
1	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
1	1 Total support. Add lines 7 through 10				Stage Spines		945,713.
1	2 Gross receipts from related active	vities, etc. (see ins	structions)				0.
1	3 First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>S</u>	ection C. Computation of Pu	blic Support P	ercentage				
	 Public support percentage for 20 Public support percentage from 3)18 (line 6, columi	n (f) divided by lin	e 11, column (f)).		14	100.00%
•							100.00%
1	16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X						
	b 33-1/3% support test—2017. If the and stop here. The organization	e organization did qualifies as a pul	l not check a box plicly supported or	on line 13 or 16a, rganization	, and line 15 is 33	3-1/3% or more, ch	neck this box
1	7a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	est—2018. If the or meets the 'facts-a -and-circumstanc	ganization did not and-circumstances es' test. The orga	t check a box on I t' test, check this nization qualifies	ine 13, 16a, or 16 box and stop her as a publicly supp	bb, and line 14 is 1 e. Explain in Part voorted organization	0% VI how
1	 b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization 	meets the 'facts-a d-circumstances' <mark>f</mark>	ınd-circumstances est. The organiza	t test, check this t tion qualifies as a	box and stop her publicly supporte	e.Explain in Part \ ed organization	VI how the ►
B		and it did that one	on a box off fille I	o, 100, 100, 1/a,		edule A (Form 990	

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusùal grants.') Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						-
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					·	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		٠.				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			·			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		· .		·		
12	_ I. I						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	3) ▶ [
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 20	18 (line 8, columr	າ (f), divided by li	ne 13, column (f)))		%
16	Public support percentage from 2	2017 Schedule A,	Part III, line 15.			16	8
	tion D. Computation of Inv						
17	Investment income percentage for						%
18	Investment income percentage fi						%
	33-1/3% support tests—2018. If t is not more than 33-1/3%, check	this box and stop	o here. The organ	ization qualifies a	s a publicly suppo	orted organization	▶
	33-1/3% support tests—2017. If t line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	e organization qua	alifies as a publicl	ly supported orgar	nization ►
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, cl	neck this box and	see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		Yes	No
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	9b		14-58-98-98
	9c	<u> </u>	
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	10a		
	10h	l	

Supporting Organizations (Continued)	
11 Has the organization accepted a gift or contribution from any of the following persons?	Yes No
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b A family member of a person described in (a) above?	11b
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c
Section B. Type I Supporting Organizations	
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Yes No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Section C. Type II Supporting Organizations	
antino de la composición de la composi La composición de la	Yes No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1
Section D. All Type III Supporting Organizations	
	Yes No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3
Section E. Type III Functionally Integrated Supporting Organizations	
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	
a The organization satisfied the Activities Test. Complete line 2 below.	
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).
2. Activities Test. Anguary (s) and (h) halour	[]
2 Activities Test. Answer (a) and (b) below.	Yes No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	essess of plant of a
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 Parent of Supported Organizations. Answer (a) and (b) below.	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	trust on No ations must	v. 20, 1970 (explain ir complete Sections A	Part VI). See through E.
Section A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		·
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	-	
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for sh tax year or assets held for part of year):	nort		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
6 Multiply line 5 by .035.	6	- · · · ·	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C — Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally (see instructions).	integrated	Type III supporting or	ganization
^^		Schedule A /E	orm 990 or 990-F7)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	ions (continuea)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015	于为2000年6月2日中	程序 经证券 网络拉拉	
	From 2016		TALAMATER TO LEAD TO SERVICE TO S	
	From 2017	Plant Company of the		
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
t	Applied to 2018 distributable amount		The state of the s	
-	i Carryover from 2013 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			Application of the second of t
4				
	line 7: \$ Applied to underdistributions of prior years		Alexandre Southern A.	
	Applied to 2018 distributable amount			41. A Shirth Co.
	Remainder, Subtract lines 4a and 4b from 4.	conservation destruction of the control of	44.67.31	The Board of the State of the S
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:	The state of the s		
	Excess from 2014			
k	Excess from 2015	The state of the s		
	Excess from 2016			Spirit Care Care
	Excess from 2017			
	Excess from 2018		医跳跃剂 海毛素排列	

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Schedule A (Form 990 or 990-EZ) 2018

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

Honor Flight Central Coast California

Employer identification number 46-3872980

Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B) Program	(C) Management	(D)
		Total	_ <u>Services</u>	& General	Fundraising
Bank Fees Credit Card Processing Fee Flight Insurance	S	1,242		1,242.	
Gifts to Vetrans Meals Postage and Shipping Printing and Publications		1,108 8,141 903 97	. 8,141. . 903.		
State Fées and Taxes Supplies Expense Tour Costs		82 4,043 495	. 640. . 495.	82. 3,403.	
Training	Total	2,175 \$ 18,286	. 2,175. \$ 13,559.	<u>\$ 4,727.</u>	\$ 0.

059			
Date Accepted		THIS FOR	M TO THE FTB
TAXABLE YEAR	California e-file Return Authorization for		FORM
2018	Exempt Organizations		8453-EO
Exempt Organization nar		Identifying nur	
HONOR FLIGH	T CENTRAL COAST CALIFORNIA	46-3872	2980
	onic Return Information (whole dollars only)		
1 Total gross re	eceipts (Form 199, line 4)	1	246,642.
	ncome (Form 199, line 8)		244,963.
3 Total expens	es and disbursements (Form 199, Line 9)	3	139,789.
Part II Settle	Your Account Electronically for Taxable Year 2018	*	
4 Electroni	c funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	yyy)	
Part III Banki	ng Information (Have you verified the exempt organization's banking information?)		
5 Routing num			
6 Account num	ber 7 Type of account: Checking	Savin	ıas
Part IV Decla	ration of Officer		5-
withdrawal for the Under penalties of p return originator (E corresponding lines organization's return Tax Board (FTB) d for the fee liability statements be transi	mpt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I at amount listed on line 4a. erjury, I declare that I am an officer of the above exempt organization and that the information I provider (RO), transmitter, or intermediate service provider and the amounts in Part I above agree with soft the exempt organization's 2018 California electronic return. To the best of my knowledge is true, correct, and complete. If the exempt organization is filing a balance due return, I understance on the receive full and timely payment of the exempt organization's fee liability, the exempt and all applicable interest and penalties. I authorize the exempt organization return and accomitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the real	rided to my ele th the amount and belief, t that if the Fr organization impanying so	ectronic ts on the the exempt anchise will remain liable thedules and
Sign •	▶ TREASURER		
	gnature of officer Date Title		WWW.004.00.0
Part V Decla	ration of Electronic Return Originator (ERO) and Paid Preparer. See instruction	ons.	
I declare that I have	e reviewed the above exempt organization's return and that the entries on form FTB 8453-EC	are comple	te and correct to
organization's return officer's signature of forms and informat Authorized e-file Prexempt organization under penalties of	owledge. (If I am only an intermediate service provider, I understand that I am not responsible on I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I had not form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization that I will file with the FTB, and I have followed all other requirements described in FTB Froviders. I will keep form FTB 8453-EO on file for four years from the due date of the return or return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am a perjury, I declare that I have examined the above exempt organization's return and accompanthe best of my knowledge and belief, they are true, correct, and complete. I make this declar ovaledge.	ave obtained ation officer wo Pub. 1345, 20 or four years also the paid p nying schedu	the organization with a copy of all one of all one of the copy of all one of the copy of t

Date ERO's PTIN Check if also paid preparer Check if self-employed ERO's signature DAVID G TOLAN, E.A. P00008876 **ERO** TOLAN TAX SERVICES FEIN Must Firm's name (or yours if self-employed) and address 3459 STATE STREET 45-4045519 Sign ZIP code 93105 SANTA BARBARA CA

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign Paid preparer's signature Date Check if Self-employed FEIN

ZIP code

Firm's name (or yours if self-employed) and address

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2018