PRESTI & NAEGELE LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001

> PILOTS TO THE RESCUE INC. 931 MANHATTAN AVENUE, 3 BROOKLYN, NY 11222

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**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

PRESTI & NAEGELE, LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001 212-736-0055

NOVEMBER 5, 2024

MR. MICHAEL SCHNEIDER PILOTS TO THE RESCUE INC. 931 MANHATTAN AVENUE 3 BROOKLYN, NY 11222

DEAR MICHAEL,

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

SINCERELY,

ANNEMARIE AGUANNO, CPA

# TAX RETURN FILING INSTRUCTIONS

# FORM 990

# FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	MR. MICHAEL SCHNEIDER PILOTS TO THE RESCUE INC. 931 MANHATTAN AVENUE 3 BROOKLYN, NY 11222
Prepared by	PRESTI & NAEGELE LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

Form 8879-TE			nature Authorizat Exempt Entity		-	OMB No. 1545-0047
	For calendar yea	ar 2023, or fiscal year beginning	, 2023, and ending	, 2	20	2023
Department of the Treasury		Do not send to the	e IRS. Keep for your records.			
Internal Revenue Service		Go to www.irs.gov/Forn	m8879TE for the latest information of the la	ation.		
Name of filer					EIN or SSN	
		RESCUE INC.			**_***	5146
Name and title of officer or pe	erson subject to ta					
	<u> </u>	EXECUTIVE DI	RECTOR			
		Return Information				
Form 5330 filers may enter or <b>10a</b> below, and the am	er dollars and ce ount on that line	ents. For all other forms, enter e for the return being filed with	E and enter the applicable amount whole dollars only. If you chect h this form was blank, then leav on the return, then enter -0- on	k the box on li ve line <b>1b, 2b,</b>	ine <b>1a, 2a, 3a,</b> <b>3b, 4b, 5b, 6b</b> ,	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b,
1a Form 990 check h	here	<b>b</b> Total revenue, if an	y (Form 990, Part VIII, column (	A), line 12)	1b	3,341,145.
2a Form 990-EZ che	Г	<b>b</b> Total revenue, if an	y (Form 990-EZ, line 9)		2b	
3a Form 1120-POL	···· г	<b>b</b> Total tax (Form 112	20-POL, line 22)		3b	
4a Form 990-PF che	eck here		stment income (Form 990-PF, F			
5a Form 8868 check			8868, line 3c)			
6a Form 990-T chec		<b>b</b> Total tax (Form 990	P-T, Part III, line 4)		6b	
7a Form 4720 check		<b>b</b> Total tax (Form 472	20, Part III, line 1)		7b	
8a Form 5227 check		b FMV of assets at e	nd of tax year (Form 5227, Item	n D)	8h	
9a Form 5330 check		<b>b</b> Tax due (Form 5330	D, Part II, line 19)		9h	
10a Form 8038-CP ch	Г		ayment requested (Form 8038			
			of Officer or Person Sub			
			ove entity or 🛄 I am a persor			to (name
of entity)	,		, (EIN)			amined a copy of the
financial institution to deb later than 2 business days payment of taxes to receiv	it the entry to tl s prior to the pa ve confidential mber (PIN) as m	his account. To revoke a payn ayment (settlement) date. I als information necessary to answ	on software for payment of the f nent, I must contact the U.S. Tr o authorize the financial institut wer inquiries and resolve issues return and, if applicable, the co	reasury Financ tions involved s related to the	cial Agent at 1-6 in the processi a payment. I ha	888-353-4537 no ing of the electronic ve selected a
X Lauthorize PR	ESTI & I	NAEGELE LLC		to		12345
	<u></u>	ERO firm n	ame	10	Ē	enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ency(ies) regulat disclosure cons person subject indicated withir	ting charities as part of the IR sent screen. to tax with respect to the ent	rn. If I have indicated within this S Fed/State program, I also aut ity, I will enter my PIN as my sig e return is being filed with a stat	thorize the afo gnature on the	rementioned E e tax year 2023	RO to enter my PIN electronically filed
			sciosure consent screen.		Date	
Signature of officer or person subjection <b>Part III Certifica</b>		uthentication				
ERO's EFIN/PIN. Enter yo	our six-digit elec	ctronic filing identification				
number (EFIN) followed by	-	-		7154321 enter all zeros		
			on the 2023 electronically filed <b>63,</b> Modernized e-File (MeF) Info			
ERO's signature <b>PRE</b>	STI & NA	AEGELE LLC	Dat	te <u>11/</u>	05/24	
		ERO Must Retain T	his Form - See Instructi	ions		
	<b>Do No</b>		the IRS Unless Reques		So	
For Privacy Act and Pape		tion Act Notice, see instruct				orm <b>8879-TE</b> (2023)
LHA 302521 01-05-24		·				. ,

Form <b>8868</b>
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(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

# File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.				
Part I - Id	lentification						
Type or	Name of exempt organization, employer, or other file	r, see instr	uctions.	Taxpayer	r identification n	umber (TIN)	
Print							
Ella harabaa	PILOTS TO THE RESCUE INC.				**-***5	146	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 931 MANHATTAN AVENUE, 3	ee instruc	tions.				
instructions.	City, town or post office, state, and ZIP code. For a feedback BROOKLYN, NY 11222	oreign adc	Iress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			01	
Applicati	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	:0 (individual)	03	Form 5227			10	
Form 990		04	Form 6069			11	
		05	Form 8870			12	
	I-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08				17	
	ou enter your Return Code, complete either Part II or Pa			only for or	ovtoncion of		
Plar	n Name n Number n Year Ending (MM/DD/YYYY)						
Part II - Au	utomatic Extension of Time To File for Exempt Orgar	nizations (	see instructions)				
The bo	ooks are in the care of THE ORGANIZATION						
		ENUE,	SUITE 3 - BROOKLY	N, NY	11222		
Teleph	none No. 212-404-6936		Fax No				
• If the c	organization does not have an office or place of busines	s in the Ur					
• If this i	is for a Group Return, enter the organization's four-digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole grou	ıp, check this	
box[	If it is for part of the group, check this box			f all memb	ers the extension	on is for.	
1 Irea	quest an automatic 6-month extension of time until $$ $$ N	OVEMB	ER 15 , 20 24 , to file	e the exem	npt organization	return for	
	organization named above. The extension is for the $\overline{\text{org}}$ calendar year 20 23 or	anization's	s return for:				
	tax year beginning	, 20	, and ending			, 20	
2 If th	he tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	n		
3a If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
any	nonrefundable credits. See instructions.			3a	\$	0.	
<b>b</b> If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	imated tax payments made. Include any prior year over			3b	\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.	

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

Form	9	9	0
• • • • • •	_	-	_

Department of the Treasury Internal Revenue Service

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For the 2022 colordor year

or toy yoor beginning

# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and anding



A	FOI UI	and ending		
B	Check if applicab	e: C Name of organization	D Employer identifi	cation number
	Addre	e   PILOIS IO THE RESCUE INC.		
	Name Chang	e Doing business as	**-***51	46
	Initial return			
	Final return termir	931 MANHATTAN AVENUE 3	212-404-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,914,911.
	Amen return		H(a) Is this a group re	eturn
	Applie tion	F Name and address of principal officer: MICHAEL SCHNEIDER	for subordinates	? Yes X No
	pendi	<sup>ng</sup> 931 MANHATTAN AVENUE, SUITE 3, BROOKLYN, N		
1	Tax-ex	empt status: 🔀 501(c)(3) 🔛 501(c) ( ) (insert no.) 🛄 4947(a)(1) or 🧾 4	527 If "No," attach a	list. See instructions
	Websi		H(c) Group exemptio	
ĸ	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🛛 L Y	ear of formation: 2016	State of legal domicile: NY
_	art I	Summary		•
	1	Briefly describe the organization's mission or most significant activities: PILOTS T	O THE RESCUE	TRANSPORTS
Governance		AT-RISK ANIMALS SO THEY HAVE A BETTER CHANCE	OF BEING ADO	PTED.
rna	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		8
	4	Number of independent voting members of the governing body (Part VI, line 1b)		8
8 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1
/itie	6	Total number of volunteers (estimate if necessary)		C
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	1,781,617.	3,380,886.
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,279.	-49,038.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,658.	9,297.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,797,554.	3,341,145.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,602.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	115,423.	151,320.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	35,233.	137,913.
ę	b	Total fundraising expenses (Part IX, column (D), line 25) 304, 942.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,465,874.	1,818,399.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,618,132.	2,107,632.
	19	Revenue less expenses. Subtract line 18 from line 12	179,422.	1,233,513.
or			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,729,275.	3,120,603.
dB	21	Total liabilities (Part X, line 26)	407,237.	453,923.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20	1,322,038.	2,666,680.
		Signature Block		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		D	Date			
	MICHAEL SCHNEIDER, EXECUTIVE DIRECTOR						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	ANNEMARIE AGUANNO, CPA	ANNEMARIE AGUANNO,	C11/05/		P00734346		
Preparer	Firm's name <b>PRESTI &amp; NAEGELE</b>		F	irm's EIN **-	***5470		
Use Only	Use Only Firm's address 225 WEST 35TH STREET, 5TH FLOOR						
NEW YORK, NY 10001 Phone no.212-736-0					736-0055		
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🛄 No							
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

- orm	990 (2023) PILOTS TO THE RESCUE INC.	**-***5146	Page
	t III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		∟
•	PILOTS TO THE RESCUE TRANSPORTS AT-RISK ANIMALS SO THEY		קידי
	CHANCE OF BEING ADOPTED.		
	CHANCE OF DEING ADOFIED:		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XN
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$ 1,690,339. including grants of \$) (Revenue	- \$	
ти	THE MISSION OF PILOTS TO THE RESCUE IS TO PREVENT AT-RIS		ROM
	BEING EUTHANIZED BY TRANSPORTING THEM VIA AIR AND GROUND		
	TO GIVE THEM THE BEST CHANCE AT ADOPTION.		11101
	VOLUNTEER PILOTS FLY ANIMALS FROM CRITICAL SITUATIONS TO	SAFETY,	
	ULTIMATELY SAVING LIVES.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	- \$	
15			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	2	
10			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,690,339.		
		Form	<b>990</b> (20
32002	12-21-23		
	3		
51	105 758202 A11334 2023.05000 PILOTS TO THE RESCUE	INC. A11	334_
			_

Form	990	(2023)

 Form 990 (2023)
 PILOTS TO THE RESCUE INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1LU	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	х	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	l	<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		· ·
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
33200	3 12-21-23	Form	990	(2023)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
3	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 Schedule J	23		x
24a	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? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete</i>			
	Schedule K. If "No," go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<u>-</u> -
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X X
9 0	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	29		
	contributions? If "Yes," complete Schedule M	30		X
81	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
	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</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
84	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
32004	(gambing) withings to prize withers?		990	(2023
	5			·
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Form 990	(2023)
Part V	Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0-		x
h	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	do		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1			
D	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
14a	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? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
00000	If "Yes," complete Form 6069.	Form	000	(2023)
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Form 990 (2023)	Form	990	(2023)
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# PILOTS TO THE RESCUE INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?	•••		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		•	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?		•	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					<u> </u>
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	.,	, e ining the letter			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	iflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
•	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve			<u> </u>		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				_	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a			
ieu	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CO, C	A,F	L,GA,HI,II	J, KS	, KY	, ME
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a					
	for public inspection. Indicate how you made these available. Check all that apply.			,,e e,	,	
	X       Own website       X       Another's website       X       Upon request       Other (explain	on Sc	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	nd fina	ncial	
	statements available to the public during the tax year.		, not policy, di			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records			
	THE ORGANIZATION $-212-404-6936$	2.10 0				
	931 MANHATTAN AVENUE, SUITE 3, BROOKLYN, NY 11222					
332004	12-21-23 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2023)
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2023.05000 PILOTS TO THE RESCUE INC.

Part VII	Compensation of Officers, Directors, Trust	es, Key Employees	, Highest (	Compensated
	Employees, and Independent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					(F)					
Name and title	Average	(do		Pos		than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week		er ar		lirecto	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	Individual trustee or director	In stitutional trustee	L_	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) MICHAEL SCHNEIDER	40.00									
EXECUTIVE DIRECTOR		1		-		X		135,417.	0.	5,000.
(2) BRIAN ORTER	5.00									
PRESIDENT		1		х				0.	0.	0.
(3) TIM PARILLA	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) SCOTT RICKLES	5.00									
TREASURER				х				0.	0.	0.
(5) DANIEL BAUMEL	1.00									
SECRETARY/COMPLIANCE OFFIC				X				0.	0.	0.
(6) SY BLECHMAN	1.00									
DIRECTOR		X						0.	0.	0.
(7) KYLE KIRSCHNER	1.00									
DIRECTOR		X						0.	0.	0.
(8) VICTOR GIRGENTI	1.00									
DIRECTOR		X						0.	0.	0.
(9) ANDREA REIFF	1.00									
DIRECTOR		Х						0.	0.	0.
		<b> </b>								
332007 12-21-23										Form <b>990</b> (2023)

332007 12-21-23

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Par	rt V	/II   Sec	tion A. C (A Name a	A)	rectors, Trus	<b>(B)</b> Average hours per week (list any	Average hours per         Position (do not check more than one box, unless person is both an week         Reportable compensation         Reportable compensation           week         officer and a director/trustee)         from         from relate					<b>(E)</b> Reportable compensatio from related organization	on I S	(F) Estimated amount of other compensation from the				
						hours for related organization below line)	S Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		orę ar	rom th ganizat Id relat anizati	tion ted
	Тс	otal from	n continu	uation she	ets to Part V	II, Section A							135,417. 0. 135,417.		0.0.		5,0	00.
2	Тс	otal num	ber of inc		ncluding but n								eceived more than \$100	I ),000 of reportabl	-		Yes	1 No
3 4	lin	e 1a? <i>If</i>	"Yes," co	omplete Sc	hedule J for s	uch individua	al						hest compensated emp			3		x
5 Sec	Di rei	d any pe ndered t	erson listerson liste The second listerson l	ed on line <sup>-</sup>	1a receive or a 9 If "Yes," com	accrue comp	ensa	tion f	from	any	/ unr	elat	for such individual ed organization or indiv			4 5		X X
1	Сс	omplete	this table	e for your f	ive highest co								that received more than h the organization's tax (B)		ipensa		from C)	
				Name	and business	address	N	ONI	Ξ				Description of s	services	C		ensatio	<u>'n</u>
												_						
												_						
2				•	contractors (i om the organi	•	not l	imite	d to		se li: 0	stec	d above) who received n	nore than		Form	<b>990</b> (	(2023)

332008 12-21-23

Forn	1 99	0 (2	2023) PILOTS TO THE RESCU	E INC.		**-***5	146 Page 9
Pa							
			Check if Schedule O contains a response or note to an				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b d e f	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c       295,760         Related organizations       1d       1d         Government grants (contributions)       1e       1d         All other contributions, gifts, grants, and similar amounts not included above       1f       3,085,120         Noncash contributions included in lines 1a-1f       1g \$       Business Co	0. 3,380,886.			
Pre			All other program service revenue				
	3		Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds				23,036.
	5		Royalties				9,297.
	6	b c	Gross rents     6a       Less: rental expenses     6b       Rental income or (loss)     6c       Net rental income or (loss)     6c				
venue	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses(i) Securities(ii) Other7a501,692.7b573,766.7c-72,074.				
0			Net gain or (loss)	72,074.	,		-72,074
Other R	8			0.			
			Net income or (loss) from fundraising events		,		
	9		Gross income from gaming activities. See         Part IV, line 19         Less: direct expenses         9b	_			
	10	с	Net income or (loss) from gaming activities         Gross sales of inventory, less returns				
			and allowances     10a       Less: cost of goods sold     10b       Net income or (loss) from sales of inventory				
s			Business Co				
Miscellaneous Revenue	11						
ellar ven		b c					
lisc. Re			All other revenue				
2			Total. Add lines 11a-11d				
33200	12		Total revenue. See instructions		0.	0.	-39,741. Form <b>990</b> (2023

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PILOTS TO THE RESCUE INC. Part IX Statement of Functional Expenses

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

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	125 /17	101 075	12 542	
7	Other salaries and wages	135,417.	121,875.	13,542.	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	5,000.	4,500.	500.	
9 10	Other employee benefits	10,903.	9,813.	1,090.	
10 11	Payroll taxes Fees for services (nonemployees):	10,505.	5,015.	1,050.	
'' a					
a b	<sup>*</sup>				
c		29,022.	26,120.	2,902.	
d			_ ,		
e		137,913.			137,913
f	Investment management fees				•
g					
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	43,792.	38,613.	3,607.	1,572
14	Information technology				
15	Royalties				
16	Occupancy	33,067.	29,760.	3,307.	
17	Travel	45,014.	40,512.	4,502.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		15 440		
20	Interest	17,166.	15,449.	1,717.	
21	Payments to affiliates	106 114	05 520	10 614	
22	Depreciation, depletion, and amortization	106,144. 31,172.	95,530. 28,055.	10,614.	
23		51,172.	20,055.	5,11/.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)			10 005	00.000
а	POSTAGE	467,177.	364,100.	10,685.	92,392
b	PRINTING	223,665.	179,309.	1,139.	43,217
c	CONSULTANTS AND CONTRAC	188,797.	181,558.	7,239.	
d	REPAIRS AND MAINTENANCE	149,447.	134,826.	14,621.	20 010
	All other expenses <u>SEE SCH O</u>	483,936. 2,107,632.	420,319. 1,690,339.	33,769. 112,351.	29,848 304,942
25	Total functional expenses. Add lines 1 through 24e	4,107,034.	т,090,009.	112,331.	504,342
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				
					Form <b>990</b> (2023

332010 12-21-23

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1,729,275.

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33

120,603.

Form 990 (2023)

# Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

PILOTS TO THE RESCUE INC.

Part X Balance Sheet

				===	•	
	Savings and temporary cash investments				2	137,155.
	Pledges and grants receivable, net				з	
	Accounts receivable, net		4	240,412.		
	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
	controlled entity or family member of any of thes	e pers	sons		5	
	Loans and other receivables from other disqualit	ied pe	ersons (as defined			
	under section 4958(f)(1)), and persons described	d in se	ction 4958(c)(3)(B)		6	
	Notes and loans receivable, net				7	
Inventories for sale or use					8	
				11,346.	9	15,204.
1	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	1,363,376.			
)	Less: accumulated depreciation	10b	166,211.	685,179.	10c	1,197,165.
	Investments - publicly traded securities				11	
	Investments - other securities. See Part IV, line 1			780,311.	12	1,290,214.
	Investments - program-related. See Part IV, line -				13	
	Intangible assets			17,895.	14	16,091.
	Other assets. See Part IV, line 11			1,011.	15	1,041.
	Total assets. Add lines 1 through 15 (must equa			1,729,275.	16	3,120,603.
	Accounts payable and accrued expenses			53,421.	17	122,354.
	Grants payable				18	
	Deferred revenue				19	
	Tax-exempt bond liabilities				20	
	Escrow or custodial account liability. Complete F				21	
	Loans and other payables to any current or form	er offi	cer, director,			
	trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
	controlled entity or family member of any of thes	e pers	sons		22	
	Secured mortgages and notes payable to unrela	ted th	ird parties	316,597.	23	301,960.
	Unsecured notes and loans payable to unrelated	d third	parties		24	
	Other liabilities (including federal income tax, page	yables	to related third			
	parties, and other liabilities not included on lines	17-24	). Complete Part X			
	of Schedule D			37,219.	25	29,609. 453,923.
	Total liabilities. Add lines 17 through 25			407,237.	26	453,923.
	Organizations that follow FASB ASC 958, che	ck he	re X			
	and complete lines 27, 28, 32, and 33.			1 200 020		
				1,322,038.	27	2,666,680.
Net assets with donor restrictions			28			
Organizations that do not follow FASB ASC 958, check here						
and complete lines 29 through 33.						
	Capital stock or trust principal, or current funds		29			
	Paid-in or capital surplus, or land, building, or eq				30	
	Retained earnings, endowment, accumulated in			1 222 020	31	
	Total net assets or fund balances			1,322,038.	32	2,666,680.
	Total liabilities and net assets/fund balances			1,729,275.	33	3,120,603.

(B)

End of year

223,321.

(A)

Beginning of year

233,533.

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Form 990 (2023)

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Liabilities

Net Assets or Fund Balances

Assets

09251105 758202 A11334

Total liabilities and net assets/fund balances

Form	990 (2023) PILOTS TO THE RESCUE INC.	**_**	*5146	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,341	L,1	45.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,10		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,233		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,322		
5	Net unrealized gains (losses) on investments	5	111	L,1	29.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,666	5,6	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				37
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2c</b>		X
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3a</b>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	(2023)
			Form	77U I I	シロシスト

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Employer identification number

# Name of the organization

	PILO	TS TO THE	RESCUE INC.				*	*-***5146
Part	I Reason for Public	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.	
The org	anization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch							
2	A school described in sect							
3	A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4	A medical research organiz						(iii). Enter	the hospital's name.
	city, and state:	·	, ,				( )	i ,
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental u	nit descrit	ped in
•	section 170(b)(1)(A)(iv). (C			a er epera				
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v)		
7 🛛		-					no aonoral	nublic described in
	section 170(b)(1)(A)(vi). (C		intal part of its support	ioni a gov	erninentai		ie general	
8	A community trust describe		1)(A)(vi) (Complete Par	F 11 \				
9	An agricultural research or				nd in ooniu	notion with a	land grant	collego
9 _	or university or a non-land-	•			-		-	-
		grant college of agric			name, city	y, and state of	the colleg	
10	university:		then 00 1/00/ of its own	and from a	a a un divila i uti a			
10 🗆	An organization that norma							
	activities related to its exen							
	income and unrelated busin		(less section 511 tax) th	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.
<b>.</b>	See section 509(a)(2). (Con	. ,	i vali v ta taat fan av is lie oo	fab : Caa		O(-)(A)		
11	An organization organized a	•						
12 🗆	An organization organized a							
	more publicly supported or	-						Direck the box on
_ [	lines 12a through 12d that						-	
al	<b>Type I.</b> A supporting orga							
	the supported organization			a majority (	of the dire	ctors or truste	es of the s	supporting
. [	organization. You must o	-						
bl	<b>Type II.</b> A supporting org	-				-		-
	control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
ſ	organization(s). You mus							
cl	Type III functionally inte						ly integrat	ed with,
. [	its supported organizatio	.,	· ·					
dl	Type III non-functionally	• •					•	
	that is not functionally int		• •	-		-	an attent	iveness
ſ	requirement (see instruct							
el	Check this box if the orga					а туре ї, туре	II, Type III	
4 -	functionally integrated, or inter the number of supported of				zation.			
	rovide the following information	•	d organization(s)					
УF	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetarv	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
			above (see instructions))	103				
Total								

	A (Form 990) 2023
Part II	Support Sch

PILOTS TO THE RESCUE INC.

t II	Support Schedule for C	<b>Drganizations Described in Sections</b>	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	754,204.	1155253.	2148883.	1781617.	3085120.	8925077.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		4455050			0005100	
4	Total. Add lines 1 through 3	754,204.	1155253.	2148883.	1781617.	3085120.	8925077.
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)						
	Public support. Subtract line 5 from line 4.						8925077.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020 1155253.	(c) 2021 2148883.	(d) 2022 1781617.	(e)2023 3085120.	(f) Total
	Amounts from line 4	754,204.	1100200.	2140003.	1/0101/.	3085120.	8925077.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	24	5 1 0 1	7 540	20 662	22 222	74 600
_	and income from similar sources	34.	5,121.	7,540.	29,662.	32,333.	74,690.
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.)						8999767.
	Total support. Add lines 7 through 10						0999707.
	Gross receipts from related activities	-				12	
13	First 5 years. If the Form 990 is for th	-			-		
800	organization, check this box and stop						·····
-	ction C. Computation of Publ			a a lu usa (f))			99.17 %
	Public support percentage for 2023 (					14	00.00
	Public support percentage from 2022 33 1/3% support test - 2023. If the o					15	
104							
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
, N							
170	and <b>stop here.</b> The organization qual						
178	<b>10%</b> -facts-and-circumstances tes and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances tes	-			•	17a and line 15 is	
N	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
				a, 700, 110, 01 111			(Form 990) 2023

332022 12-21-23

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# 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.)

0.1.	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total
1	Gifts, grants, contributions, and						. /	
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		(e) 2023	(f) Total
9	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include dain							
12	Other income. Do not include gain or loss from the sale of capital							
	or loss from the sale of capital assets (Explain in Part VI.)							
13	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	on organization's fi	ret second third	fourth or fifth tax y		501(c)		
13	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th	-						
13 14	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here			fourth, or fifth tax				
13 14 Sec	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage					
13 14 Sec 15	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I	ic Support Pe line 8, column (f), c	<b>rcentage</b> divided by line 13,	column (f))		15		
13 14 Sec 15 16	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022	ic Support Pe ine 8, column (f), c Schedule A, Part	rcentage divided by line 13, III, line 15	column (f))				
13 14 5ec 15 16	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th check this box and stop here Ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 Ction D. Computation of Invest	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom	rcentage divided by line 13, III, line 15 e Percentage	column (f))		15 16		
13 14 5ec 15 16 Sec 17	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Investion Investment income percentage for 20	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom 23 (line 10c, colur	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l	column (f))		15 16 17		
13 14 15 16 5ec 17 18	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Investing Investment income percentage from 2020	ic Support Pe ine 8, column (f), c Schedule A, Part stment Incom 123 (line 10c, colur 2022 Schedule A,	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18		
13 14 15 15 16 Sec 17 18	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Investing Investment income percentage from 2021 as 1/3% support tests - 2023. If the	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	<b>15</b> <b>16</b> <b>17</b> <b>18</b> 33 1/3	%, and line 1	7 is not
13 14 <b>Sec</b> 15 16 <b>Sec</b> 17 18 19a	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a	ic Support Pe line 8, column (f), c Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by I Part III, line 17 not check the box organization quali	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than 3	15 16 17 18 33 1/3 ation	%, and line 1	7 is not
13 14 <b>Sec</b> 15 16 <b>Sec</b> 17 18 19a	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The organization did r	rcentage divided by line 13, III, line 15 e Percentage mn (f), divided by l Part III, line 17 not check the box organization quali not check a box or	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly so h line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 33 1/3 ation pre th	1%, and line 1	7 is not
13 14 15 16 Sec 17 18 19a b	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here totion C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 23 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, check	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si h line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 33 1/3 ation ore the orted	%, and line 1 an 33 1/3%, a organization	7 is not
13 14 <b>Sec</b> 15 16 <b>Sec</b> 17 18 19a b 20	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box a 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, chec Private foundation. If the organization	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si h line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 33 1/3 ation ore the orted	%, and line 1 an 33 1/3%, a organization ions	7 is not
13 14 <b>Sec</b> 15 16 <b>Sec</b> 17 18 19a b 20	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here totion C. Computation of Publ Public support percentage for 2023 (I Public support percentage from 2022 ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 23 33 1/3% support tests - 2023. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, check	ic Support Pe line 8, column (f), o Schedule A, Part stment Incom 23 (line 10c, colur 2022 Schedule A, organization did r nd stop here. The organization did r eck this box and st	rcentage divided by line 13, III, line 15 e Percentage nn (f), divided by l Part III, line 17 not check the box organization quali not check a box or op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si h line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15 16 17 18 33 1/3 ation ore the orted	%, and line 1 an 33 1/3%, a organization ions	7 is not

# PILOTS TO THE RESCUE INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal 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 line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2023

edule A (Form 990) 2023	PILOTS	то	$\mathbf{THE}$	RESCUE	INC

1

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct <i>effect</i> organ	The governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, sors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	$\prime$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
	or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control
	or management of the supporting organization was vested in the same persons that controlled or managed
	the supported organization(s).

	Section 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 durin	g the	yea(see instructions	;).
---	---	-------	----------------------	-----

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L		The organization supported	a governmental entity	y. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	--	----------------------------	-----------------------	----------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

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Sch

3b | Schedule A (Form 990) 2023

2a

2b

За

No

Yes

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1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 5 6 7 8  $\begin{array}{c|c} Sec: & \\ \hline 1 & \\ & \\ \hline a & \\ & \\ \hline b & \\ c & \\ \hline d & e & \\ \hline 2 & 3 & 4 & \\ \hline 5 & 6 & \\ \hline 7 & 8 & \\ Sec & \\ \hline 1 & 2 & \\ \hline 3 & 4 & \\ \hline 5 & 6 & \\ \hline 7 & 8 & \\ Sec & \\ \hline 1 & 2 & \\ \hline 3 & 4 & \\ \hline 5 & 6 & \\ \hline 6 & \\ \hline \end{array}$ 

7 instructions).

Schedule A (Form 990) 2023

(B) Current Year

(optional)

(A) Prior Year

#### PILOTS TO THE RESCUE INC. Schedule A (Form 990) 2023 **Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
o Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functiona	ally integra	ated Type III supporting or	anization (see

1

Section A - Adjusted Net Income

Par	tV   T	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Di	stributions				Current Year
1	Amounts	paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts	paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizat	ions, in excess of income from activity		2		
3	Administ	rative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts	paid to acquire exempt-use assets			4	
5	Qualified	set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6		tributions (describe in Part VI). See instructions.			6	
7	Total an	nual distributions. Add lines 1 through 6.			7	
8	Distributi	ons to attentive supported organizations to which the	ne organization is responsive	e		
	(provide	details in Part VI). See instructions.			8	
9	Distributa	able amount for 2023 from Section C, line 6			9	
10	Line 8 an	nount divided by line 9 amount			10	
			(i)	(ii)		(iii)
Secti	ion E - Di	stribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023
_1	Distributa	able amount for 2023 from Section C, line 6				
2	Underdis	tributions, if any, for years prior to 2023 (reason-				
	able caus	se required - explain in Part VI). See instructions.				
3	Excess d	istributions carryover, if any, to 2023				
а	From 20 <sup>-</sup>	18				
b	From 20 <sup>-</sup>	19				
с	From 202	20				
d	From 202	21				
е	From 202	22				
f	Total of	ines 3a through 3e				
g	Applied t	o underdistributions of prior years				
h	Applied t	o 2023 distributable amount				
i	Carryove	r from 2018 not applied (see instructions)				
j	Remaind	er. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributi	ons for 2023 from Section D,				
	line 7:	\$				
а	Applied t	o underdistributions of prior years				
b	Applied t	o 2023 distributable amount				
с	Remaind	er. Subtract lines 4a and 4b from line 4.				
5	Remainir	g underdistributions for years prior to 2023, if				
	any. Sub	tract lines 3g and 4a from line 2. For result greater				
		o, explain in <b>Part VI.</b> See instructions.				
6	Remainir	g underdistributions for 2023. Subtract lines 3h				
	and 4b fr	om line 1. For result greater than zero, explain in				
	Part VI. S	See instructions.				
7	Excess	distributions carryover to 2024. Add lines 3j				
	and 4c.	· · · · ·				
8	Breakdov	wn of line 7:				
а	Excess fi					
	Excess fi					
с	Excess fi	rom 2021				
	Excess fi					
	Excess fi					

Schedule A (Form 990) 2023

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TS TO THE RESCUE INC.	**-**5146 <sub>Page</sub>
c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S nd 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V,
	Schedule A (Form 990) 20
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	212 2023.05000 PILOTS TO THE

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

# **Schedule of Contributors**

OMB No. 1545-0047

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



Employer identification number

*	*	_	*	*	*	5	1	4	6	
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PILOTS	то	THE	RESCUE	INC.	
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
  - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

\*\*-\*\*\*5146

# PILOTS TO THE RESCUE INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOANN RANDALL 511 VIA LIDO SOUD NEWPORT BEACH, CA 92663-4931	\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FRANK RANDALL LIVING TRUST C/O JOANN RANDALL 511 VIA LIDO SOUD NEWPORT BEACH, CA 92663-4931	\$ <u>650,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-2	6-23	\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.) Schedule B (Form 990) (2023)
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Name of organization

Employer identification number

\*\*-\*\*\*5146

PILOTS TO THE RESCUE INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 12-26	-23 24		Schedule B (Form 990) (

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2023.05000 PILOTS TO THE RESCUE INC.

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	B (Form 990) (2023)		Page <b>4</b>
Name of c	organization		Employer identification number
PILOT	S TO THE RESCUE INC.		**-***5146
Part III	Exclusively religious, charitable, etc., contr from any one contributor. Complete column	ributions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if additio	ious, charitable, etc., contributions of <b>\$1,000 or</b>	r less for the year. (Enter this info. once.) \$
(a) No.	· · ·		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	
		_	
		(e) Transfer of g	
			in the second
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
		[	
(a) No.		I	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
		(e) Transfer of g	in.
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	
		(e) Transfer of g	
		(e) transfer of g	int
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from		I	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	
		_	
		(e) Transfer of g	
			in the second
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee
323454 12-2	6-23	I	Schedule B (Form 990) (2023)
		25	
251105	5 758202 A11334	2023.05000 PILOT	S TO THE RESCUE INC. A11334_1

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**SCHEDULE D** 

### (Form 990)

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

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



Employer identification number \*\*-\*\*\*5146

Department of the Treasury Internal Revenue Service Name of the organization

# PILOTS TO THE RESCUE INC.

		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose confe	rring
	impermissible private benefit?			Yes
Par				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat	F	Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Y
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year		, ,	C C
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		n, handling of	
	violations, and enforcement of the conservation easements it			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
			g	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
		•	C C	0
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	· ·		
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
<b>1</b> a	If the organization elected, as permitted under FASB ASC 958		ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan			
h	If the organization elected, as permitted under FASB ASC 958			ca sheet works of
5	art, historical treasures, or other similar assets held for public			
		exhibition, education, or h		e of public service,
	provide the following amounts relating to these items.			¢
	(i) Revenue included on Form 990, Part VIII, line 1			*
^				
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS	-		<b>^</b>
	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			
b HA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2
b HA				

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a Using the organization acquisition, accession, and other records, check any of the following that make significant use of its content use of its content in the organization acquisition, accession, and other records, theck any of the following that make significant use of its content in the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       Provide accemption of the organization collectors       Image: Collectors       Image: Collectors       Image: Collectors         c       Provide accemption of the organization collectors       Image: Collectors       Image: Collectors       Image: Collectors       Image: Collectors         c       Provide accemption of the organization collectors       Image: Collectors       Image: Collectors       Image: Collectors       Image: Collectors         6       Other       Escrew and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, Ime 21, Image: Collectors       Image: Collector	-		TO THE RES				**_**			age <b>2</b>
collection terms (check all that apply).       a       b       b       Scholarly research       c       Other	Pa			-					nued)	
a       Public scholation       d       Clean or exchange program         b       Scholativ research       e       Other	3		ion, and other record	ls, check any of th	ne following that m	ake significant	use of its			
b       Scholary research       e       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization acswered 'Yes" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       Id         c       Beginning balance       Id       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21. for secrow or obstodial account liability?       Ves       No         b       If Yes' capian the arrangement in Part XII. Check here if the organization has been provided in Part XIII       Part Ves' on Form 990, Part X ine 21.       Id         2a       Did the organization include an amount on Form 990, Part X, line 21.       (o) Fore year form 990, Part X ine 10.       Id         2a       Did the organization include an amount on Form 990, Part X, line 21.       (o) Fore year form 990, Part X ine 10.       Id										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization angent, trustee, custodial, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 2 Beginning balance	а		d							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of at, historical ressures, or other similar assets     to be sold to raise funds rather than to be mantained as part of the organization as objection?     Part W Escrow and Custodial Arrangements Complete if the organization arswered "Ves" on Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X2, line 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X2, line 21.     Is the organization include an amount on Form 990, Part X, line 21.     Distributions during the year     Ite     Teading balance     Distributions during the year     Ite     Trans.     Distributions during the year     Ite     Trans.     Ite Part V Endowment Funds Complete if the organization has been provided in Part XIII.     Part V Endowment Funds Complete if the organization incluses     Id of part year     Id of part year     Id of part year     Id of part year     Id of provided in Part XIII.     Part V Endowment Funds Complete if the organization anables of provided in Part XIII.     Id of organization incluses     Id of organization incline the possession of the organization that are held and	b		e	└── Other						
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be ook to raise funds rather than to be maintained as part of the organization's collection?       No.         Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization angent. It usuble, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       1       1       1         d       Additions during the year       1       1         e       Distributions during the year       1       1         d       Additions during the year       1       1         e       Ending balance       1       1       1         d       Additions during the year       1       1       1         e       Ending balance       1       1       1         d       Additions during the year       1       1       1         d       Dif Yes, 'explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       No         b       If 'Yes	С	-								
to be sold to raise funds rather than to be maintained as part of the organization is collection?       Yes       No         Part IV       Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for secrem or clustodial account liability?       Is the organization include an amount on Form 990, Part X, line 21, for secrem or clustodial account liability?       Ive       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Ive       No         b       If "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Ive       No         a       Bid the organization include an amount on Form 990, Part X, line 21, for secrem or clustodial account liability?       Ves       No         b       If "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Ive       No         b       If "explain the arrangement in Part XIII. Check here if the explanation fase the provide in Part XIII. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>ose in Par</th><th>t XIII.</th><th></th><th></th></td<>							ose in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part XP       Ives       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or gustolial account tability?       No         b If Yes,' explain the arrangement in Part XII.       Image: Complete intermediate intermedintermediate intermedintermediate intermedintermediate intermediate	5							7		1
reported an amount on Form 990, Part X, line 21.  a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance  d Additions during the year  f Ending balance  b If "Yes," explain the arrangement in Part XIII check here if the explanation has been provided in Part XIII  Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or facilities and programs f Administrative expenses  G Tarm endowment  f Administrative expenses  if Administrative ex	Do									] No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Ic       Amount         c       Beginning balance       Ic       Amount       Ic       Amount         d       Additions during the year       Id       Id <t< th=""><td>Pa</td><td></td><td></td><td>te if the organizati</td><td>on answered "Yes</td><td>s" on Form 990</td><td>, Part IV, li</td><td>ine 9, or</td><td></td><td></td></t<>	Pa			te if the organizati	on answered "Yes	s" on Form 990	, Part IV, li	ine 9, or		
on Form 990, Part X?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1e         12       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Immediate provide in Part XIII       Immediate provide in Part XIII the intervent was part to provide in Part XIII the intervent was part to provide in Part XIII the intervent was part to provide in Part XIII the intervent was part to provide in Part XIII the intervent was part to provide in Part XIII the intervent was part provide intervent was part part part part part part p		•		diam ( fau a amhuila ( d		to uset in alcodes				
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>d</li> <lid< li=""> <li>d</li> <li>d</li></lid<></ul>	Ia							Vec		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         d       Additions during the year       Id         d       Distributions during the year       If         d       Distributions       Inc       Inc         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       Image: State in the years back (e) Four years back in the year years back in the year state in the year state in the year in the year in the year is the year is back in the year balance in the y	h						······ L	lites	L	
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability?       Yes       No         b       If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Part V       Endowment FundS Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Iwo years back       (e) Four years back         a       Grants or scholarships	D		and complete the lo	nowing table.				Amount	+	
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or clustodial account liability?       Yes         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       [a] Current year       (b) Prior year       (c) Three years back       (e) Four years back         a K investment earnings, gains, and losses       1       1       1       1       1         c Other expenditures for facilities       1       1       1       1       1         and programs       1       1       1       1       1       1         g End of year balance       96       1       1       1       1       1       1         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       1 <td>~</td> <td>Beginning balance</td> <td></td> <td></td> <td></td> <td>10</td> <td></td> <td>,</td> <td>-</td> <td></td>	~	Beginning balance				10		,	-	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or distocial account liability?       Yes       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State										
f       Ending balance										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustoilal account liability?       Yes       No         D       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       No thintsetwice expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Column (a) held as:       (a) Column (a) held as:       (b) Permanent endowment       96       (b) Permanent endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations?       (ii) Mai(i)       (iii) Mai(i)       (iii)       (iii)       (iii)	f									
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1b       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Chior year       (c) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Administrative expenses       (c) Three years back       (e) Four years       (e) Four years         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       (a) Four years       (a) Four years         2       Porvide the estimated procentage of the current year end balance (line 1g, column (a)) held as:       (c) Fo	2a							Yes		No
Part V       Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Charts or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Charts or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         6       Charts or scholarships       (a) Current year       (a) Current year       (c) Two years       (c) Two										]
1a       Beginning of year balance       Image: Contributions         b       Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions         d       Grants or scholarships       Image: Contributions         e       Other expenditures for facilities       Image: Contributions         and programs       Image: Contributions       Image: Contributions         f       Administrative expenses       Image: Contributions         g       End of year balance       Image: Contributions         g       End of year bal										
b       Contributions			(a) Current year	(b) Prior year	(c) Two years b	ack <b>(d)</b> Three	years back	(e) Four	years	back
b       Contributions	1a	Beginning of year balance								
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs										
e       Other expenditures for facilities and programs										
and programs	d	Grants or scholarships								
f       Administrative expenses	е	Other expenditures for facilities								
g End of year balance		and programs								
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         m       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations isited as required on Schedule R?</li> <li>(iiii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Part VI       Land, Buildings, and Equipment       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         basis (investment)       basis (other)       (c) Accumulated       (d) Book value         basis (investment)       basis (other)       (c) Accumulated       (d) Book value         basis (investment)       basis (other)       1, 363, 376.       166, 211.       1, 197, 165.	f	Administrative expenses								
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> <ul> <li>Yes in file 3a(ii)</li> <li>(ii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(e) Accumulated depreciation</li> <li>(f) Bouk value basis (other)</li> <li>(g) Cost or other basis (other)</li> <li>(g) Accumulated depreciation</li> <li>(h) Bouk value basis (other)</li> <li>(h) Book value depreciation</li> <li>(h) Book value depreciation</li> <li>(h) Book value depreciation</li> <li>(h) Bouk value depreciation</li> <li>(h) Bouk value depreciation</li> </ul>	g	End of year balance								
b       Permanent endowment      %         c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations and the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation depre</li></ul>	2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
c       Term endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(iii) Related organizations are the related organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(f) Book value depreciation</li> <li>(f) Book value depreciation</li> </ul>	а	Board designated or quasi-endowment		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organization?</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> </ul> <ul> <li>(a) Land</li> <li>(b) Buildings</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements<th>b</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>	b									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b         b Buildings       1         c Leasehold improvements       1         d Equipment       1         e Other       1	с									
organization by:       Yes       No         (i)       Unrelated organizations?       3a(i)       3b       3c       3b       3c       3b       3c       3b       3c       3c <td< th=""><th></th><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>			•							
(i) Unrelated organizations?       3a(i)         (ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings	3a	•	ession of the organiza	ation that are held	and administered	for the		г	Vee	Na
(ii) Related organizations?       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (d) Book value         1a Land									Tes	NO
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land										
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	h	(II) Related organizations?						3a(II)		
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land					۲ <i>۲</i>			30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land				witherit futius.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land				). Part IV. line 11a	. See Form 990. P	art X. line 10.				
basis (investment)     basis (other)     depreciation       1a Land							ed	(d) Boo	k value	 -
1a Land								, 500		-
b Buildings	1a	Land	· · · · · · · · · · · · · · · · · · ·							
c Leasehold improvements										
d Equipment         1,363,376.         166,211.         1,197,165.					İ					
e Other 1,363,376. 166,211. 1,197,165.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,3	63,376.	<u>166,</u> 2				
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, line 10c, colun	nn (B))			1,19	7,10	65.

Schedule D (Form 990) 2023

332052 09-28-23

Dart VII	Invootmonto	Other Securi	tion			
Schedule D	(Form 990) 2023	PILOTS	то	THE	RESCUE	INC

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			,
2) Closely held equity interests			
3) Other			
(A) ANNUITY CONTRACT	38,243.	COST	
(B) INVESTMENTS	1,251,971.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	1 000 014		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,290,214.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	D-of-year market value
(1)			
(2)		_	
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(3)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3)         (4)         (5)         (6)         (7)         (8)			
(3)         (4)         (5)         (6)         (7)         (8)         (9)			
(3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, line 15, col	!. (B))		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" (		11e or 11f. See Form 990, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" ( 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25	5. (b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" ( 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CREDIT CARD		11e or 11f. See Form 990, Part X, line 25	(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE DUE TO AFFILIATE		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES (5)		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES (5) (6)		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, condition of the conditional of the organization answered "Yes" of the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25	(b) Book value 14,571 3,582
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, con Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) CREDIT CARD (3) DUE TO AFFILIATE (4) PAYROLL LIABILITIES (5) (6) (7)	on Form 990, Part IV, line <sup>-</sup>		(b) Book value

332053 09-28-23

Sche	dule D (Form 990) 2023 PILOTS TO THE RESCUE INC.			**_;	***5146 <sub>Page</sub> 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,384,070.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	111,129.		
b	Donated services and use of facilities	2b			
с					
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	111,129.
3	Subtract line 2e from line 1			3	3,272,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	68,204.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	68,204.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,341,145.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,107,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,107,631.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1.		
	Add lines 4a and 4b			4c	1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,107,632.
Pa	rt XIII Supplemental Information				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	tional infor	mation.		

PART X, LINE 2:

THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS CONTAIN ANY

UNCERTAIN TAX POSITIONS. THE ORGANIZATION PRIMARILY RECEIVES ITS SUPPORT

FROM CONTRIBUTIONS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PRIOR PERIOD ADJUSTMENT

# PART XII, LINE 4B - OTHER ADJUSTMENTS:

332054 09-28-23

Schedule D (Form 990) 2023

68,204.

1.

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Schedule D (Form 990) 202
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 Schedule D (Form 990) 2023
 PILOTS TO THE RESCUE INC.
 \*\*-\*\*5146 Page 5

 Part XIII
 Supplemental Information (continued)
 \*\*-\*\*5146

	n (cominaea)
20055 00 28 22	Schedule D (Form 990) 2023
2055 09-28-23	30
51105 758202 A11334	2023.05000 PILOTS TO THE RESCUE INC. A11334_1

SCHEDULE G	Suppleme	ental Information Regarding	ing or Gaming	Activ	rities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					or if the	2023	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection	
Name of the organization Employ						entification number			
PILOTS TO THE RESCUE INC.         **-**           Part I         Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 99									
	complete this par		erea "Y	es" o	h Form 990, Part IV,	line 17	. Form 990-E	2 filers are not	
<ul> <li>a X Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations blicitations on have a written o ted in Form 990, P ) highest paid indir	s <b>f</b> Solicita <b>g</b> Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclue profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru undraising services?	stees,	X Ye		
(i) Name and addres or entity (fund		(iii) Activity	or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	mount paid retained by) undraiser ed in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization	
FUND RAISING STRAT - 1420 SPRING HILL		DIRECT MAIL FUNDRAISING	Yes	No X	1,291,131.		120,167	. 1,170,964.	
AEGIS3 FUNDRAISING - 6017 PINE RIDGE	,	DIRECT MAIL FUNDRAISING		x	295,766.		, 17,746		
Total				I	1,586,897.		137,913	. 1,448,984.	
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is (	exempt from	registration	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

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2023.05000 PILOTS TO THE RESCUE INC.

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LHA 332081 09-13-23

PILOTS TO THE RESCUE INC.

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

		of fundraising event contributions and gro	oss income on Form 990	J-EZ, lines I and 6D. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			SWEEPSTAKES			
ē			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	295,766.			295,766.
	2	Less: Contributions	295,766.			295,766.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ş	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				
		Direct expense summary. Add lines 4 through	9 in column (d)			
		Net income summary. Subtract line 10 from lin				
Pa	irt I	II Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
£	1	Gross revenue				
s	2	Cash prizes				
xpense		Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Ves %	Yes %	Ves %	

8 Net gaming income summary. Subtract line 7 from line 1, column (d)
9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

7 Direct expense summary. Add lines 2 through 5 in column (d)

No

**b** If "No," explain:

6 Volunteer labor

332082 09-13-23

Schedule G (Form 990) 2023

A11334\_1

Yes

No

32 2023.05000 PILOTS TO THE RESCUE INC.

No

No

Schedule G (Form 990) 2023	PILOTS TO THE RESCUE INC.	<b>**-**5146</b> Page:
11 Does the organization conduc	t gaming activities with nonmembers?	
<b>12</b> Is the organization a grantor,	beneficiary or trustee of a trust, or a member of a partnership or other ent	ity formed
to administer charitable gamir	ng?	Yes 🗌 N
13 Indicate the percentage of ga	ming activity conducted in:	
<b>a</b> The organization's facility		13a
14 Enter the name and address of	of the person who prepares the organization's gaming/special events boo	ks and records:
Name		
Address		
15a Does the organization have a	contract with a third party from whom the organization receives gaming re	evenue? Yes No
<b>b</b> If "Ves." enter the amount of	gaming revenue received by the organization \$	and the amount
	y the third party \$	
c If "Yes," enter name and add		
Name		
Address		
<b>16</b> Gaming manager information:		
Name		
Gaming manager compensati	on \$	
Carning manager compensati	σπ ψ	
Description of services provid	ed	
Director/officer	Employee Independent contractor	
<b>17</b> Mandatory distributions:		
•	nder state law to make charitable distributions from the gaming proceeds	
retain the state gaming licens		
	ons required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt ac Part IV Supplemental In	tivities during the tax year \$ formation. Provide the explanations required by Part I, line 2b, column	ns (iii) and (v): and Part III, lines 9, 9b, 10b.
	o, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G. PART	I, LINE 2B, LIST OF TEN HIGHEST PAID	FUNDRAISERS:
	_,,,	
(I) NAME OF FUNDR	AISER: FUND RAISING STRATEGIES, INC.	
(1) MALL OF FORDI	AIDER. TOND MAIDING DIMAIDCIED, INC.	
(I) ADDRESS OF FU	NDRAISER: 1420 SPRING HILL RD, MCLEAN	N, VA 22102
(I) NAME OF FUNDR.	AISER: AEGIS3 FUNDRAISING GROUP, INC	
(I) ADDRESS OF FU	NDRAISER: 6017 PINE RIDGE ROAD, #201,	, NAPLES, FL 34119
PART I, LINE 2B,	COLUMN (V):	
332083 09-13-23		Schedule G (Form 990) 202
251105 758202 A113	33 34 2023.05000 PILOTS TO THE R	ESCUE INC. A11334_1
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Part IV Supplemental Information (continued)

# PILOTS TO THE RESCUE LEVERAGES FUNDRAISING COUNSELS THAT CHARGE AGENCY

FEES BASED ON THE NUMBER OF DIRECT MAIL PIECES.

		Schedule G (Form 990)
332084 04-01-23	34	

SCHEDULE O

(Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 fo</u>r the latest information. OMB No. 1545-0047

Employer identification number \*\*-\*\*5146

PILOTS TO THE RESCUE INC.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AFTER IT IS

PREPARED AND BEFORE IT IS FINALIZED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS, OFFICERS, AND KEY PERSONS MUST SIGN AND FILE A

CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE WILL OBTAIN RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION OF THE EXECUTIVE

DIRECTOR (AND ANY OTHER HIGHLY COMPENSATED EMPLOYEES OR CONSULTANTS). THE

BOARD THEN DOCUMENTS HOW IT REACHED ITS DECISION IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CO,CA,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT INFORMATION AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, CHARITY NAVIGATOR, AND UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENT

 INFORMATION AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE, CHARITY

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

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2023.05000 PILOTS TO THE RESCUE INC. A11334\_1

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
PROMOTION:	
PROGRAM SERVICE EXPENSES	111,361
MANAGEMENT AND GENERAL EXPENSES	12,374
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	123,735
FLIGHT EXPENSES:	
PROGRAM SERVICE EXPENSES	92,792
MANAGEMENT AND GENERAL EXPENSES	10,310.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	103,102.
MAILHOUSE EXPENSES:	
PROGRAM SERVICE EXPENSES	72,190
MANAGEMENT AND GENERAL EXPENSES	671.
FUNDRAISING EXPENSES	16,908.
TOTAL EXPENSES	89,769.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	79,667
MANAGEMENT AND GENERAL EXPENSES	8,853
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	88,520

NAVIGATOR, AND UPON REQUEST.

PILOTS TO THE RESCUE INC.

Schedule O (Form 990) 2023

Name of the organization

09251105 758202 A11334

332212 11-14-23

EQUIPMENT & SOFTWARE:

Schedule O (Form 990) 2023

A11334\_1

Page 2

Employer identification number \*\*-\*\*5146

Name of the organization PILOTS TO THE RESCUE INC.	Employer identification numb **-***5146
PROGRAM SERVICE EXPENSES	25,222
MANAGEMENT AND GENERAL EXPENSES	705
FUNDRAISING EXPENSES	4,826
TOTAL EXPENSES	30,753
LIST RENTALS:	
PROGRAM SERVICE EXPENSES	13,333
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	3,501
TOTAL EXPENSES	16,834
DUES AND SUBSCRIPTION:	
PROGRAM SERVICE EXPENSES	13,84
MANAGEMENT AND GENERAL EXPENSES	633
FUNDRAISING EXPENSES	2,08
TOTAL EXPENSES	16,563
BACK-END COSTS:	
PROGRAM SERVICE EXPENSES	10,26
MANAGEMENT AND GENERAL EXPENSES	7
FUNDRAISING EXPENSES	2,44
TOTAL EXPENSES	12,783
TELEPHONE AND INTERNET:	
PROGRAM SERVICE EXPENSES	1,31
MANAGEMENT AND GENERAL EXPENSES	14
FUNDRAISING EXPENSES	
TOTAL EXPENSES	1,46

Schedule O (Form 990) 202	23					Page <b>2</b>
Name of the organization	PILOTS	то	THE	RESCUE	INC.	Employer identification number ** - ** 5146

# WEBSITE:

09

PROGRAM SERVICE EXPENSES	331.
MANAGEMENT AND GENERAL EXPENSES	2.
FUNDRAISING EXPENSES	80.
TOTAL EXPENSES	413.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	483,936.

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332212 11-14-23		38				Schedu	le O (Form 990) 2023
251105 758202 A11334	2023.05000	PILOTS	то	THE	RESCUE	INC.	A11334_1

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

FORM 9:								990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	BIKES	07/03/19	SL	5.00		16	5,468.				5,468.	3,829.		1,094.	4,923.
2	PLANE 2020	10/14/20	SL	12.00		16	203,725.				203,725.	38,198.		16,977.	55,175.
3	IMPROVEMENTS - PLANE 2020	11/09/20	SL	12.00		16	16,744.				16,744.	3,023.		1,395.	4,418.
4	IMPROVEMENTS - PLANE 2020	03/24/21	SL	12.00		16	19,585.				19,585.	2,856.		1,632.	4,488.
5	IMPROVEMENTS - PLANE 2020	07/29/21	SL	12.00		16	40,497.				40,497.	4,781.		3,375.	8,156.
6	IMPROVEMENTS - PLANE 2020	03/21/22	SL	12.00		16	26,067.				26,067.	1,629.		2,172.	3,801.
7	IMPROVEMENTS - PLANE 2022	12/07/22	SL	12.00		16	38,160.				38,160.	265.		3,180.	3,445.
8	PLANE 2022	11/01/22	SL	12.00		16	395,000.				395,000.	5,486.		32,917.	38,403.
9	PLANE 2022 CLOSING COSTS	11/01/22		240M	ну	43	18,045.				18,045.	150.		1,804.	1,954.
10	IMPROVEMENTS - PLANE 2020	01/04/23	SL	12.00		16	16,928.				16,928.			1,411.	1,411.
11	IMPROVEMENTS - PLANE 2020	09/13/23	SL	12.00		16	98,913.				98,913.			2,748.	2,748.
12	IMPROVEMENTS - PLANE 2020	12/13/23	SL	12.00		16	13,327.				13,327.			93.	93.
13	IMPROVEMENTS - PLANE 2023	12/12/23	SL	12.00		16	6,145.				6,145.			43.	43.
14	PLANE 2023	02/03/23	SL	12.00		16	445,250.				445,250.			34,012.	34,012.
15	TOYOTA MINIVAN	03/05/23	SL	5.00		16	30,567.				30,567.			5,095.	5,095.
16	EQUIPMENT	12/31/23	SL	5.00	MQ	19B	7,000.			5,600.	1,400.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						1,381,421.			5,600.	1,375,821.	60,217.		107,948.	168,165.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

	JU INGE IU				-	_		550							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						1,381,421.			5,600.	1,375,821.	60,217.		107,948.	
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						763,291.			0.	763,291.	60,217.			124,763.
	ACQUISITIONS						618,130.			5,600.	612,530.	0.			43,402.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						1,381,421.			5,600.	1,375,821.	60,217.			168,165.
	ENDING ACCUM DEPR											173,765.			
	ENDING BOOK VALUE											1,207,656.			

328111 04-01-23

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>
Department of the Treasury Internal Revenue Service
Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Attachment Sequence No. 179 Identifying number

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OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

PII	OTS TO THE RESCUE	INC.		FOR	м 990	PAGE 10		**-***5146
Par	t I Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	u have any lis	sted propert	y, complete Par	t V before y	ou complete Part I.
1 N	faximum amount (see instructions)						1	1,160,000.
<b>2</b> T	otal cost of section 179 property plac							
<b>3</b> T	hreshold cost of section 179 property	3	2,890,000.					
<b>4</b> F	Reduction in limitation. Subtract line 3	4						
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from line	e 1. If zero or less, enter	-0 If married fili	ng separately, see	instructions		5	
6	(a) Description of pr	operty		(b) Cost (busin	ess use only)	(c) Elected	cost	
	isted property. Enter the amount from							
	otal elected cost of section 179 prope							
	entative deduction. Enter the <b>smaller</b>							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the s							
	Section 179 expense deduction. Add li					1	12	
	Carryover of disallowed deduction to 2		,		13			
Par	Don't use Part II or Part III below for				- Keterland			
	openia openia openia		-					
	pecial depreciation allowance for qua					-		
	ne tax year							
	Property subject to section 168(f)(1) ele							106,144.
-	Other depreciation (including ACRS)           t III         MACRS Depreciation (Don't	includo listod pro				<u></u>	16	100,144.
I UI		include listed pro		ction A				
17 N	ACRS deductions for assats placed i				2		17	
	IACRS deductions for assets placed i you are electing to group any assets placed in ser	-		~			<del>''</del>	
10 "	Section B - Assets						ation Syst	em
		(b) Month and	(c) Basis for	depreciation	(d) Recove			
	(a) Classification of property	year placed in service		vestment use instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
<u>b</u>	5-year property							
	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
 g	25-year property				25 yrs.		S/L	
	· · · ·	/			27.5 yrs		S/L	
h	Residential rental property	/			27.5 yrs		S/L	
		/			39 yrs.		S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets F	Placed in Service	During 2023	B Tax Year U	sing the Alt			stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
c	30-year	/			30 yrs.		S/L	
d	40-year	/			40 yrs.		S/L	
Par	<b>t IV</b> Summary (See instructions.)					-		
<b>21</b> L	isted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines		es 19 and 20	in column (g	), and line 2	1.		
	nter here and on the appropriate lines	-					22	106,144.
	or assets shown above and placed in							
р	ortion of the basis attributable to sect	ion 263A costs			23	1		

316251 12-20-23 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 456	62 (2023)	PIL	OTS TO	$\mathbf{THE}$	RESC	UE	INC.					**_	-***5	146	Page 2
Part V	Listed Proper	ty (Include a	utomobiles, c	ertain oth	ner vehic	les, ce	ertain airc	raft, ar	nd propert	y used f	or				
	entertainment, Note: For any				standar	d mile:	age rate o	or dedi	ucting leas	se exper	se com	nolete <b>or</b>	<b>1 v</b> 24a		
	24b, columns	(a) through (c	c) of Section A	A, all of S	ection B,	, and S	Section C	; if appl	licable.	ве схреп	30, 00H		<b>IIy</b> ∠+a,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution:	See the i	instruc	tions for li	mits for	passen	ger auto	mobiles.	)	
<b>24a</b> Do y	ou have evidence to s	support the bu	isiness/investm	ent use cla	aimed?	<u> </u>	Yes	No	24b If "Y	es," is th	ne evide	nce writ	tten?	Yes	No
_	(a)	(b) Date	(c) Business/		(d)		(e)		(f)		g)		(h)		(i)
	e of property vehicles first)	placed in	investment		Cost or her basis		asis for depr ousiness/inve	estment	Recovery period	Me	thod/ ention		eciation luction		ected on 179
(1131		service	use percenta	ge <sup>ot</sup>			use only	y)	period	0011			luction	C	cost
25 Spec	ial depreciation all	owance for q	qualified listed	property	v placed i	in serv	vice durin	g the t	ax year ar	ld					
used	more than 50% in	a qualified b	ousiness use								25				
26 Prope	erty used more tha	in 50% in a c	ualified busin	ess use:						·					
		: :		%											
		: :		%											
		: :		%											
27 Prope	erty used 50% or l	ess in a quali	ified business	use:											
				%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
	amounts in column														
29 Add a	amounts in column	ı (i), line 26. E	Enter here and	l on line l	7, page 1								. 29		
			5	Section I	B - Infori	matio	n on Use	of Vel	nicles						
Complete	e this section for ve	ehicles used	by a sole prop	orietor, p	artner, o	r other	r "more th	nan 5%	owner," o	or relate	d perso	n. If you	provided	d vehicle	es
to your e	mployees, first ans	wer the ques	stions in Secti	on C to s	see if you	ı meet	t an excep	ption to	o completi	ng this s	section 1	for those	e vehicle:	5.	
										1					
				· ·	a)		(b)		(c)	(	d)		(e)		(f)
	business/investment		-	Vehi	cle 1	Ve	hicle 2	Ve	ehicle 3	Vehi	cle 4	Veh	iicle 5	Veh	icle 6
	don't include commu														
	commuting miles							Y							
32 Total	other personal (no	ncommuting	g) miles												
drive	n														
	miles driven during														
	ines 30 through 32						_								
	the vehicle availab	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	g off-duty hours?						_								
	the vehicle used p														
	5% owner or relate						_								
36 Is and	other vehicle availa	able for perso	onal												
use?															
			- Questions												
	nese questions to		5	exceptior	n to comp	oleting	g Section	B for v	ehicles us	ed by e	nployee	es who a	iren't		
	n 5% owners or re	•												1	1
-	ou maintain a writte		-		-				-	-				Yes	No
emple	oyees?														
-	ou maintain a writte		-												
	oyees? See the ins														
	ou treat all use of v														
	ou provide more th														
	the use of the vehicles, and retain the information received?														
	If your answer to	37, 38, 39, 4	10, or 41 is "Ye	es," don <i>*</i>	t comple	te Sec	ction B fo	r the co	overed ve	hicles.					
Part V	Amortization		<u> </u>	(b)		(~)			(서)		(0)			(f)	
	<b>(a)</b> Description o	f costs	Date	(b) amortization		(c) Amortiz	able		(d) Code		(e) Amortiza	ation	A	(f) nortizatior	1
40	tization of costs the	ot bosine -li		begins 2 tox you	L	amou			section		period or pe	rcentage	fo	or this year	
42 Amor	tization of costs th	iat pegins du	aning your 202	s tax yea	ar: I										
				: :											
40 1	11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	-+	(and the second	<u> </u>	l					STM	·π 1			1	804.
43 Amor	tization of costs th	lat began be	tore your 202	s tax yea	ır					STR	±±.	43		<u> </u>	004.

43	Amortization of costs that began before your 2023 tax year STMT 1	43	1,804
44	Total. Add amounts in column (f). See the instructions for where to report	44	1,804
316	252 12-20-23		Form <b>4562</b> (202)

FORM 4562	PART VI - AMORTIZATION				STATEMENT 1		
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.	
PLANE 2022 CLOSING COS	11/01/22	18,045.		240M	150.	1,804.	
TOTAL TO FORM 4562, LINE	43					1,804.	

8

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

# FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	MR. MICHAEL SCHNEIDER PILOTS TO THE RESCUE INC. 931 MANHATTAN AVENUE 3 BROOKLYN, NY 11222
Prepared by	PRESTI & NAEGELE LLC 225 WEST 35TH STREET, 5TH FLOOR NEW YORK, NY 10001
Amount due or refund	BALANCE DUE OF \$275.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THE NEW YORK FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat									
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2023 and Ending (mm/dd/yyyy) 12/31/2023									
Check if Applicable:	Name of Organization:     Employer Identification Number (EIN):       PILOTS TO THE RESCUE INC.     **-**5146								
Name Change	Mailing Address: 931 MANHATTAN	NY Registration Number: $45 - 77 - 10$							
Final Filing	City / State / ZIP: BROOKLYN , NY	11222		Telephone: 212 404-6936					
Reg ID Pending	Website: WWW • PILOTSTOTE	IERESCUE.ORG		Email: MICHAEL@PILOTSTOTHE					
Check your organization's registration category:	Check your organization's Confirm your Registration Category in the								
2. Certification									
See instructions for certif	cation requirements. Imprope	er certification is a violation	of law that may be subject t	o penalties. The certification requires					
two signatories.									
, ,	enalties of perjury that we rev e true, correct and complete i	, , , <b>,</b>		best of our knowledge and belief, pplicable to this report.					
President or Authorized	Officer:		BRIAN ORTER PRESIDENT						
	Signature		Print Name SCOTT RICKL						
Chief Financial Officer or			TREASURER						
	Signature		Print Name	and Title Date					
3. Annual Reporting									
				gory (7A or EPTL only filers) or both					
				d Char500. No fee, schedules, or					
		n an exemption or are a DC	IAL filer that claims only one	exemption, you must file applicable					
schedules and attachmen	nts and pay applicable fees.								
exceed \$2	3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
	3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and Attachments									
See the following page for a checklist of schedules and attachments to complete your filing.       X       Yes       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.									
5. Fee									
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:						
next page to calculate yo fee(s). Indicate fee(s) you	°			Make a single check or money order payable to:					
are submitting here:	\$5.	\$ <u>250.</u>	\$ <u>275.</u>	"Department of Law"					
-	<sup>.</sup> Charitable Organizations (Up fers to an organization's NYS	• •	not refer to its IRS tax desig	gnation.					

368451 04-01-23 **1019** 

Page 1

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2 2023.05000 PILOTS TO THE RESCUE INC.

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# PILOTS TO THE RESCUE INC.

FIDOID IO INE KEDO	OF INC.			
	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:			
CHAR500	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.			
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.			
Annual Filling Onecklist	- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part			
Checklist of Schedules an	d Attachments			
Check the schedules you must sub	mit with your CHAR500 as described in Part 4:			
X If you answered "yes" in Part	4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV			
If you answered "yes" in Part	4b, submit Schedule 4b: Government Grants			

Check the financial attachments you must submit with your CHAR500:

X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.

Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000

X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.

If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000

No Review Report or Audit Report is required because total revenue and support is less than \$250,000

We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

# Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

# Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

<sup>368461</sup> <sup>04-01-23</sup> 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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2023.05000 PILOTS TO THE RESCUE INC.

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# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

2023

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

## Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

#### 1. Organization Information

Name of Organization:	NY Registration Number:
PILOTS TO THE RESCUE INC.	45-77-10

## 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
X Professional Fund Raiser	FUNDRAISING STRATEGIES, INC.	32-64-35
Fund Raising Counsel	Mailing Address:	Telephone:
	1420 SPRING HILL ROAD	703-226-0212
Commercial Co-Venturer	City / State / ZIP:	
	MCLEAN, VA 22102	

# **3. Contract Information**

Contract Start Date:	Contract End Date:
01/01/2023	12/31/2023

# 4. Description of Services

Services provided by FRP: SEE STATEMENT 1

# 5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:
SEE STATEMENT 2	120,167.

## 6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

368471 04-01-23

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022) Page 1 4

2023.05000 PILOTS TO THE RESCUE INC. A11334\_1

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

2023

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

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A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

#### 1. Organization Information

Name of Organization:	NY Registration Number:
PILOTS TO THE RESCUE INC.	45-77-10

# 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser	AEGIS3 FUNDRAISING GROUP, INC.	45-68-22
	Mailing Address:	Telephone:
Fund Raising Counsel		
	6017 PINE RIDGE ROAD, #201	617-519-1422
Commercial Co-Venturer	City / State / ZIP:	
	NAPLES, FL 34119	

## **3. Contract Information**

# 4. Description of Services

Services provided by FRP: SEE STATEMENT 3

# 5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:	
SEE STATEMENT 4	132,053.	

## 6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

368471 04-01-23

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022) Page 1 5

2023.05000 PILOTS TO THE RESCUE INC. A11334\_1

THE SERVICES PROVIDED BY FUNDRAISING STRATEGIES INC, ARE THAT OF A DIRECT MAIL CAMPAIGN, WHICH INCLUDES REQUESTS FOR DIRECT CONTRIBUTIONS. MARKETING MATERIALS ARE MAILED DIRECTLY TO THE CONTRIBUTORS. THIS IS DONE SO THAT THE ORGANIZATION MAY ACHIEVE ITS PROGRAMMATIC, MANAGEMENT, AND GENERAL GOALS.

THE COMPENSATION ARRANGEMENT WITH FUNDRAISING STRATEGIES, INC, IS THAT PILOTS TO THE RESCUE LEVERAGES FUNDRAISING COUNSELS THAT CHARGE AGENCY FEES BASED ON THE NUMBER OF DIRECT MAIL PIECES.

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SCH 4A (PFR)
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PILOTS TO THE RESCUE ENGAGES AEGIS3 FUNDRAISING GROUP, INC., TO PLAN, CONDUCT, CONSULT, AND PREPARE MATERIAL TO ENCOURAGE CONTRIBUTIONS SO THAT THE ORGANIZATION MAY ACHIEVE ITS PROGRAMMATIC, MANAGEMENT, AND GENERAL GOALS.

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THE COMPENSATION ARRANGEMENT WITH AEGIS FUNDRAISING GROUP INC, IS THAT PILOTS TO THE RESCUE LEVERAGES FUNDRAISING COUNSELS THAT CHARGE AGENCY FEES BASED ON THE NUMBER OF DIRECT MAIL PIECES.

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