efile	e Pu	ıblic Visı	al Render ObjectId: 202441029349300414 - Submissio	n: 2024-04	-11	T	IN: 20-4567769	
<u>/</u>			Return of Organization Exempt From			1	OMB No. 1545-0047	
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2023			
			Do not enter social security numbers on this form as it may			15)	2023	
Departn	Department of the Treasury Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.							
Internal	Rever	nue Service					Inspection	
A F	or th	ne 2023 ca	alendar year, or tax year beginning 01-01-2023 , and ending 12-31 C Name of organization	-2023				
		applicable: change	VETERANS AIRLIFT COMMAND				fication number	
_		hange			20-456776	59		
O Ini			Doing business as					
_		rn/terminated	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	ρ	E Telephone n	umber		
		ion pending	5775 WAYZATA BLVD STE 700	C	(952) 582 <sup>.</sup>	2911		
-			City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55416					
			F Name and address of principal officer:		G Gross receip		6,672,809	
			WALT FRICKE		a group retur	n for	🗆 Yes 🔽 No	
			5775 WAYZATA BLVD STE 700 MINNEAPOLIS, MN 55416	H(b) Are all	linates? subordinates			
I Tax	(-exer	mpt status:	✓ 501(c)(3) □ 501(c) ( ) (insert no.) □ 4947(a)(1) or □ 527	include	ed? " attach a list	See	Yes No	
J W	ebsi	te: WW	W.VETERANSAIRLIFT.ORG		exemption nu			
K Form	n of o	organization:	🗌 Corporation 🗹 Trust 🗌 Association 🗌 Other	L Year of forma	tion: 2006 M		of legal domicile:	
Pa	art I	Sum	mary					
	1		cribe the organization's mission or most significant activities:					
e								
an								
иел	_							
Governance		Check thi Number o	s box $\Box$ of voting members of the governing body (Part VI, line 1a)			3	3	
× ×	4	Number o	of independent voting members of the governing body (Part VI, line 1b) $\ .$			4	3	
Activities	5	Total num	ber of individuals employed in calendar year 2023 (Part V, line 2a) $\ .$	i.	5	5		
otiv	6	Total num	ber of volunteers (estimate if necessary)		•	6	2,511	
A	7a	Total unre	elated business revenue from Part VIII, column (C), line 12			7a	0	
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11	<u></u>	• •	7b	0	
				Prio	r Year		Current Year	
en			ions and grants (Part VIII, line 1h)		4,112,681		3,939,770	
Revenue			service revenue (Part VIII, line 2g) . . . . . . . . . . . .		0 -88,930		0 339,695	
å			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		00,930		0	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,023,751		4,279,465	
			nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0	
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		0		0	
8	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)		519,161		544,292	
WS(	16a	a Professio	nal fundraising fees (Part IX, column (A), line 11e)		0		0	
Exp enses	b	Total fundr	aising expenses (Part IX, column (D), line 25) 63,916					
Û			penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,703,029		2,752,385	
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		3,222,190		3,296,677	
L 00	19	Revenue	less expenses. Subtract line 18 from line 12	Posissien	801,561		982,788	
Net Assets or Fund Balances				Beginning o	of Current Year		End of Year	
sse Bala	20	Total asse	ets (Part X, line 16)		10,791,616		12,709,216	
et A nd B	21	Total liabi	lities (Part X, line 26)		143,826		113,225	
ZĽ	22	Net asset	s or fund balances. Subtract line 21 from line 20		10,647,790		12,595,991	
Pa	rt II	Signa	ature 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.

	1	2024-04-08									
Sign		Signature of officer Date WALT FRICKE DIRECTOR									
Here	-	Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date		PTIN					
Pai	h			2024-04-04	Check $igsqcup$ if self-employed	P00534092					
-	parer	Firm's name BARTON WALTER & KF	IER PC		Firm's EIN 37	-1658243					
USE	e Only	Firm's address 6885 SYCAMORE LANE	N STE 100		Phone no. (763	3) 367-7300					
		MAPLE GROVE, MN 55	369								
		discuss this return with the preparer sh				. 🗹 Yes 🗌 No					
For F	Paperwo	ork Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form <b>990</b> (2023					
			Page 2								
			ruge z								
Form	990 (20	023)				Page					
		Statement of Program Service	Accomplishments			l uge					
Ιa		-	-								
		Check if Schedule O contains a respon	se or note to any line in this Pa	rt III		U					
1		describe the organization's mission:									
		ON PROVIDES COST FREE TRANSPORT		IS AND THEIR FAMIL	IES FROM THE	IR HOMES TO THE VARIOUS					
MEDI	ICAL FAC	ILITIES AROUND THE COUNTRY, PRIM	ARILY USING AIRCRAFT.								
2	Did the	e organization undertake any significant	program services during the y	ear which were not lis	sted on						
	the prid	or Form 990 or 990-EZ?				🗌 Yes 🛛 No					
	If "Yes.	," describe these new services on Sche	dule O.								
3		e organization cease conducting, or ma		conducts any progra	m						
-	service	5		conducto, any progra		. 🗌 Yes 🔽 No					
			••••								
_	If "Yes,	," describe these changes on Schedule	0.								
4		be the organization's program service a									
		n 501(c)(3) and 501(c)(4) organization venue, if any, for each program service		ount of grants and all	ocations to oth	iers, the total expenses,					
	anu rev	venue, il any, for each program service	Teportea.								
4a	(Code:	) (Expenses \$	3,117,566 including grants of	Ś.	) (Revenue \$	)					
	•	GANIZATION PROVIDES FREE AIR TRANSPOR			, ,	,					
	THEIR F	AMILIES THROUGH A NATIONAL NETWORK C	F VOLUNTEER AIRCRAFT OWNERS A	ND PILOTS. SUCH AIR T	RANSPORTATION	WILL BE PROVIDED TO THESE					
	INDIVIDUALS WHEN OTHER PRACTICAL MEANS OF TRANSPORTATION ARE INADEQUATE OR UNAVAILABLE.DURING 2023, THE VOLUNTEERS OF VETERANS A COMMAND FLEW 994 PASSENGERS 559,909 MILES.AIRCRAFT OWNERS AND PILOTS CONTRIBUTE THEIR TIME AND AIRCRAFT TO ACCOMPLISH EACH MISSI										
		OF THIS DONATION, BASED ON NATIONALLY									
	FOR TH	E COST OF THE AIRCRAFT OPERATION AND N	IOT THE CREW.								
4b	(Code:	) (Expenses \$	including grants of	\$	) (Revenue \$	)					
4c	(Cada)	\ / E	والمحمد ومناور المحن	÷.	) (Doverset	γ.					
70	(Code:	) (Expenses \$	including grants of	Ŧ	) (Revenue \$	)					
4d	Other	program services (Describe in Schedule	e O.)								
	(Exper	nses \$ inclue	ling grants of \$	) (Revenue	\$	)					
		•	0.117 500								

Form 990 (2023)

Form **990** (2023)

# - Page 3 -

Page	3
i aye	-

Pai	t 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 $\Im$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
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		No
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		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 😨	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗐	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 😨	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😼	11a	Yes	
	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? <i>If "Yes," complete Schedule D, Part VII</i> 🐨	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😒	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_ 

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Form **990** (2023)

21

No

-			
D	20	70	л
-	a	JE	

Form 990 (2023)

Page 4

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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 "Yes," complete Schedule L</i> ,Part III	27		No
28	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🕺	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

**1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

Yes

4

No

b	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			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm <b>99</b>	<b>0</b> (2023)
	Dogo F			
	Page 5			
Form	990 (2023)			Page 5
Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)? If "Yes," enter the name of the foreign country:	4a		No
	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	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 any contributions that were not tax deductible as charitable contributions?	6a		No
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .	7f		No
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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.			
a	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		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a L	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			
ь 11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	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.			
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		
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 <b>13b</b>			
		I		

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

10/23/24, 9:47 PM

Veterans	Airlift	Command	- Full	Filing_	Nonprofit	Explorer.	- Prol	Publica

10/23/2	4, 9:47 PM Veterans Airlift Command - Full Filing- Nonprofit Explorer - ProPublica							
с	Enter the amount of reserves on hand	1 1						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No					
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>							
15	<b>15</b> 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?							
16	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.							
17	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?. If "Yes," complete Form 6069.							
		For	m <b>990</b> (2023)					
	Page 6							
Form	990 (2023)		Page <b>6</b>					
Par	t VI <b>Governance, Management, and Disclosure.</b> For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	lo" respon	se to					

	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ction 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 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$ .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

MN

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

### Section C. Disclosure

- **17** List the states with which a copy of this Form 990 is required to be filed
- **18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - 🗌 🖸 Own website 🗌 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)
- **19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: BARTON WALTER & KRIER 6885 SYCAMORE LANE N STE 100 MAPLE GROVE, MN 55369 (763) 367-7300

Form 990 (2023)

Page 7

Form 990 (2023)

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

**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.

Page 7

• 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and title	<b>(B)</b> Average hours per week (list	one of	box, unless pe	t check more than person is both an director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) WALT FRICKE CHARIMAN & CFO	40.00 1.00	х		x				112,583	0	28,146
(2) TIM FYDA BOARD MEMBER	1.00	х						0	0	0
(3) PETER BUNCE BOARD MEMBER	1.00	x						0	0	0
(4) JEN SALVATI EXECUTIVE DIRECTOR	40.00			x				145,090	0	36,272

16b

Form <b>990</b> (2023)										

– Page 8 –

Part VII Section A	. Officers, Directors, Ti	ustees	s, Key Employ	vees, a	and Hi	ghe	st Compensated	Employees (con	tinued)
<b>(A)</b> Name and tit	hours per week (list		(C) on (do not cheo unless person i and a directo	k more s both	an offic		<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
	any hours for related organizations below dotted line)		Institutional Trustee;	Key employee Officer	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)		
					_				
					-				
	ation sheets to Part VII, S								
d Total (add lines 1	•					┢	257,673	0	64,418

of reportable compensation from the organization 2

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

0/23/24, 9:47 PM	Veterans Airlift Command - Full	Filing- Nonprofit Explore	r - ProPublica	
<ol> <li>Complete this table for your five highest con from the organization. Report compensation</li> </ol>				pensation
(A Name and busi		Desc	(B) ription of services	(C) Compensation
2 Total number of independent contractors (inclu compensation from the organization 0	uding but not limited to those listed a	above) who received mo	ore than \$100,000	of
				Form <b>990</b> (2023
	Page 9			
Form 990 (2023)				Page
Part VIII Statement of Revenue Check if Schedule O contains a rest	ponse or note to any line in this Part	VIII		
	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Federated campaigns <u>1a</u> Contributions, <del>Sifts, Grants, .</del> arte Membership dues <b>1b</b>				
DtherAmt Similar Amolingstraising events 1c				
d Related organizations 1d				
e Government grants (contributions) 1e				
f All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>				
3,939,770 <b>g</b> Noncash contributions included in lines 1a - 1f:\$ <b>1g</b>				
2,298,943 h Total. Add lines 1a-1f	• 3,939,770			

			Business Code			
2a						
, Hevenue					 	
ee						
:;						
, ogram						
<b>f</b> All other program	servio	ce revenue.				
9 Total. Add lines	2a–2f.					
3 Investment income similar amounts)	e (inclu	uding dividends, ir	nterest, and other	387,745		387,745
4 Income from inves	tment	of tax-exempt bo	nd proceeds			
<b>5</b> Royalties			· · ·  ]			
		(i) Real	(ii) Personal			
6a Gross rents	6a					
<b>b</b> Less: rental expenses	6b					
c Rental income or	6c					

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

#### ×7 . A inlift C 1 E 11 E 11 D D 11 C . E 1

0/23/	24, 9:47 PM			veterans Air	lift Command - Full Fill	ing- Nonprolit Explore	- ProPublica	
	(loss) <b>d</b> Net rental income	e or (	loss)					
		(i) Securities		(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	2,345,294					
Revenue	<b>b</b> Less: cost or other basis and sales expenses	other basis and 2,393,34						
		7c	-48,050					
er	<b>d</b> Net gain or (loss)	•			-48,050	-48,050		
Other	<ul> <li>a Gross income from fu (not including \$ contributions reported See Part IV, line 18</li> <li>b Less: direct expenience</li> <li>c Net income or (loss)</li> </ul>	d on li • Ises	of ne 1c). • • • 8a • • • 8b	ents				
!	<ul> <li>9a Gross income from See Part IV, line 19</li> <li>b Less: direct expen</li> <li>c Net income or (los</li> </ul>	ses	· · 9a 9b	es	]			
	<ul> <li>10aGross sales of inverse returns and allowa</li> <li>b Less: cost of good</li> <li>c Net income or (los</li> </ul>	ances s solo	••• 10a					
		5) 110	Shi sales of invent	Business Code				
	11a							
	b							
Othe	er <b>f</b> evenueMiscAmt							
	<b>d</b> All other revenue							
	e Total. Add lines 1		1d	· .				
	12 Total revenue. S	ee in	structions		4,279,465	-48,050	0	387,745
								Form <b>990</b> (2023)

Page 10

#### Form 990 (2023) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses ${\bf 1}\,$ Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic individuals. See 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 . . . . . . . 218,856 142,634 38,111 **5** Compensation of current officers, directors, trustees, and 38,111 key employees . . . . . . . . . . . . 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

#### 10/23/24, 9:47 PM

#### Veterans Airlift Command - Full Filing- Nonprofit Explorer - ProPublica

<ul><li>8 Pension 401(k)</li><li>9 Other e</li></ul>	alaries and wages	152,444 102,530	152,444 70,582	15,974	15,974
401(k) <b>9</b> Other e	and 403(b) employer contributions)		70,582	15,974	15,974
		20.000			
	taxes	39,009	26,895	6,057	6,057
10 Payroll		31,453	23,905	3,774	3,774
11 Fees fo	r services (non-employees):				
<b>a</b> Manage	ement				
<b>b</b> Legal		10,947		10,947	
<b>c</b> Account	ting	19,859		19,859	
<b>d</b> Lobbyir	ng				
e Profess	ional fundraising services. See Part IV, line 17				
<b>f</b> Investn	nent management fees				
	If line 11g amount exceeds 10% of line 25, column ount, list line 11g expenses on Schedule O)	2,337,306	2,337,306		
12 Adverti	sing and promotion	297,262	297,262		
13 Office e	expenses	4,614		4,614	
14 Informa	ation technology	7,015	7,015		
15 Royaltie	es				
16 Occupa	ancy	6,093	6,093		
17 Travel		27,060	27,060		
,	nts of travel or entertainment expenses for any , state, or local public officials				
19 Confere	ences, conventions, and meetings				
20 Interes	t				
21 Paymer	nts to affiliates				
22 Deprec	iation, depletion, and amortization	9,000	9,000		
23 Insuran	nce	12,996		12,996	
miscella exceeds	expenses. Itemize expenses not covered above (List aneous expenses in line 24e. If line 24e amount s 10% of line 25, column (A) amount, list line 24e es on Schedule O.)				
a COMM	UNICATION COSTS	10,034	10,034		
<b>b</b> DUES	AND SUBSCRIPTIONS	4,717	4,717		
c OTHE	R	3,750	887	2,863	
<b>d</b> UTILI	TIES	1,732	1,732		
e All oth	her expenses				
25 Total f	unctional expenses. Add lines 1 through 24e	3,296,677	3,117,566	115,195	63,916
reporte educati	<b>costs.</b> Complete this line only if the organization ed in column (B) joint costs from a combined ional campaign and fundraising solicitation.Check here following SOP 98-2 (ASC 958-720).				

Form 990 (2023)

Page 11 ·

Form 990 (2023)

Page **11 Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part IX  $% \left( {{{\rm{A}}} \right) = {{\rm{A}}} \right)$  . (A) Beginning of year (B) End of year Cash-non-interest-bearing . . 1 1 • . . 499,092 525,787 2 2 Savings and temporary cash investments . 3 Pledges and grants receivable, net . 3 . 4 718 Accounts receivable, net . 4 . . . . . . Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

10/23/24, 9:47 PM

### Veterans Airlift Command - Full Filing- Nonprofit Explorer - ProPublica

1231	∠, ) I	·/ 1 //1				-	1
s	7	Notes and loans receivable, net				7	
set	8	Inventories for sale or use			8		
Assets	9	Prepaid expenses and deferred charges		15,588	9	9,712	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	127,977			
	b	Less: accumulated depreciation	10b	113,883	23,094	10c	14,094
	11	Investments—publicly traded securities .			10,253,842	11	12,158,905
	12	Investments-other securities. See Part IV, line			12		
	13	Investments-program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	33)	10,791,616	16	12,709,216	
	17	Accounts payable and accrued expenses		143,826	17	113,225	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
SS	21	Escrow or custodial account liability. Complete F	f Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons			22		
Ë	23	Secured mortgages and notes payable to unrela	d parties		23		
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	to related third parties,		25		
	26	Total liabilities. Add lines 17 through 25 .			143,826	26	113,225
Fund Balances	27	Organizations that follow FASB ASC 958, cl lines 27, 28, 32, and 33. Net assets without donor restrictions	10,647,790	27	12,595,991		
B	28	Net assets with donor restrictions				28	
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	neck here 🕨 🗌 and		29		
	30	Paid-in or capital surplus, or land, building or ec	t fund		30	<u> </u>	
Assets	31	Retained earnings, endowment, accumulated in			31	<u> </u>	
A	32	Total net assets or fund balances	⊢	10,647,790	32	12,595,991	
Net	33	Total liabilities and net assets/fund balances			10,791,616	33	12,709,216
1000		,					

Form 990 (2023)

– Page 12 –

Form	990 (2023)				Page <b>12</b>
Par	TXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,	,279,465
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,	,296,677
3	Revenue less expenses. Subtract line 2 from line 1	3			982,788
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		10,	,647,790
5	Net unrealized gains (losses) on investments	5			998,204
6	Donated services and use of facilities	6			
7	Investment expenses	7			-32,791
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		12,	,595,991
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<
				Yes	No
-	Accounting mathed used to propage the Form 000;				

Cach 🗸 Accrual 🗌 Other Accounting method used to propert the Form 000+

10/23/2	4, 9:47 PM Veterans Airlift Command - Full Filing- Nonprofit Explorer - ProPublica			
L	Accounting method used to prepare the rorm 550. 🗢 Cash 🛥 Accidat 🔍 Other	1 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm <b>99</b>	<b>0</b> (2023)

Form 990 (2023)

**Additional Data** 

Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

**Return to Form** 

efi	le Pul	blic Visual	Render	ObjectId: 2	20244102934930	0414 - Submi	ission: 2024-(	04-11	TIN: 20-4567769
SC	HED	ULE A		Public	Charity Statu	s and Pul	olic Supp	ort	OMB No. 1545-0047
(For	m 990	)	Cor		rganization is a sect	ion 501(c)(3)	organization or		2023
		he Treasury			4947(a)(1) nonexe Attach to Form	990 or Form 99	0-ЕZ.		
Interna	al Revenu	le Service	•	Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in	nstructions and	I the latest info	rmation.	Open to Public Inspection
		<b>he organiza</b> IRLIFT COMMA						Employer identif	ication number
								20-4567769	
	organiz	Reason ation is not	for Public a private fou	Charity Stat ndation because	us (All organization e it is: (For lines 1 thro	s must comple ough 12, check o	ete this part.) S nly one box.)	see instructions.	
1					ssociation of churches			(A)(i).	
2	$\square$	A school de	escribed in <b>s</b>	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital	or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(i	iii).	
4				anization operat	ed in conjunction with	a hospital descr	ibed in <b>section 1</b>	L70(b)(1)(A)(iii).	Enter the hospital's
		name, city	, and state:						
5				ed for the benefit omplete Part II.	it of a college or unive	rsity owned or op	perated by a gove	ernmental unit desc	ribed in <b>section</b>
6					, r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	)(v).	
7						s support from a	governmental u	nit or from the gene	eral public described in
8	$\square$			(vi). (Complete ribed in section	e Part II.) n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricult	ural research	organization d	escribed in <b>170(b)(1</b> )	(A)(ix) operate	d in conjunction	with a land-grant co	llege or university or a
10		non-land g	rant college	of agriculture. S	ee instructions. Enter (1) more than 331/3%	the name, city, a	and state of the c	ollege or university	
10	$\cup$	from activi	ties related t t income and	o its exempt fur unrelated busir	nctions—subject to cer	tain exceptions,	and (2) no more	than 33 1/3% of its	
11					d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more publi	cly supported	l organizations		09(a)(1) or se	ction 509(a)(2)	. See section 509	he purposes of one or (a)(3). Check the box
а		<b>Type I.</b> A organizatio	supporting on on (s) the pow	ganization oper er to regularly a	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organiz	ation(s), typically b	y giving the supported
b		Type II. A manageme	supporting on the sup	porting organiz	pervised or controlled i ation vested in the sar				
с		Type III f	unctionally		and C. supporting organizatio ions). <b>You must com</b>				rated with, its
d		Type III I functionall	<b>non-functio</b> y integrated.	nally integrate The organizatio	<b>d.</b> A supporting organ n generally must satis	ization operated fy a distribution	in connection wit requirement and	h its supported org	anization(s) that is not quirement (see
е	$\Box$		,	-	rt IV, Sections A and ved a written determir	•		pe I, Type II, Type I	II functionally
f					integrated supporting				
g					upported organization(			· · · · · · · · · - <u>-</u>	
		Name of sup organizatio	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	
						Yes	No		
Tota	al				<u> </u>				
		work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedul	e A (Form 990) 2023
FOL	n 990	OF 990-EZ.							
					Pa	ge 2			
		(Form 990)							Page 2
Pa	art II	(Compl	ete only if y	ou checked t	zations Described he box on line 5, 7, ify under the tests l	or 8 of Part I of	or if the organiz	zation failed to qu	( <b>1)(A)(vi)</b> Jalify under Part III.
S	ection	n A. Public							
	project		org/nonprofits/	organizations/204	ا 567769/20244102934930	0414/full	I	1	I

	3/24, 9:47 PM	Vet	erans Airlift Comma	nd - Full Filing- No	nprofit Explorer - Pr	oPublica	
	r 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 grant.").	5,097,173	2,760,765	4,487,072	4,112,681	3,939,770	20,397,461
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	5,097,173	2,760,765	4,487,072	4,112,681	3,939,770	20,397,461
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly supported organization) included on						713,641
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support.         Subtract line 5           from line 4.         Section B. Total Support						19,683,820
	lendar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	r fiscal year beginning in) 🕨						
7 8	Amounts from line 4 Gross income from interest,	5,097,173	2,760,765	4,487,072	4,112,681	3,939,770	20,397,461
0	dividends, payments received on securities loans, rents, royalties and income from similar sources.	257,069	206,322	258,954	310,417	387,745	1,420,507
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						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						21,817,968
12	10 Gross receipts from related activities,	etc. (see instructi	l ons)			12	21/01///00
	First 5 years. If the Form 990 is for the	he organization's	first, second, third	l. fourth, or fifth ta	ax vear as a sectio		ization, check
	this box and <b>stop here</b>	-					
S	Section C. Computation of Public						
14			-	column (f))		14	90.220 %
15	Public support percentage for 2022 Scl		-			15	90.870 %
16a	33 1/3% support test-2023. If the					more, check this l	
	and stop here. The organization quali						_
t	<b>33</b> 1/3% support test-2022. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	/3% or more, checl	< this
	box and <b>stop here.</b> The organization	qualifies as a put	olicly supported or	ganization			🕨 🗆
17a	10%-facts-and-circumstances test and if the organization meets the "fact	t— <b>2023.</b> If the or	ganization did not	check a box on lin the box and <b>stop h</b>	ne 13, 16a, or 16b <b>nere</b> , Explain in Pa	o, and line 14 is 10 ort VI how the orga	% or more, inization
	meets the "facts-and-circumstances" t			-	-	-	
b	10%-facts-and-circumstances tes	<b>st—2022.</b> If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 15	5 is 10% or
	more, and if the organization meets t		,		• •		<u> </u>
	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organization	test. The organiza	ation qualifies as a	publicly supporte	ed organization	· · · · · · · ·	▶∪
18							
	instructions						orm 990) 2023
						·	
			Page 3				
			<u> </u>				
Sch	edule A (Form 990) 2023						Da
	. ,	or Oracairatia	ne Decerihed i	n Contion FOO	(-)(2)		Page <b>3</b>
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II. If
	the organization fails						
	Section A. Public Support					-	
	lendar year r 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 performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are	e					
	not an unrelated trade or business under section 513						
-	T	r	1	T	T	Т	T

10/23/2	24, 9:47 PM	Veter	ans Airlift Comman	d - Full Filing- Nor	profit Explorer - Pro	Publica			
4	lax revenues levied for the	I		Ī	Ì	I	1		
	organization's benefit and either paid to or expended on its behalf.								
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge						_		
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and								
7 a	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.								
	Add lines 7a and 7b.						_		
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
Se	ction B. Total Support	1		1	1				
_	endar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f)	Total	
-	fiscal year beginning in) 🕨	(a) 2019	<b>(b)</b> 2020	(C) 2021	( <b>u</b> ) 2022	(e) 2023	- (1)	iotai	
9	Amounts from line 6 Gross income from interest,						_		
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
U	(less section 511 taxes) from								
	businesses acquired after June 30,								
~	1975. Add lines 10a and 10b.		<del> </del>	<del> </del>		<del> </del>	_		
с 11	Net income from unrelated business		1	1		1			
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12									
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
	11, and 12.).								<u> </u>
14	First 5 years. If the Form 990 is for t	-			-		-		ieck
	this box and stop here						• •		
	Public support porcentage for 2022 (li	support Ferce	lividod by lino 12	column (f))					
15	Public support percentage for 2023 (lin	ne 8, column (f) d	livided by line 13,			15			
15 16	Public support percentage for 2023 (lin Public support percentage from 2022 S	ne 8, column (f) d Schedule A, Part I	livided by line 13, II, line 15			15 16			
15 16 Se	Public support percentage for 2023 (lin Public support percentage from 2022 section D. Computation of Invest	ne 8, column (f) d Schedule A, Part I ment Income	livided by line 13, II, line 15 <b>Percentage</b>			16			
15 16 Se 17	Public support percentage for 2023 (lin Public support percentage from 2022 section D. Computation of Invest Investment income percentage for 20	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by	line 13, column (	f))	16 17			
15 16 <u>Se</u> 17 18	Public support percentage for 2023 (lin Public support percentage from 2022 s ection D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 2022 Schedule A,	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 .	line 13, column (	f))	16 17 18	line 17	is not	
15 16 <u>Se</u> 17 18	Public support percentage for 2023 (lin Public support percentage from 2022 section <b>D. Computation of Invest</b> Investment income percentage for <b>20</b> Investment income percentage from <b>2</b> <b>33</b> 1/3% support tests-2023. If the	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 2022 Schedule A, organization did r	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box		f))	<b>16</b> <b>17</b> <b>18</b> 1/3%, and			
15 16 5e 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 S ection 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 and	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 22 Schedule A, organization did r d <b>stop here.</b> The	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali	line 13, column ( 	f))	16 17 18 133 1/3%, and ation			18 is
15 16 5e 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests-2022. If the	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of	line 13, column (  on line 14, and li fies as a publicly on line 14 or line	f))	16 17 18 133 1/3%, and ation more than 33	1/3 <b>% a</b>	hd line	18 is
15 16 5e 17 18 19a	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization	1/3 <b>% a</b>	▶ □ nd line ▶ □	18 is
15 16 Se 17 18 19a b	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests-2022. If the	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization	1/3% a	nd line	
15 16 Se 17 18 19a b	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization instructions .	1/3% a	nd line	
15 16 Se 17 18 19a b	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization instructions .	1/3% a	nd line	
15 16 Se 17 18 19a b	Public support percentage for 2023 (lin Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 2	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization instructions .	1/3% a	nd line	
15 16 Se 17 18 19a b 20	Public support percentage for 2023 (lii Public support percentage from 2022 S ection 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizati	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colu 022 Schedule A, organization did r d stop here. The e organization did and stop here.	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 2	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization instructions .	1/3% a	nd line	2023
15 16 5 17 18 19a 5 20	Public support percentage for 2023 (lii Public support percentage from 2022 Section 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 and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organizati	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 23 Schedule A, organization did r d <b>stop here.</b> The e organization did and <b>stop here.</b> on did not check a	livided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 2	line 13, column (  on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	f))	16 17 18 13 1/3%, and ation more than 33 anization instructions .	1/3% a	nd line	
15 16 5 17 18 19a 5 20	Public support percentage for 2023 (lii Public support percentage from 2022 Section 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 and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2023 t IV Supporting Organization	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 23 (colue A, organization did r d <b>stop here.</b> The e organization did and <b>stop here.</b> The on did not check a	ivided by line 13, II, line 15 <b>Percentage</b> mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization ( a box on line 14, : Page 4	ine 13, column ( 	f))	16     17     18     ation     more than 33     anization     instructions .     Schedule A		nd line	<b>2023</b> Page <b>4</b>
15 16 5 17 18 19a 5 20	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colur 022 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a son did not check a son did not check a	ivided by line 13, II, line 15 <b>Percentage</b> mm (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ( 	f))	16         17         18         ation         amore than 33         anization         instructions .         Schedule A	 1/3% a  (Forn B. If yo	Percent constraints of the second sec	<b>2023</b> Page <b>4</b> ked
15 16 7 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organizati dule A (Form 990) 2023 t IV Supporting Organization (Complete only if you checked box 12b, of Part I, complete Section	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 022 Schedule A, organization did r d stop here. The e organization did and stop here. The on did not check a on did not check a so did not check a so did not check a on did not check a	ivided by line 13, II, line 15 <b>Percentage</b> mm (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ( 	f))	16         17         18         ation         amore than 33         anization         instructions .         Schedule A	 1/3% a  (Forn B. If yo	Percent constraints of the second sec	<b>2023</b> Page <b>4</b> ked
15 16 7 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 022 Schedule A, organization did r d stop here. The e organization did and stop here. The on did not check a on did not check a so did not check a so did not check a on did not check a	ivided by line 13, II, line 15 <b>Percentage</b> mm (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, Page 4 of Part I. If you ch you checked box	ine 13, column ( 	f))	16         17         18         ation         amore than 33         anization         instructions .         Schedule A	 1/3% a  (Forn B. If yo	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ection A. All Supporting Organization	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colu 23 (line 10c, colu 23 (colue A, organization did r d <b>stop here.</b> The e organization did a and <b>stop here.</b> on did not check a on did not check a so box on line 12 o ections A and C. If ns A and D, and co cations	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of the organization quali not check a box of Page 4 f Part I. If you che you checked box omplete Part V.)	ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A	 1/3% a  (Forn B. If yo	Percent constraints of the second sec	<b>2023</b> Page <b>4</b> ked
15 16 7 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 23 Schedule A, organization did r d stop here. The e organization did and stop here. The e organization did a and stop here. The on did not check a on did not check a stop here. The column did not check a a box on line 12 o ections A and C. If ns A and D, and co ations organizations list	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization (a a box on line 14, : Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the	ine 13, column ( 	f))	16         17         18         133 1/3%, and         ation         more than 33         anization         instructions .         Schedule A         Sections A and         , D, and E. If young         ts?	 1/3% a  (Forn B. If yo	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ection A. All Supporting Organization	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 23 (coluination 23) 23 (coluination 23) 2022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a box on line 12 o for A and D, and constant con did not check a stations organizations list upported organizations list a ported organizations list	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of Page 4 Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designa	ine 13, column ( 	f))	16         17         18         133 1/3%, and         ation         more than 33         anization         instructions .         Schedule A         Sections A and         , D, and E. If young         ts?	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 5e 17 18 19a 5 20 Schee Par 5 5 20	Public support percentage for 2023 (lii Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colur 022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The on did not check a on did not check a so did not check a box on line 12 o ections A and C. If ns A and D, and co ations organizations list upported organiza d continuing relat	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designal	Ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Sections A and         , D, and E. If yout         ts?         se,	 1/3% a <b>I</b>  (Forn	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colur 022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did stop here. The e organization did organizations list. a d continuing relat red organization the	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of a box on line 14, : Page 4 f Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation of tionship, explain. hat does not have	Ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A    Sections A and for the section	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 Se 17 18 19a b 20 Schee Par	Public support percentage for 2023 (lii Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colur 022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a stop here. The e organization did stop here. The e organization did stop here. The e organization did stop here. The e organization did organizations list. a d continuing relat red organization the	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of a box on line 14, : Page 4 f Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation of tionship, explain. hat does not have	Ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A    Sections A and for the section	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par 1 2	Public support percentage for 2023 (lin Public support percentage from 2022 section D. Computation of Invest Investment income percentage from 2 33 1/3% support tests-2023. If the more than 33 1/3%, check this box and 33 1/3% support tests-2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section complete only if you checked box 12b, of Part I, complete Section ection A. All Supporting Organization f "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2).	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colum 022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did stop here. The e organization did stop here. The e organization did the organization the continuing relat the organization the continuing relat	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the tions are designal conship, explain. hat does not have rganization detern	ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Sections A and         , D, and E. If you         ts?         se,         ler section         for was	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 Se 17 18 19a b 20 Schee Par 5 Se 1	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F	ne 8, column (f) d Schedule A, Part I <b>ment Income</b> 23 (line 10c, colum 022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did stop here. The e organization did stop here. The e organization did the organization the continuing relat the organization the continuing relat	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of The organization quali not check a box of Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the tions are designal conship, explain. hat does not have rganization detern	ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Sections A and         , D, and E. If you         ts?         se,         ler section         for was	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par 1 2 3a	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colur 23 (colur 23 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a box on line 12 o ections A and C. If has A and D, and co tations organizations list upported organiza d continuing relat ed organization the Part VI how the o	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of the organization quali not check a box of the organization quali not check a box of Page 4 Page 4 of Part I. If you ch you checked box omplete Part V.) ed by name in the trions are designation deternor the organization deternor cribed in section 5	ine 13, column ( 	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Sections A and         D, and E. If you         ts?         se,         ler section         ion was         wer lines 3b and	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par 1 2	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic an Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in I described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 23 (line 10c, colui 2022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a and stop here. The on did not check a software and stop here. on did not check a software and stop here. organization sistematication sistematication organization sistematication the part VI how the o organization descent a supported organization descent	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of the organization qualities Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation deterministics riped in section 5 ization qualified u	<ul> <li>line 13, column (</li> <li>on line 14, and li fies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on 19b, check qualifies as a publicly on 19b, check qualifies as a publicly on 19b, check qualifies as a qualifier as a quali</li></ul>	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Schedule A         Sections A and         , D, and E. If young         ts?         se,         ler section         ion was         wer lines 3b and         and satisfied	B. If you check	P Du checked bo	2023 Page 4 ked x
15 16 5 17 18 19a b 20 Schee Par 1 2 3a	Public support percentage for 2023 (lii Public support percentage from 2022 section 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 and 33 1/3% support tests—2022. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section ction A. All Supporting Organiz Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	ne 8, column (f) d Schedule A, Part I ment Income 23 (line 10c, colui 23 (line 10c, colui 2022 Schedule A, organization did r d stop here. The e organization did a and stop here. The e organization did a and stop here. The e organization did a and stop here. The on did not check a software and stop here. on did not check a software and stop here. organization sistematication sistematication organization sistematication the part VI how the o organization descent a supported organization descent	ivided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box organization quali not check a box of The organization quali not check a box of the organization qualities Page 4 of Part I. If you che you checked box omplete Part V.) ed by name in the tions are designation deterministics riped in section 5 ization qualified u	<ul> <li>line 13, column (</li> <li>on line 14, and li fies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on line 14 or line qualifies as a publicly on 19b, check qualifies as a publicly on 19b, check qualifies as a publicly on 19b, check qualifies as a qualifier as a quali</li></ul>	f))	16         17         18         ation         more than 33         anization         instructions .         Schedule A         Schedule A         Sections A and         , D, and E. If young         ts?         se,         ler section         ion was         wer lines 3b and         and satisfied	B. If you check	P Du checked bo	2023 Page 4 ked x

с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>			<u> </u>
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.	3c		
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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).	8		
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 <b>Part VI</b> .	-		
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 <b>Part VI.</b>	9b		
с	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 <b>Part VI.</b>	9c		
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).			
	Schedule A	10b (Form	990)	2023
		(10111	550)	2025
	Page 5			
	dule A (Form 990) 2023		F	Page 5
Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- **b** A family member of a person described on 11a above?

10/23/24, 9:47 PM

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.

# Section B. Type I Supporting Organizations

			Yes	No	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If</i> "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
		1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit				
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.				

### Section C. Type II Supporting Organizations

Yes No

11b

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 <b>Part VI</b> how control or management of the			1
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

			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 <b>Part VI</b> how the organization principles and continuous working relationship with the supported expaniation(s).			
	organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			

#### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 🗍 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

#### 2 Activities Test. Answer lines 2a and 2b below.

Section D. All Type III Supporting Organizations

			Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> 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.	2a		
	<b>b</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? <i>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.</i>	2b		
	-	20		
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 <b>Part VI</b> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	24		
		3b	1	

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c)	1d		

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

	Discount claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
ŀ	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		
5	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
L	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
1	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
5	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ed Type III supp	orting organization (see

– Page 7

# Schedule A (Form 990) 2023

Ρ	art V Type III Non-Functionally Integrated	509(a)(3) Supporting	Organizations (cor	ntinued	1)
Se	ection D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers e excess of income from activity	exempt purposes of supported	organizations, in	2	
3	Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	d - provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructio	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i>	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required <i>explain in <b>Part VI</b></i> ). See instructions.				
3	Excess distributions carryover, if any, to 2023:				
а	From 2018				
-	From 2019				
С	From 2020				
d	From 2021				
-	From 2022				
	Total of lines 3a through e				
_	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

Page 7

<b>b</b> Applied to 2023 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<ul> <li><b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions.</li> </ul>		
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.		
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2019		
<b>b</b> Excess from 2020		
<b>c</b> Excess from 2021		
<b>d</b> Excess from 2022.		
<b>e</b> Excess from 2023		
	Sch	edule A (Form 990) (2023)

Page 8 -

Schedule A (Form 990) 2023

Part VI

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

Explanation

**Facts And Circumstances Test** 

**Return Reference** 

Schedule A (Form 990) 2023

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

efile Public Visual Rer	nder Objectld: 202441029349300414 - Submission: 2024-04-11	TIN: 20-4567769					
Schedule B	OMB No. 1545-0047						
(Form 990) Department of the Treasury Internal Revenue Service							
Name of the organization VETERANS AIRLIFT COM	entification number						
		20-4567769					
Organization type (ch	eck one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation					
	□ 527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı					
	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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Page 2

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 2

Name of organization VETERANS ADD LET COMMAND https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person       Payroll       Noncash       (Complete Part II for noncash)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	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
		\$	<ul> <li>Person</li> <li>Payroll</li> <li>Noncash</li> <li>(Complete Part II for noncash contributions.)</li> </ul>
(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
-		\$	Person     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     Noncash     (Complete Part II for noncash     contributions.)     Sabadula B (Form 990) (2023)

Schedule B (Form 990) (2023)

– Page 3 –

Schedule I	B (Form 990) (2023)		Page 3
Name of or VETERANS	ganization AIRLIFT COMMAND	Employer identificatio	n number
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

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

10/23/24, 9:4	7 PM V	eterans Airlift Command - Full Filing-	Nonprofit Explorer - ProPublica	
-			\$_	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			<u> </u>	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			<u> </u>	
(a) No. from Part I	(b) Description of noncash	property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-			<u> </u>	
(a) No. from Part I	(b) Description of noncash	property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			<u> </u>	
(a) No. from Part I	(b) Description of noncash	(C) FMV (or estimate) (See instructions)	(d) Date received	
-			\$_	
				Schedule B (Form 990) (2023)
		Page 4		
Schedule	B (Form 990) (2023)			Page 4
Name of or	rganization AIRLIFT COMMAND		Employer identi 20-4567769	fication number
Part III	<i>Exclusively</i> religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	ributor. Complete columns (a) ti e total of exclusively religious, c tructions.) ► \$	ribed in section 501(c)(7), (8) hrough (e) and the following	line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift	Relationship of transferor to t	ransferee
(2)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held
-				
r	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4	Relationship of transferor to t	transferee
			Γ	
(a) No from	(b) Burnaga of gift	(a) Lies of gift	(d) Decerint	ion of how gift is hold

(a) (b) Durness of sift https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/full

(d) Description of how sift is hold

10/23/24, 9:47 PM	Vi	eterans Airlift Command - Full Filing- Nonprofi	it Explorer - ProPublica
Part I	(b) Fulpose of gift	(c) use of grit	(u) Description of now gift is neit
.  =			
	Transferee's name, address, and z	(e) Transfer of gift IP 4 Relatior	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.  =			-
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relatior	nship of transferor to transferee

# Schedule B (Form 990) (2023)

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

efile Public Visual Render ObjectId: 202441029349300414 - Submission: 2024				sion: 2024-04-11	L	TIN: 20-4567769
SCHEDULE D Supplemental Financial Statements						OMB No. 1545-0047
Department of the Treasury	1	Part IV, line 6, 7, 8, 9, 1	ganization answered "Yes," 0, 11a, 11b, 11c, 11d, 11e, Attach to Form 990.			<b>ZUZZ</b> Open to Public
Internal Revenue Service	► G		990 for instructions and th	e latest information	n.	Inspection
Name of the organ VETERANS AIRLIFT COM						ification number
Part I Organi	zations Mai	ntaining Donor Advis	sed Funds or Other Simi	-	567769	
			s" on Form 990, Part IV, lir		Junts.	
· · · · ·			(a) Donor advised fu	inds	( <b>b)</b> Funds a	nd other accounts
	end of year .					
		ns to (during year)				
3 Aggregate value	-					
	•					
organization's p	roperty, subje	ct to the organization's exc	rs in writing that the assets he clusive legal control? nor advisors in writing that gr			Yes 🗌 No
charitable purpo private benefit?	oses and not fo	or the benefit of the donor	or donor advisor, or for any ot	her purpose conferri		ssible
	<b>vation Ease</b> te if the orga		s" on Form 990, Part IV, lir	ne 7.		
			nization (check all that apply).			
	on of land for p	oublic use (e.g., recreation	or education)	ervation of an historio	cally import	ant land area
Protection	of natural hab	itat	Pres	ervation of a certified	historic str	ucture
	on of open spa					
			qualified conservation contribu	ition in the form of a	conservatio	n
easement on the				]		he End of the Year
a Total number of	conservation e	easements		2a		
	•					
			c structure included in (a)			
		nents included in (c) acqui National Register	red after July 25, 2006, and no	ot on a <b>2d</b>		
3 Number of const tax year ►	ervation easer	nents modified, transferre	d, released, extinguished, or t	erminated by the org	anization dı	uring the
4 Number of state	es where prope	rty subject to conservation	n easement is located 🕨			
			e periodic monitoring, inspect			Yes 🗌 No
6 Staff and volunt	eer hours dev	oted to monitoring, inspec	ting, handling of violations, ar	d enforcing conserva	tion easem	ents during the year
7 Amount of expe ▶ \$	nses incurred	in monitoring, inspecting,	handling of violations, and enf	forcing conservation e	easements o	during the year
			above satisfy the requirement			Yes 🗌 No
balance sheet, a	and include, if		ervation easements in its reve footnote to the organization's ts.			
			of Art, Historical Treasu s" on Form 990, Part IV, lir		nilar Asse	ets.
1a If the organizati historical treasu	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for publ	C 958, not to report in its reve ic exhibition, education, or res	enue statement and b earch in furtherance		
<b>b</b> If the organizati	ion elected, as	permitted under FASB AS	ents that describes these items C 958, to report in its revenue ic exhibition, education, or res	statement and balar	nce sheet w	orks of art, rvice, provide the
following amour	nts relating to	these items:	· · · · · · · · · · · · · · · · · · ·			
(ii)Assets included	in Form 990.	Part X			▶\$	
2 If the organizati	ion received or	held works of art, historic	cal treasures, or other similar a ASC 958 relating to these item	assets for financial ga		the
a Revenue include	ed on Form 990	), Part VIII, line 1			▶\$	
<b>b</b> Assets included	in Form 990, I	Part X			▶\$	
			ns for Form 990.			ule D (Form 990) 202

				Page 2					
Schoo		(Form 000) 2022							
Part		(Form 990) 2022 Organizations Maintaining Co	lections of Art	Historical Tr	ASSULAS (	or Other 9	Similar Acc	ets (con	Page <b>2</b>
3	Using	the organization's acquisition, accessio (check all that apply):							
а		Public exhibition		d 🗌	Loan or excl	hange progi	rams		
b	$\square$	Cabalarly recearch		e 🗌	Other				
с		Scholarly research							
4		Preservation for future generations de a description of the organization's co	lloctions and ovalai	n how thoy furth	or the organ	ization's ov	omnt nurnoco	in	
-	Part X			in now they full			empt purpose		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to						] Yes	🗆 No
Par	-	Escrow and Custodial Arrange Complete if the organization answ line 21.	wered "Yes" on Fo	-				on Forn	n 990, Part X,
1a		e organization an agent, trustee, custodi led on Form 990, Part X?						🗌 Yes	🗆 No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the	following table:			Am	ount	
с	Begin	ning balance				1c			
d	Additi	ions during the year $\ldots$ $\ldots$ $\ldots$				1d			
e		butions during the year				1e			
f		g balance				1f			
2a		ne organization include an amount on Fo							🗆 No
b		s," explain the arrangement in Part XIII	. Check here if the	explanation has	been provid	ed in Part X	ш(		
Pai	τV	Endowment Funds. Complete if the organization answ	worod "Voc" on F	orm 000 Part	IV line 10				
			(a) Current year	(b) Prior yea		years back	(d) Three years	back (e)	Four years back
<b>1a</b>	Beginni	ing of year balance							
b	Contrib	outions							
cí	Vet inv	estment earnings, gains, and losses							
<b>d</b> (	Grants	or scholarships							
		expenditures for facilities ograms							
f/	Admini	strative expenses							
g i	End of	year balance							
2 a		de the estimated percentage of the curr I designated or quasi-endowment	ent year end baland	ce (line 1g, colur	nn (a)) held	as:			
b	Perma	anent endowment 🕨							
с	Term	endowment 🕨							
3a	Are th	ercentages on lines 2a, 2b, and 2c shound mere endowment funds not in the posses vization by:		ation that are he	eld and admi	nistered for	the		Maa Na
	-	ization by: nrelated organizations				_		3a(i)	Yes No
	• •	elated organizations				-		3a(ii)	
b	• •	s" on 3a(ii), are the related organization						3b	
4	Descr	ibe in Part XIII the intended uses of the	organization's end	lowment funds.				<b></b>	
Par	t VI	Land, Buildings, and Equipme							
	Descri	Complete if the organization answer           ption of property         (a) Cost or ot (investment)	her basis (b) Co	orm 990, Part ost or other basis (o		ccumulated de			<b>O.</b> Book value
1a	and								
		gs							
		old improvements							
				12	7,977		113,883		14,094
					*		.,		,
		lines 1a through 1e. (Column (d) must			////	<b>`</b>			14,094

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, F	Part IV.	line 11b.See Fo	rm 990. Part X.	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of va t or end-of-year r	aluation:
	al derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII					
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV,	(b) Book value	(c) Meth	nod of valuation:
(1)				Cost or end-	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 000, Part V, col (R) line 12.)				
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	Þ			
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description	art IV, I	ine 11d. See Fo	rm 990, Part X,	line 15. (b) Book value
(1)	(a) Sesenption				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	Imn (b) must equal Form 990, Part X, col.(B) line 15.)	<u></u>	<u></u>	<u>.</u> <b>&gt;</b>	
Part X	Other Liabilities.				

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (a) Description of liability

(b) Book value

(1) Endoral income taxes

1.

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	*	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

— Page 4 —

# Schedule D (Form 990) 2022

are	XI Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered 'Yes' on Form 990, Pa			eturn.	
Т	otal revenue, gains, and other support per audited financial statements			1	5,244,878
A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	et unrealized gains (losses) on investments	2a	998,204		
<b>)</b> D	onated services and use of facilities	2b			
: R	ecoveries of prior year grants	2c			
<b>1</b> C	ther (Describe in Part XIII.)	2d	-32,791		
e A	dd lines <b>2a</b> through <b>2d</b>			2e	965,413
S	ubtract line <b>2e</b> from line <b>1</b>			3	4,279,465
A	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a I	vestment expenses not included on Form 990, Part VIII, line 7b .	4a			
<b>)</b> (	ther (Describe in Part XIII.)	4b			
: A	dd lines <b>4a</b> and <b>4b</b>			4c	0
Т	otal revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12	.) .		5	4,279,465
art 3	(II Reconciliation of Expenses per Audited Financial State Complete if the organization answered 'Yes' on Form 990, Pa		• •	Return.	
Т	otal expenses and losses per audited financial statements			1	3,296,677
A	mounts included on line 1 but not on Form 990, Part IX, line 25:				
a D	onated services and use of facilities	2a			
<b>)</b> P	rior year adjustments	2b			
: C	ther losses	2c			
<b>1</b> C	ther (Describe in Part XIII.)	2d			
e A	dd lines <b>2a</b> through <b>2d</b>			2e	0
S	ubtract line <b>2e</b> from line <b>1</b>			3	3,296,677
A	mounts included on Form 990, Part IX, line 25, but not on line 1:				
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>)</b> C	ther (Describe in Part XIII.)	4b			
: A	dd lines <b>4a</b> and <b>4b</b>			4c	0
Т	otal expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1	8.) .		5	3,296,677
art	XIII Supplemental Information			•	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			V, line 4; Par	t X, line 2; Part XI
	Return Reference		Explanation		

# **Additional Data**

**Return to Form** 

Software ID: Software Version:

2.040	le Public Visual Render ObjectId: 202441029349300414 - Submission: 2024-04-11	TI	N: 20-	4567	769
сп	hedule J Compensation Information	01	OMB No. 1545-0047		
orn	m 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 2	3.	20	23	5
	Attach to Form 990.		Dpen t	Dul	blic
	tment of the Treasury al Revenue Service <b>b Go to <u>www.irs.gov/Form990</u></b> for instructions and the latest information			ectio	
	me of the organization Emplo	oyer identifica	tion nu	mber	
	20-45	67769			
Pa	art I Questions Regarding Compensation				
_				Yes	No
a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on For 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item				
	First-class or charter travel     Housing allowance or residence for person	al use			
	Travel for companions     Payments for business use of personal resi				
	Tax idemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	ief)			
_					
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment o reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .		1b		
	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all				
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? .		2		
	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods				
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part 1	II.			
	Compensation committee				
	Independent compensation consultant     Compensation survey or study				
	□ Form 990 of other organizations □ Approval by the board or compensation co	mmittee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing or related organization:	janization or a			
	-				
a ⊾	Receive a severance payment or change-of-control payment?		4a 4b		No No
c	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		40 4c		No
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				140
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:				
;	compensation contingent on the revenues of:		_		
a	compensation contingent on the revenues of: The organization?		5a		No
a	compensation contingent on the revenues of: The organization?		5a 5b		
a b	compensation contingent on the revenues of: The organization?				
a b	compensation contingent on the revenues of: The organization?				No No
a b	compensation contingent on the revenues of: The organization?				
a b a	compensation contingent on the revenues of: The organization?		5b		No
a b a	compensation contingent on the revenues of:         The organization?         Any related organization?         If "Yes," on line 5a or 5b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         The organization?         The organization?		5b 6a		No
a b a b	compensation contingent on the revenues of:         The organization?         Any related organization?         If "Yes," on line 5a or 5b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         The organization?       .         Any related organization?       .         Any related organization?       .		5b 6a		No No No
a b a b	compensation contingent on the revenues of:         The organization?         Any related organization?         If "Yes," on line 5a or 5b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         The organization?       .         Any related organization?       .         Any related organization?       .         For persons listed on 6b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III         Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was	· ·	5b 6a 6b		No No No
a b b	compensation contingent on the revenues of:         The organization?         Any related organization?         If "Yes," on line 5a or 5b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         The organization?         Any related organization?         Any related organization?         Any related organization?         If "Yes," on line 6a or 6b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III         Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		5b 6a 6b 7		No No No
a	compensation contingent on the revenues of:         The organization?         Any related organization?         If "Yes," on line 5a or 5b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         The organization?       .         Any related organization?       .         Any related organization?       .         For persons listed on 6b, describe in Part III.         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III         Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was	 	5b 6a 6b		No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

(i)

(ii)

- - - - - - - - -

----

— Page 2 —	
------------	--

Schedule J (Form 990) 2023 Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement (D) Nontaxable (F) Compensation in (A) Name and Title (E) Total of and other benefits columns (B)(i)-(D) (ii) (iii) Other deferred column (B) (i) Base compensation reported as Bonus & incentive reportable compensation compensation deferred on prior Form 990 compensation 0 1 JEN SALVATI EXECUTIVE DIRECTOR 128,856

0

0

16,234

0

----- - -

36,272

0

- -

181,362

0

0

0

- - - -0

https://projects.propublica.org/nonprofits/organizations/204567769/202441029349300414/fu
--

,			8 1	1		
					Schedule J (F	orm 990) 2023
		Page 3				
		490 0				
chedule J (Form 990) 2023						Page 3

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Return Reference
Explanation
Schedule J (Form 990) 2023

**Additional Data** 

Return to Form

Software ID: Software Version:

efil	e Public Visua	al Render Ob	jectId: 2	02441029349300414 -	Submission: 2024-04	4-11	TIN: 20-	4567	769
SCH	EDULE M		N	Ioncash Contri	hutions		OMB No. 1		
(For	m 990)						20	22	
		<ul> <li>Complete if the</li> <li>Attach to Form</li> </ul>		ions answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	20	ZJ	
Doport	nent of the Treasury			990 for the latest informa	tion.		Open t	o Pub	lic
Internal	Revenue Service						Insp	ection	1
	e of the organizat ANS AIRLIFT COMM					Employer iden	tification n	umbei	r
						20-4567769			
Ра	rt I Types	of Property	(-)	(1-)	(-)		(4)		
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determi ontribution a		S
1	Art–Works of art	t							
	Art—Historical tr								
3 4	Art—Fractional ir Books and public								
	Clothing and hou								
-	goods								
	Cars and other v								
	Boats and planes Intellectual prop								
	Securities—Publi	,							
10	Securities-Close	•							
11	Securities—Partr or trust interest								
12	Securities-Misco								
13	Qualified conserv contribution—H structures	istoric							
14	Qualified conserve contribution—O								
15	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
	Collectibles . Food inventory								
	Drugs and medic								
	Taxidermy .								
	Historical artifact								
23 24	Scientific specim Archeological art								
- ·	COST		Х	0	2,298,943	BASED ON NAT	IONALLY		
25	TRANS Other ► ( )	SPORTION							
26	Other ► (								
	Other 🕨 (								
	Other ► (			tion during the town of the					
				ation during the tax year for 3, Part IV, Donee Acknowledg		29			
								Yes	No
30a				contribution any property renew initial contribution, and where the second sec second second sec			must		
						• • •			
	TE 11/2 - 11 -1 -1						30a		No
		e the arrangement i			<b>,</b>		_		
31	-	-		olicy that requires the review			31		No
32a		zation hire or use th		or related organizations to so	plicit, process, or sell nonca	ish	32a		No
ь	If "Yes," describ	e in Part II.							
33	If the organizati	ion didn't report an a	amount in c	column (c) for a type of prope	erty for which column (a) is	s checked,			
	describe in Part	II.							
For Pa	aperwork Reduction	on Act Notice, see the	e Instruction	ns for Form 990.	Cat. No. 51227J	Sche	dule M (Form	n 990) (	(2023)

Part II S		ation. Provide the information required by Part I, lines 30b, 32b, and		
		umn (b), the number of contributions, the number of items received, y additional information.	or a combina	ation of both. Also
	rn Reference	Explanation		
PART I, LINE 33:		THE ORGANIZATION'S MISSION IS TO PROVIDE COST FREE TRANSI AND THEIR FAMILIES FROM THEIR HOMES TO VARIOUS MEDICAL F, PART OF THIS MISSION, AIRCRAFT OWNERS AND PILOTS CONTRIB ACCOMPLISH THE MISSION. THE ORGANIZATION USES THE COST ( NONCASH CONTRIBUTION TO THE ORGANIZATION. THE AMOUNT O NATIONALLY PUBLISHED HOURLY RATES BASED ON THE AIRCRAFT OF THE AIRCRAFT OPERATION AND NOT THE CREW.	ACILITIES AR UTE THEIR TI DF THIS TRAN OF THE CONTF USED. THE R	OUND THE COUNTRY. AS ME AND AIRCRAFT TO NSPORTATION AS A RIBUTION IS BASED ON
Additiona	l Data			Return to Form
		Software ID: Software Version:		
efile Public	Visual Render	ObjectId: 202441029349300414 - Submission: 2024-	-04-11	TIN: 20-4567769
SCHEDUL Form 990) Department of the Trea Internal Revenue Servi	asury	plemental Information to Form 990 or 9 mplete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	tions on on.	OMB No. 1545-0047 2023 Open to Public
Name of the org	anization	to the latest mornation.		Inspection identification number
/ETERANS AIRLIFT	COMMAND		20-456776	59
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 2	JEN SALVATI, EXEC	UTIVE DIRECTOR, IS THE DAUGHTER OF WALT FRICKE, CHAIF	RMAN.	
FORM 990, PART VI, SECTION B, LINE 11B	ATTACHMENTS TO	NG EACH BOARD MEMBER IS PROVIDED A COPY OF THE FOR REVIEW. UPON ACCEPTANCE OF THE ACCURACY OF THE FOR ACTIONS ABOVE ARE NOTED IN THE MINUTES OF THE ORGAN	RM THE DIR	
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTI	CONFLICTS POLICY BEFORE ORGANIZATION ENTERS INTO A EREST ARE EXPLORED TO DETERMINE IF THE VENDER HAS T S A CONFLICT OF INTEREST.		
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCU	MENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUES	Τ.	
FORM 990, PART IX, LINE 11G		RAM SERVICE EXPENSES 2,337,306. MANAGEMENT AND GEN L EXPENSES 2,337,306.	ERAL EXPE	NSES 0. FUNDRAISING
FORM 990, PART XII, LINE 2C	THERE HAS BEEN N	IO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.		
or Paperwork Reduc	ction Act Notice, see the Instr	uctions for Form 990 or 990-EZ. Cat. No. 51056K		Schedule O (Form 990) 202
Additiona	al Data			Return to Form

# **Additional Data**

Software ID: Software Version:

efile Public Visual Render	ObjectId: 20	2441029	3493004	14 - Subi	mission: 20	24-04-1	1								TIN: 20	-4567	7769
SCHEDULE R		Rel	ated O	rganiz	ations a	nd Un	relate	ed Pa	rtner	ships				ON	4B No. 1	545-00	47
(Form 990)	Co			-	wered "Yes"					-	i. or 37.				20	23	
. ,		-	-		Attach to Fo	rm 990.			-		,			0	pen to	Publi	с
Department of the Treasury Internal Revenue Service			<u></u>												Inspe		
Name of the organization VETERANS AIRLIFT COMMAND											Employer i		cation	numbe	er		
Davit I. Identification o	f Disessandod E	atitica Co	malata if i	the ergeni	ization anou	ared "Vec	" on Fo		Dort IV	line 22	20-4567769	)					
Part I Identification o	f Disregarded Ei	ntities. Co	inpiete ir i	the organi	(b)	ereu res		(c)	, Part IV	(d)		(e)			(f)		
Name, address, and EI	N (if applicable) of disre	garded entity			Primary act	ivity	Legal do or fore	omicile (st ign countr	ate y)	Total incon	e End-of	-year ass	sets	I	Direct cont entit		
Part II Identification of	Related Tax-Fxe	empt Orga	anization	s. Comple	te if the ora:	anization	answer	ed "Yes'	" on For	m 990 I	Part IV line	34 her	ause	it had (	one or r	ore	
related tax-exemp	t organizations du	ring the ta									-	51500	ause				-)
Name, address, and El	(a) IN of related organizatio	'n		Prima	(b) ry activity	Legal don	( <b>c)</b> nicile (stat n country)		(d) npt Code s	section (	(e) Public charity st f section 501(c	atus	Dir	(f) rect contro entity	olling	Section	<b>g)</b> 512(b) Introlled
										,		/(-//		,			ity? No
(1)VETERANS AIRLIFT COMMAND FOU 5775 WAYZATA BLVD STE 700	INDATION			TO SUPPOR			MN	501(0	C)(3)	LI	NE 12A, I						No
ST LOUIS PARK, MN 55416				COMMAND								1	N/A				
20-5366612																	
																	<u> </u>
																	<u> </u>
For Paperwork Reduction Act I	Notice, see the Ins	tructions f	or Form 99	90.		Ca	t. No. 50	135Y					Sche	edule R	(Form 9	90) 20	023
			- Page	2							_						
Schedule R (Form 990) 2023																Pag	je <b>2</b>
Part III Identification of one or more relate							e organi	ization a	answere	ed "Yes" (	on Form 99	0, Part	IV, lir	ne 34, t	pecause	it had	I
(a	)	ealeu as a	(b)	(c)	(d)	(e)		(f)	(g)		(h)	(i Code	)	(	i)		k)
Name, address related org	s, and EIN of anization		Primary activity	Legal domicile (state or		Predom income(r unrela	elated,	Share of total income	Share of end-of- year		roprtionate ocations?	Code amou box 2	int in	man	eral or aging mer?		entage ership
				foreign country)		excluded f	rom tax	income	assets			Schedu (Form	ile K-1	part			
						512-5	14)			Yes	No	-	-	Yes	No		
												+					
										_		-					
Part IV Identification of because it had one										n answei	ed "Yes" or	Form	990,	Part IV,	line 34		
(a) Name, address, and EIN o		(b) Primary a	)		(c) _egal	(	d) ontrolling	(e) Type of	)	(f) hare of tota	(g) I Share of er	nd-	(h) Percen	) tage	Saction	(i) 1 512(b)	(13)
related organization		i i i i i di y i		do (state)	omicile or foreign		itity	(C cor corp	p, S o,	income	of-year assets		owner	ship	contro	olled ent	ity?
					untry)			or tru			+	+			Yes		No

		0 1	1			
				Schedule R	(Form 990	) 2023

Page 3					
Schedule R (Form 990) 2023					Page <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes	s" on Form 990, Pa	rt IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related of	organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	No
c Gift, grant, or capital contribution from related organization(s)				1c	No
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
• Sharing of paid employees with related organization(s)				10	No
P Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount inv	olved
	1				

Schedule	R (Form	990) 2023
----------	---------	-----------

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023													Page <b>4</b>
Part VI Unrelated Organizations Taxable a	as a Partne	ership. Co	mplete if the	organiza	tion answ	ered "Yes	" on Form	990, Part	IV, line 3	7.			
Provide the following information for each entity taxed as was not a related organization. See instructions regarding					ducted mor	e than five	percent of	its activitie	s (measure	ed by total a	ssets or g	ross rev	enue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partr	al or ging	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	

Page 4

Return Reference				E	planation			Sahadul	le R (Forr	
Provide additional information	ions on Sche	edule R. See in	structions.							
dule R (Form 990) 2023										Page
	 Page 5 –						Sch	edule R (	Form 9	90) 202
	1									

Additional Data

**Return to Form** 

Software ID: Software Version: